



# **Parliamentary Debates**

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LEGISLATIVE ASSEMBLY ESTIMATES COMMITTEE A

Thursday, 1 June 2000

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## ESTIMATES COMMITTEE A

The meeting commenced at 9.00 am.

The CHAIRMAN (Mr Baker): 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 progressively 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 the member 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* 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 discussions 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 my intention to ensure that as many questions as possible are 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 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 73: Health, \$1 889 790 000 -**

Mr Baker, Chairman.

Mr Day, Minister for Health.

Mr A.J. Bansemer, Commissioner of Health.

Dr D.A. Jones, Medical Director, Public Health and Purchasing.

Ms P. Ford, Executive General Manager, Finance and Infrastructure.

Mr A. Kirkwood, Acting General Manager, Finance and Resource Management.

Mr H.M. Blake, Acting Executive Director, Business Information Services.

Mr A.C. Weeks, Chief Executive Officer, Metropolitan Health Service.

Mrs C. H. O'Farrell, Executive General Manager, Health System Performance.

Mr J.D. Kirwan, Executive General Manager, Public Health and Purchasing.

Dr R.M. Davidson, Acting General Manager, Public Health Division.

Professor G.L. Lipton, General Manager and Chief Psychiatrist of the Mental Health Division.

Mr M.H. Moodie, Chief Executive, Princess Margaret Hospital for Children and King Edward Memorial Hospital.

Mr J.V. Burns, Chief Executive, Fremantle Hospital.

Mr C.A. Bennet, Chief Executive, Sir Charles Gairdner Hospital.

Dr G.J. Goodier, Acting Executive Director, Clinical Services, Metropolitan Health Services Board.

Mr M.P. Jackson, Director, Environmental Health Service.

Dr P.N. di Marco, Principal Toxicologist.

Mr DAY: I advise you, Mr Chairman, that following notification by the member for Thornlie to me last night, the Opposition would like to raise some issues relating to environmental health. She suggested that be done between 2.00 pm and 3.00 pm today. We will arrange for the appropriate persons to be here at that time.

Mr CHAIRMAN: Does the minister propose to make an introductory statement prior to discussion of this division?

Mr DAY: No, I do not think that is necessary.

Mr RIEBELING: I have read through the Health documents in the *Budget Statements* and I wonder what item the patient assisted travel scheme appears under, so that I can direct my questions to the correct item.

Mr DAY: It does not appear as a separate line item. It is under the heading, "Output 2: Diagnosis and Treatment", page 686 of the *Budget Statements*.

Ms McHALE: I congratulate the minister for reducing the army of bureaucrats to 15. That is the good news; we will now get down to business. Will the minister outline to the committee the projected out-turns for the four or five teaching hospitals? What is the projected deficit for each hospital likely to be for the end of this financial year?

Mr DAY: The expected expenditure for each metropolitan hospital in this financial year is: The Armadale Health Service, \$39.9m; Bentley Health Service, \$41.8m; dental services, \$33.5m; Fremantle Hospital and Health Service, \$144.8m; Graylands Hospital in Selby-Lemnos, \$47m; Kalamunda Health Service, \$10.2m; King Edward and Princess Margaret Hospitals, \$149.3m; North Metropolitan Health Service, \$47.2m; Rockingham-Kwinana Health Service, \$23.2m; Royal Perth Hospital, \$275.6m; Sir Charles Gairdner Hospital, \$195m; Swan Health Service, \$39.4m; Metropolitan Health Service, corporate office, \$3.3m; Central Systems Group, \$988 000; for the supply chains, \$6.9m and for the Central Wait List Bureau, \$1.7m.

Ms McHALE: What was the figure for the King Edward-Princess Margaret hospitals?

Mr DAY: King Edward-Princess Margaret was \$149.3m. I thank the member for Thornlie for some notice of that and a number of other questions.

Ms McHALE: In view of a statement made by the Premier that if CEOs overrun their budget they will be sacked, does the minister intend to sack Mr Bansemer?

The CHAIRMAN: Will the member refer to the item of expenditure to which that question relates?

Ms McHALE: I refer to page 676 of the *Budget Statements*.

Mr CHAIRMAN: Is there reference within that page?

[9.10 am]

Ms McHALE: My comments are based on the answer from the minister. Page 676 shows the cost of activity increases, and there would be references throughout the document to budget overruns. Perhaps the minister will answer the question.

Mr DAY: The answer to the question is emphatically no. The Commissioner of Health has been doing a very good job when in an extremely difficult position. The Commissioner of Health does not have direct responsibility for the operation of hospitals, although of course he has an important role to play in the whole of the State's health system. If the question is about the expenditure by publicly operated hospitals in the metropolitan area, maybe the chief executive officer might want to comment on that. I am not sure whether the member is asking about hospitals specifically.

Ms McHALE: I am asking about budget overruns, and perhaps the Premier's facetious comment that he would be blaming the CEOs if there were a budget overrun, which was a rather preposterous statement.

Mr DAY: The Health budget will be coming in within about a 1 per cent difference from the budgeted amount, which is a very good result.

Ms McHALE: Has the contract for the Commissioner of Health been finalised?

The CHAIRMAN: Would the member please refer to an item of expenditure?

Ms McHALE: There is a reference to salaries on page 677.

Mr DAY: Is the member referring to the current term of the Commissioner of Health coming to an end in July this year?

Ms McHALE: I am referring to the advertisement in *The West Australian* advertising for a commissioner.

Mr DAY: The process has not been finalised. I will certainly not speculate on the outcome, except to say, as I have said, that the Commissioner of Health has been doing an extremely good job when in a very complex and difficult position. I expect the process to be finalised over the next three or four weeks.

Mr RIEBELING: I presume the patient assisted travel scheme comes under emergency services on page 686. For country people it is the most contentious part of this portfolio, but it does not crack a mention at all that I can find in this document. On the following page under dental services there is mention of geographical disadvantages. However, as the minister and I both know, there is no coverage for dental services under the PAT scheme. Therefore, it is ironic that he has directed me to that output. What is the allocation this year for the PAT scheme; what was it last year; and what improvements have been put into it to allow greater access to the scheme for rural people?

Mr DAY: The expenditure under the PAT scheme in this financial year is expected to be about \$9.2m. For the next financial year, although the determination has not been finalised at this stage, we expect it to be in the vicinity of \$10m.

Mr RIEBELING: What services, if any, have been expanded into the scheme?

Mr DAY: In the current financial year we have increased the kilometre rate payable to patients who are claiming for the use of their own motor vehicles from 10¢ to 13¢ a kilometre, which has been of considerable benefit to people. There are no plans for further expansion. It is a fairly comprehensive scheme at the moment and provides a lot of assistance to people in rural and remote areas to access health services.

Mr RIEBELING: Is it still the case that unless there is a Medicare number, country people have no ability to access dental surgery and specialists merely because they are in the country?

Mr DAY: The PAT scheme is not intended to cover general dental treatment but is established to enable people to access specialist medical services. However, if the general manager of a health service feels that a particular case warrants the use of the PAT scheme, the manager would have some discretion - for example, if there were a need for advanced oral surgery or something like that.

Mr RIEBELING: Would that apply even without a Medicare number?

Mr DAY: There is some discretion, yes. I am not saying it is the general situation. We are really trying to ensure that dental services are provided for people in rural areas. I know there has been a particular problem in Newman in recent times.

Mr RIEBELING: That applies also to Karratha, Hedland and Tom Price.

Mr DAY: Karratha has private dentists.

Mr RIEBELING: There are problems with oral surgery in Karratha and Tom Price. They have been brought to the attention of the department on a number of occasions. In some instances there have been results but in others there have not. I am told the reason there has been no result is because there has been no Medicare number.

Mr DAY: I would have thought that the dentists in Karratha would be able to do most things that needed to be done with dental surgery. In Newman there has been a problem with the lack of availability of a dentist, but pretty substantial efforts are being made to ensure that dental services are provided.

Mr RIEBELING: Is there an allocation to each region for the PAT scheme or is it allocated in one overall lump?

Mr DAY: It is allocated on a health service basis. For example, the member's area has the East Pilbara Health Service and the West Pilbara Health Service.

Mr RIEBELING: What are the figures for those services?

Mr DAY: The expected expenditure for the West Pilbara Health Service is \$1.417m and for the East Pilbara Health Service is \$1.285m.

The CHAIRMAN: Page 711 contains a reference to the sum of \$90 000 being retained for the methadone trials in the next financial year. Why is the Health Department conducting methadone trials, given that methadone has been around for many years? Will the minister provide an explanation of the nature of the trials and why they are being conducted?

Mr DAY: You are right, Mr Chairman; methadone has been used for in excess of 20 years. A week and a half ago or so I had the pleasure of opening a major new building at the central drug treatment unit of Next Step - Specialist Drug and Alcohol Services in East Perth, which is to a large extent a relocation of the old methadone clinic in William Street. The East Perth site will be far better for everyone, not least the people in Northbridge who were not comfortable with having the methadone clinic operating in that location.

[9.20 am]

Professor LIPTON: A number of research projects are being undertaken under Next Step, one of which is comparing the different modalities of treatment. Methadone is not being trialled but its comparison to naltrexone is. The other element is that when people take methadone for a long time and are ready to come off it, the detoxification from methadone is quite complex. There is also a trial looking at buprenorphine as a way of getting people off the methadone and off drugs altogether.

The CHAIRMAN: I have a follow-up question to the minister. During the answer, I think the adviser referred generally to a naltrexone trial. Can the minister please advise of the nature and extent of any financial assistance from the Government to any person conducting a naltrexone trial, including the cost of any independent review of that trial?

Mr DAY: We are putting a lot of money into providing naltrexone to people who appear to be appropriate for use of that pharmacotherapy. A lot of that is being done through Next Step - Specialist Drug and Alcohol Services, for example, both in the direct provision of naltrexone to clients and also through the trials to which Professor Lipton just referred. Funds have also been made available to Dr George O'Neil for assistance in conducting the trial that he is establishing in conjunction with Professor Asson Jablensky of the Department of Psychiatry and Behavioural Science at the University of Western Australia. That trial has taken some time to get established, but if we are to have a rigorous, well thought out and defensible clinical trial, it must be established after a lot of careful planning and according to all the usual protocols that will be accepted internationally. That has all taken some time, but a great deal of progress has been made. I will ask Professor Lipton to comment further on how that is proceeding.

Professor LIPTON: As the minister indicated, the university was asked to develop a trial to compare the work that Dr George O'Neil does with other similar work of Next Step. There are two elements to that. One is the detoxification process which he has done, but the standard is not sorted out, and we will look at that. The second is the continuing care that Dr O'Neil gives compared with Next Step. The protocol was completed two or three months ago. There have been negotiations with Dr O'Neil about how much money he will need to pay for the costs of those patients who are in the trial. I am glad to say that negotiations have been concluded over the past week or two, and it is a matter of just signing the documents. I presume the trial will be able to start almost forthwith as soon as that has happened. The amount of money is significant. The trials will cost around \$1m or so, of which Dr O'Neil will receive somewhere in the order of \$300 000 for the care of the patients he is looking after. That is a variable figure, depending on the numbers.

The CHAIRMAN: By way of clarification, I assume that the balance of the money, the \$700 000-odd, will be given to the University of WA to monitor the trials or the results of the trials. Is that right?

Professor LIPTON: Yes. Next Step is involved because it is a comparison trial. The university must have staff to monitor the trial and do the research. We are not doing the research - the university is doing it - but the subjects are Dr O'Neil's practice and the Next Step practice.

The CHAIRMAN: Professor Lipton mentioned the sum of \$1m. Will that be provided within a certain time frame? Is there a set time frame, or will Dr O'Neil determine the time frame? I am curious about what the time frame will be.

Professor LIPTON: The time frame depends on the acquiring of patients. There must be stringent criteria about random allocation of patients and so on. That may take some time, so it is a bit open-ended. We hope that in about a year or 18 months, will see this trial completed, but it is hard to be definite.

The CHAIRMAN: That seems to be a substantial sum of money. Is the minister aware of whether any other State or Territory is providing funding of that -

Ms McHALE: Who will monitor the management of this meeting if the chairman keeps asking questions and he is the chair?

The CHAIRMAN: Under standing orders I am permitted to ask questions, and these questions relate to the earlier question I asked.

Ms McHALE: I think the chairman needs a bit of judicious management, otherwise we might need another chair.

The CHAIRMAN: I am sorry, this is the last question for the time being. Is the minister aware of any other State or Territory that is contributing moneys in that sum for naltrexone trials?

Mr DAY: No, I am not aware of any other Government in Australia making such a significant contribution to the provision of naltrexone or to the conduct of trials. Certainly, other trials are under way in other States in Australia, but I am not aware of any other Government making the sort of contribution that we are.

Ms McHALE: My earlier question was about the expected outcomes and budget deficit. The minister did not comment on the second matter. I have done a quick analysis based on the information the minister tabled in Parliament on 16 September, which was the expected budget for 1999-2000 - the figures he has just given us. On that basis, my calculation for the five teaching hospitals - four hospitals, if one includes King Edward Memorial Hospital for Women and Princess Margaret Hospital for Children together - is that the budget overrun would be \$54.5m. Looking at the total figures, on my calculation the budget overrun or deficit would be \$76.3m. Is that correct?

Mr DAY: In looking at the total expenditure, that includes patient revenue from privately paying patients as well, and I understand it also includes expenditure on the Armadale redevelopment of \$6.2m, which is being funded directly by the Health Department, so that all needs to be taken into account.

Ms McHALE: Looking at the four major hospitals, King Edward has a \$11.1m deficit, Royal Perth Hospital has a \$14.3m deficit, Fremantle Hospital has a \$12.4m deficit, and Sir Charles Gairdner Hospital has a \$16.7m deficit, based on the tabled budget figures and the figures given today.

Mr DAY: They are not deficits. Those hospitals have funds available to them in addition to what the Government is making available from consolidated revenue.

Ms McHALE: Is the minister able to tell us whether those hospitals will have a deficit at the end of this financial year?

Mr DAY: All of those hospitals are part of the Metropolitan Health Service, and I expect the Metropolitan Health Service as a whole to come in on budget. I will ask Mr Weeks or Mr Blake to comment further on that. What is important is the operation of the Metropolitan Health Service as a whole. How those hospitals allocate the funds that are made available to them out of the total amount from the Health budget to the MHS is something that they determine.

Mr WEEKS: We are expecting to come in close to budget this year. I suspect that the earlier numbers at which the member was looking did not take into account a number of unallocated funds that we had at that time. In addition, there have been some supplementary adjustments to the budget in the course of the financial year, and I confirm that we expect to come in close to the budget that we were given in the first instance.

Ms McHALE: Can Mr Weeks quantify that supplementary budget? How much more money was topped up?

Mr WEEKS: It is in the region of \$9m from the \$1.040b that we expected at the beginning of the year. We are expecting a total budget of approximately \$1.049b.

Ms McHALE: What were the unallocated funds? That might not be the right terminology.

Mr BLAKE: During the course of the contract, variations are made whereby new services are purchased by the Health Department, which forms part of that money. We have had to pay some legal claims which were not in the original budget. In total, those add up to \$9m.

Mr CUNNINGHAM: I refer to page 675 of the *Budget Statements* regarding a mission statement. It is stated that the department's mission as the principal health authority is to protect, promote and restore health, and to care for the sick and disabled people of Western Australia. How can the diagnostic procedures outlined in draft 6, a confidential document from the Health Department provided for under the human reproductive technology amendment Bill 2000, be funded from the Health Department's budget when such procedures are in direct conflict with its declared mission to care for the sick and disabled people of Western Australia? How can this happen?

Mr DAY: Can the member clarify the document he held up?

Mr CUNNINGHAM: It is draft 6 of the Human Reproductive Technology Amendment Bill.

The CHAIRMAN: I think the member has a typed version of that question. Would the minister prefer to see the typed version?

Mr DAY: I think I have the gist of it. I think the member is asking what are the financial implications of that piece of legislation.

Mr CUNNINGHAM: That is right.

Mr DAY: There are not necessarily any financial implications as far as the State's Health budget is concerned. That piece of legislation, which has not been introduced into Parliament at this stage, has emanated from the recommendations of the select committee. I think the chairman and the member for Thornlie were members of that committee. A recommendation was made that some changes be made to the Human Reproductive Technology Act. As a result of that recommendation and cabinet approval, the amending legislation has been drafted, but there are not necessarily any financial implications involved for the Health budget.

[9.30 am]

The CHAIRMAN: Will the member for Girrawheen refer to the expenditure item in the budget papers?

Mr CUNNINGHAM: I refer to output 1, Prevention and Promotion, at page 678. What provision has been made to increase the budget of the Reproductive Technology Council and the associated unit within the Health Department to cover the extra sitting fees and training that will be needed for the council to carry out procedures under the proposed Human Reproductive Technology Amendment Bill should it become law?

Mr DAY: The Reproductive Technology Council does not carry out any technology or treatment procedures. No increased allocation has been made to the council at this stage, nor is any envisaged.

Mr CUNNINGHAM: Is it correct that in 1988-99, \$8 948, albeit a pittance, was spent on sitting fees and \$3 990 on training fees?

Mr DAY: I cannot answer that off the top of my head, but it sounds feasible. Is the member for Girrawheen suggesting he would rather not see the Reproductive Technology Council exist?

Mr CUNNINGHAM: My next question is the crux question. I refer to page 694 "Output 3: Continuing Care". It is generally anticipated that there will be a reduction in the number of children born with disabilities if the Human Reproductive Technology Amendment Bill 2000 becomes law.

Mr DAY: Is that listed in this document?

Mr CUNNINGHAM: I am referring to page 694 of the *Budget Statements*. If so, do the calculations of hours of home care support to people with long-term disabilities to ensure optimal quality of life take into account any expected reduction in the number of children born with disabilities? In other words, will the destruction of human embryos be permitted if they are considered by the Reproductive Technology Council to have a serious genetic problem?

The CHAIRMAN: I think the member is referring to a Bill that has not been first read yet.

Mr DAY: I do not think the member for Girrawheen is referring to any written statement in this document.

Mr CUNNINGHAM: Output 3 at page 694 covers that because it is part of continuing care.

Mr DAY: No consideration has been given to any financial implications of that legislation. First the legislation has not even been introduced into the Parliament at this stage. The development of that legislation has not been based on any financial considerations whatsoever. It is based on the recommendation of the select committee of which two members of the Australian Labor Party were members and which reported last year recommending changes to the legislation. To suggest it is being done on a financial basis is ludicrous.

Mr CUNNINGHAM: I asked whether the destruction of human embryos would be permitted if the RTC considers they have a serious genetic problem.

Mr DAY: Human embryos formed in vitro at present are not all used for implantation. In some cases they do "succumb"; that is, they are disposed of as a very small number of cells. That is a reality at present given that in-vitro fertilisation is permitted in this State, in all other jurisdictions of Australia and certainly in most other jurisdictions in the western world.

Mr CUNNINGHAM: The minister has a huge problem in his own ranks, but we have not discussed it yet.

Mr DAY: Is the member for Girrawheen suggesting that the Labor Party may not be supportive of the Bill?

Mr CUNNINGHAM: I am not saying that whatsoever; I said we have not discussed it yet.

Mr DAY: I would be interested in the comments of your colleague on your right, because there may be a different point of view.

Mr TUBBY: We got on top of children's dental health during the 1970s when we introduced dental therapy units into schools. All schools now have access to either permanent or mobile dental therapy units. Due to the fluoridation program and the dental health therapy program, we do not have a major dental health problem among children. However, we have dental health problems among aged people. Has any consideration been given to either slightly phasing back some of the dental health for children and increasing dental health for the aged, or making dental health therapy units at schools accessible to the aged population within the catchment areas?

Mr DAY: I thank the member for his question. The whole area of oral health services has been of significant concern to me not only since long before I was Minister for Health but also since being appointed. As members will recall, the Commonwealth established a scheme which increased access to publicly-subsidised dentistry, but which operated for only three years. It came to an end at the end of, I think, 1996. The State Government was very disappointed when the Commonwealth Government withdrew from that scheme because it made dentistry affordable to a number of people in the community for whom access to dental health care was difficult.

As part of this budget, an additional \$7.5m has been allocated to increase publicly subsidised dental services. Part of that allocation will be to specifically increase the amount of care made available to aged people who are confined to nursing homes or their own homes. A domiciliary service operates through the Perth Dental Hospital, but I have no doubt that more must be done in that area. Provision is being made for that to occur.

We are also making provision to increase the amount of dental services available in rural parts of Western Australia, as well as increasing access generally to those with a health care card. Much discussion is occurring now about exactly how the scheme will work in detail.

Opening up dental therapy centres in schools has not been contemplated as far as I know. That would be somewhat problematic because under the Dental Act, dental therapists do not have the authority to operate on patients older than, I think, 16 years. Generally speaking, dental therapists are not able to provide dental care to people other than that which is provided under the Dental Act. It would not therefore be possible for them to do restorative therapy on older people such as work on dentures or what is commonly known as fillings.

Dr CONSTABLE: How many people are treated in the detoxification program in the central drug unit in East Perth each year? What is the cost of the heroin detox program and is there a waiting list for it?

[9.40 am]

Mr DAY: I am not aware that there is any waiting list for the methadone treatment program.

Dr CONSTABLE: I am not talking about the methadone treatment program; I am talking about the detoxification program for heroin addicts.

Mr DAY: I will ask Professor Lipton to advise on that, although some details may need to be provided as supplementary information.

Professor LIPTON: Is the member referring to the naltrexone treatment?

Dr CONSTABLE: No, I am referring to the program at the central drug unit to which heroin addicts go to be detoxified, not to go on the methadone program.

Professor LIPTON: That may require supplementary information. We need to recognise that detoxification has several levels. The great majority of people are detoxified in the community either on their own or through general practitioners.

Dr CONSTABLE: I am asking specifically about the central drug unit.

Professor LIPTON: I will answer that by way of supplementary information.

Mr MARSHALL: I refer to page 687 of the *Budget Statements* and the item on dental services. Is it anticipated that a fixed dental clinic will be established in the south Mandurah area? A number of my constituents are concerned that the mobile clinics are cramped and uncomfortable for the number of children catered for in that area. Yesterday, a constituent came into my electorate office and said that usually a fixed dental clinic is built in new schools, but no such facility has been

included in the two new schools being built in the area. He also said that because of the inconvenience of the mobile clinics, there is a delay in the dental inspections and they are occurring every year, instead of every six months.

Mr DAY: I do not profess to know where all the fixed dental clinics in schools are. Presumably there are none in the Mandurah area.

Mr MARSHALL: Yes, that is correct.

Mr DAY: We can consider that, and obviously I need some advice on it.

Mr KIRWAN: The funding for the dental program is split between \$16.4m for school dental services which cover the whole State; \$1.5m for subsidised rural dental care which probably relates to the issue raised by the member for Burrup; and \$11.9m for metropolitan and rural dental services, which are the stand-alone dental clinics that often are on health sites. A further \$4.6m is allocated for specialist dental services. The country dental program is based on three large fixed clinics at Bunbury, Kalgoorlie and Albany. There is also heavy reliance on the private dental practitioners who are subsidised through a government country patients dental subsidy scheme. That is a very successful scheme. Smaller government clinics are located in Derby, Fitzroy Crossing, Port Hedland, Meekatharra, Leonora, Laverton, and Exmouth, and they share facilities with school dental services. In those areas we can develop the services in a shared facility.

Mobile clinics are often based in outlying areas, which includes the Aboriginal communities, but the service is based in Perth. It goes to the isolated communities, including isolated wheatbelt areas such as Hyden and outer areas such as Esperance. Approximately \$4.2m is allocated to those programs, excluding school dental services in country areas. With regard to the additional \$7.6m allocated by the Government in this budget, \$4m is for the extension of the eligibility criteria, which restores them to a broader area than in the previous commonwealth funded scheme. That will be used for a mixture of private dentists and our own areas. In the aged area, an additional \$1.2m has been allocated, and that will include exploration of the use of auxiliaries as well as dentists in nursing homes. An additional \$2.4m has been allocated for remote and rural areas, to address some of the issues. It is hoped the patient assisted travel scheme will not be used, so we can provide services in local communities by expanding the use of private dentists through the current scheme and through the placement of additional Perth Dental Hospital service staff.

Mr DAY: Will you comment on Mandurah?

Mr KIRWAN: We can look at where that sits with the integrated site, but it will depend on the workload and the capital works in that area. We can get back to the member on that question.

Mr MARSHALL: I remind the minister that everyone knows the Peel region is the fastest growing region in Australia. Is the accusation of this person that children's teeth should be checked every six months and that has been extended to a year, correct? Is the service in that area decreasing because of the numbers involved?

Mr DAY: I am sure there is no difference in the frequency of examination in the Mandurah area compared with that in other parts of the State. The frequency of dental examinations depends on the individual circumstances. Thirty years ago it was the view that everybody should have an examination every six months but, given the much better standard of dental health in the community these days, particularly with the benefits of fluoridation of the water supplies, as has occurred in most parts of the State, the incidence of dental caries is much lower. For many people, a 12-monthly check up is quite acceptable.

Ms McHALE: I now turn to the capital works program of the budget. At page 677 of the *Budget Statements*, under capital investment, there are two items - asset expansion and asset replacement and maintenance. For 1999-2000 there is an amount of \$6.1m for asset expansion. What does that figure and the figure for 2000-01 mean?

Mr KIRKWOOD: The total capital funding available is \$94m. Of that, \$79m is for new and replacement facilities. That covers Armadale and the multipurpose sites throughout the State. It is a process of dividing the capital works into two categories.

Mr DAY: The asset expansion amount is increased from \$6m to \$14.6m the following year.

Ms McHALE: I would like an explanation of the two different amounts of money.

Mr DAY: We will provide that as supplementary information. It is a matter of definition as to whether something is regarded as expansion or replacement.

The CHAIRMAN: I confirm that the minister will provide in supplementary information an explanation for the substantial increase in funding from the current year to the allocation for next year for asset replacement and maintenance, and also the substantial increase in the allocation for asset expansion.

Ms McHALE: When the Government published its mid-year review, the minister may recall my statement that somehow \$30m had been lost from the capital works program, because it showed a figure of \$45m as opposed to \$75m. It was not clear what the figure meant. When I had a briefing in an attempt to explain that, two issues emerged. First, there was slippage of capital works programs that were to have been built in 1999-2000, to the value of about \$11m. The other explanation was in relation to the Selby Street complex, to the effect that it had been sold during the financial year for \$13.9m. That was to appear in this year's capital works budget. What has happened to the money from the sale of the Selby Street facility? Where does it appear? Linked to that is the question of why in these budget papers has only \$65m been spent on capital works, as opposed to the \$75m budgeted for the financial year.



[9.50 pm]

Mr DAY: There is a \$10m difference between the \$75m budget and the \$65m that was expended because of a slippage in capital works. That money has been rolled over into the next financial year. The proceeds from the sale of the Selby-Lemnos Hospital are included in the \$94m that has been allocated for capital works in the 2000-01 financial year.

Ms McHALE: You say that the capital works budget has increased from \$75m to \$94m. However, \$10m of that should have been spent this year and another \$13.9m comprises the proceeds from the asset sale of the Selby-Lemnos Hospital.

Mr DAY: The money is available to be spent in the next financial year. It would be incorrect to say it had been expended this financial year. I am not trying to hide it.

Ms McHALE: So that we understand the make-up of the \$94m, should \$10m of that been spent this financial year?

Mr DAY: The \$10m has been rolled over. The money cannot be spent if bills have not been received. The money is available to be spent in the next financial year.

The CHAIRMAN: What is the test determining the eligibility of members of the public to use the hydrotherapy pool at Health Care of Australia's Joondalup Health Campus? It comes under the recurrent expenditure for diagnosis and treatment on page 677 of the *Budget Statements*.

Mr DAY: This sounds like a question to which the Chairman knows the answer, but I am not sure if I do!

The CHAIRMAN: Could the minister provide in the supplementary information all the circumstances that must be satisfied before a member of the public is able to use the hydrotherapy pool?

Mr DAY: For public patients?

The CHAIRMAN: Yes, not private patients.

Ms McHALE: At no cost?

The CHAIRMAN: That might be one of the circumstances.

Mr RIEBELING: Page 678 deals with community health services and screening services. Speech pathology is a topical issue in my electorate. One speech pathologist based in Karratha services the towns of Karratha, Dampier, Wickham, Roebourne, Tom Price, Paraburdoo and Pannawonica. There appears to be a complete lack of understanding about that officer's workload. The distance that must be travelled lessens the effectiveness of the service. I have no criticism of the speech pathologist, who is an outstanding operator. However, I have great criticism of the workload the Health Department is placing on the one individual. What, if anything, is the department doing? The information contained in the *Budget Statements* says that community health services are trying to support early childhood development. Speech is a major problem in early childhood.

The minister is probably aware that the mobile mammography unit operating in the north drove past Pannawonica this year. Why do small communities not have access to this unit? What use is it if it is of such size and complexity that it cannot service the small communities? It passed by Pannawonica on the way to Karratha, yet a private mammography service operates in Karratha.

Mr DAY: The demand for speech therapy services increased substantially in the latter part of last year and the early part of this year. The Health Department accepts that there has been a substantial increase in the workload of that speech therapist. The problem has been attracting another speech therapist to the area. It is a difficult task, despite the best efforts of the West Pilbara Health Service. I am not sure if it has been able to attract another speech therapist, but I can find that out. The problem has not been a lack of funds, but the difficulty in attracting other speech therapists to the area. Little can be done if people are physically not available.

Mr RIEBELING: Is there provision to employ another speech pathologist in the area?

Mr DAY: That is my recollection, but I will confirm it. I understand that the screening services van did not stop in Pannawonica because it was expected that very few people in the targeted age group would utilise the service. However, new information indicates that there is sufficient demand to justify the van stopping in Pannawonica in the future, and that will be arranged. That information has been conveyed to some of the member's constituents in a number of letters I have signed.

Mr RIEBELING: I understand that the situation in Pannawonica is to be rectified. However, should it not still go to Pannawonica even if there is not the sufficient number of women the department deems necessary? The van is designed to service small communities. Many communities are smaller than Pannawonica. The explanation given to me was that it takes three days to set and dismantle the system. If that is the case, perhaps the system should be changed. The aim is to provide the service to a majority of people. The larger communities already have access to screening services.

Mr DAY: It is all very well to say the system should be changed; however, it is a well fitted-out van designed to provide a high-quality breast screening service to women. A balance obviously needs to be achieved between the time it takes to stop, set up the van and pack it away again before moving on to the next site, and the number of people having a breast screening at each site. Judgments need to be made about the centres at which the van will stop. I presume it would have stopped in Tom Price, which is not all that far away from Pannawonica.

Mr RIEBELING: Do you think that 600 kilometres is reasonably close?

Mr DAY: What is the town called that is near to Tom Price?

Mr RIEBELING: Paraburdoo.

Mr DAY: Sorry. In some cases, women need to travel some distance. It is a matter of balance, and much effort is made to provide the service close to where people live. A trade-off and a balance need to be struck. Pannawonica will be visited again by the breast screening van.

[10.00 am]

Mr KIRWAN: We totally agree with the member for Burrup about the need for early intervention and early diagnosis of speech problems by qualified speech pathologists. As the minister has indicated, there is a shortage of speech pathologists throughout Western Australia and there is difficulty in attracting them to a number of areas. A supply and demand issue is involved. A number of other country health services have looked at telemedicine links with speech pathologists in Perth so that they can provide some of the services to those areas. We are encouraging that if we cannot get to people in a certain area. More recently, the Education Department of WA began considering its role in the area of speech pathology and the early diagnosis of hearing and other disabilities.

In respect of the breast screening mobile service, the issues are contentious with the local community over target population age groups. In this area, unfortunately, we have an Australia-wide shortage of radiographers, who are the primary source of labour in the visiting services caravans. There is a prioritisation process in respect of the target population and the areas to which we can go with the existing resources. That means that decisions must be made at some time. Wherever possible, we will try and visit those communities, including the more remote Aboriginal communities, because we accept that going to them is the best way to try screen a higher percentage than is being screened at the moment.

Dr CONSTABLE: I referred to issues on page 700 under employee entitlements. I am particularly interested in following up a question I asked last year about accumulated leave liability and I would like some explanation of the current status of that. If one compares last year's papers with this year's papers, there is a discrepancy between the budget estimate under current liabilities for employee entitlements. It looks like they are underestimated by about \$30m. The budget estimate for employee entitlements under non-current liabilities was \$252m and in these papers it stands at \$198m. I would like an explanation of the changes and the discrepancies.

Mr DAY: Is the member asking for the estimates?

Dr CONSTABLE: No. I am asking what is the current situation with the accumulated leave liability because that is an issue across government, or has been; and what changes have been established this year. I also noticed the discrepancies between last year's budget papers and this year's budget papers. I would like an explanation of those discrepancies.

Mr DAY: Does the member want the estimate of the leave liability amounts for 1999-2000?

Dr CONSTABLE: No. What is the estimate for 2000-01.

Mr DAY: For 1999-2000, the estimate in total was \$199.9m and for the next financial year the estimate is \$193.5m, so that is a reduction.

Dr CONSTABLE: Is that accumulated leave?

Mr DAY: Yes. I will break that down: For the next financial year the estimated value of current annual leave will be \$107.3m; the current long service leave liability is \$45.6m and the non-current long service leave liability - in other words, in the future - is \$40.6m. That adds up to \$143.5m.

Dr CONSTABLE: What about the discrepancies and the actuals between last year's estimates and this year's estimates?

Mr DAY: The actual amount for the current financial year is \$111.9m for annual leave.

Dr CONSTABLE: No. I am referring to the numbers in the budget papers. The item current liabilities - employee entitlements indicate that last year the budget estimate was \$156m. This year the estimated actuals total \$184m. There is a difference of \$30m. The budget estimate for non-current liabilities - employee entitlements for last year was \$252m and it was \$50m too high because the figure came in at \$198m. They are huge discrepancies.

Mr DAY: I will ask Ms Ford to comment.

Ms FORD: There is difficulty in getting accurate estimates because a number of factors have to be taken into account. Following the Premier's instruction two years ago, we are making great efforts to reduce outstanding leave liabilities. In a sector the size and complexity of Health, it is a difficult thing to do when there is consumer driven demand for services. While we have plans in place, it is often very difficult to estimate 12 months out how plans for leave taking will be followed through. The second major contributor to the difficulty in formulating estimates is that one needs to take into account things like movements in salaries and employee turnover. If employees are taken in who have large leave liabilities, the overall leave liability goes up; if a number of employees with large leave liabilities are lost, the overall leave liability goes down; and if a lot of new employees that have no leave liability are taken on, there is little effect to overall leave liability. The modelling exercise for predicting outstanding and accrued liabilities is a very complex one. Regarding the budget projections for this financial year - 1999-2000, and what is our expected outturn for the year - we made a very significant

impact on our outstanding leave liabilities and our overall financial liability has been reduced by 7.4 per cent. A lot of the reduction occurred in our current annual leave liability. We did not make as much impact in our long service leave liabilities as we had predicted. Overall, we achieved a significant reduction in outstanding leave liabilities, but the variations occurred in our long service leave liabilities. The explanation of the variation is that this is an extremely complex model. We have put a lot of effort into it and we have achieved a 7.4 per cent reduction overall but a component of that was not reduced as much as we thought it would.

Dr CONSTABLE: Are there other areas here which are difficult to estimate? How can we believe these figures if they are so wildly out of kilter? Are there other areas that are difficult to estimate in that way? I have just picked on two areas - one may just as well have plucked the figures out of the air as use a model, because they are so far out. It is a major problem.

Mr DAY: Presumably it is not just a problem in Health. As the member said, it is an issue across government.

Dr CONSTABLE: I am sure it is.

Mr DAY: I think the officers do the best they can to estimate as quickly as they can.

Dr CONSTABLE: I am sure they do. However, the figures do not mean much, do they?

Mr TUBBY: Residents in the south east metropolitan area, many of whom are in my electorate, are very pleased with the relocation of health services from the tertiary hospitals to the Armadale campus as well as the development of the new Armadale hospital. Could I have an update on the relocation of services and the progress being made on the new hospital?

Mr DAY: I thank the member for the question. The redevelopment of the Armadale-Kelmscott Health Service has been going on for three years or so and a major part of that redevelopment is the construction of the new hospital, but that is by no means the only part of the redevelopment. The whole philosophy behind the redevelopment and expansion of services in the south east metropolitan area centred on the Armadale hospital is that we are very keen to provide health care services closer to where people live, particularly to where there is large urban population growth. For the first time, renal dialysis services have been established in the Armadale area. It has been operating for two years or so. A range of services through the hospital has been expanded, including obstetrics services and better emergency services have been provided through salaried doctors being in attendance 24 hours a day at the Armadale hospital. The child and adolescent mental health service has been established, which is actually located in Kelmscott, but it is for the whole region. The construction of the hospital is going very well. The private wing will be collocated with the public hospital, and negotiations are almost concluded on the agreement for that private wing. That will be of benefit to people in the south east metropolitan region. It will give people a choice and will also attract specialists to the area given that they will have a mix of public and private work. We hope that some specialists will base their practices there and ideally live in the region.

[10.10 am]

Mr TUBBY: Has the private provider been announced, and if not when is that likely?

Mr DAY: Arrangements have not been finalised at this stage. The preferred proponent is Futuris Corporation Ltd and negotiations are continuing with that company.

Mr TUBBY: Does it also run the Gosnells Family Hospital?

Mr DAY: That is right.

Ms McHALE: According to page 708, the capital works allocation for the Metropolitan Health Service developments was \$5.8m last year, and this year is \$2.8m, which is a 51 per cent reduction. Why has the Government done that, what is the effect of that and what will not be happening as a result?

Mr DAY: That is one line in the capital works budget, but it does not indicate everything that is occurring in the metropolitan area.

Ms McHALE: Why has it been cut so dramatically?

Mr DAY: Capital works in the metropolitan area generally have not been cut dramatically at all.

Ms McHALE: The minister does not consider a 51 per cent cut to be dramatic?

Mr DAY: If the member for Thornlie would let me finish I will give her the full picture.

The CHAIRMAN: The member should allow the minister to finish the answer.

Mr DAY: That is just one line in the capital works budget. It allows the Metropolitan Health Service to undertake specific works of its own volition. For example, this year's allocation provides for a major upgrade of the emergency department at Royal Perth Hospital. I am not sure what the MHS has in mind for the use of that \$2.8m in the next financial year; in fact, it probably has not been determined. However, we were just discussing the redevelopment of the Armadale-Kelmscott Health Services at the cost of \$48m which is occurring at the moment as well. Funds have been allocated to commence a major redevelopment of Kalamunda Hospital and Health Service. An amount of \$10m has been allocated for major equipment replacement. That is a recurrent allocation. It would be wrong to assume that the only amount available for capital works in the metropolitan area is \$2.8m. That is only part of the story.

Ms McHALE: Last year the allocation of \$5.8m was inadequate for the hospitals. We are talking about major hospitals. I know the minister prefers to give the money to the secondary hospitals. However, he is ignoring the fact that the majority of people still go to the teaching hospitals because they have tertiary needs. Those tertiary needs will not diminish. Why has the minister seen fit to cut that budget?

Mr DAY: The majority of people do not necessarily have tertiary needs. Many people have conditions that can be treated at the so-called secondary hospitals such as Armadale-Kelmscott, Kalamunda, Swan District, Rockingham-Kwinana District and so on. It is the Government's policy that, where appropriate and safe, more services should be provided closer to where people live so that people do not have to travel, for example, from Byford to Royal Perth or Sir Charles Gairdner for renal dialysis or a range of other treatment. The member is implicitly speaking against her constituents. A lot of effort has been made to provide services closer to residents of Thornlie and other south east metropolitan areas. The \$2.8m which is shown specifically for the MHS is only part of the story. The total amount expected to be provided for capital works programs in the metropolitan area in 2000-01 is \$40.33m comprising \$25m on the Armadale redevelopment - that is the remainder of the \$48m which has not already been expended coming into the following financial year - \$2.8m for various MHS developments; \$433 000 for the Kalamunda hospital redevelopment; \$1m for minor works at non-teaching hospitals; \$1.139m for a new dental clinic to be constructed in the Morley area; and \$10m for the WA centre for oral health. We are not neglecting the needs of metropolitan health.

Ms McHALE: What are the capital works needs of those four teaching hospitals projected for 2000-01?

Mr DAY: I do not have in mind -

Ms McHALE: Perhaps the minister could ask his chief executive officers.

Mr DAY: Every hospital would have a forward wish list of the sort of things it would like to do. However, the works that will be undertaken need to be done in a coordinated way across the whole metropolitan area.

Ms McHALE: Is the minister able to tell us the essential requirements and needs of those teaching hospitals?

The CHAIRMAN: Order! The minister is answering the question.

Ms McHALE: He is not.

Mr DAY: I was making the point that we need to take into account the needs of the State as a whole, and the member is focusing on four or five specific hospitals in the metropolitan area but neglecting the needs of some of the smaller hospitals which should not be neglected.

Ms McHALE: For the record, that is absolutely not correct. I welcome the development of the Armadale hospital. I am also concerned about the apparent lack of recognition of the interdependence between the secondary and tertiary hospitals. The Government's document "Health 2020 Discussion Paper" says that in 20 years' time, 40 per cent of our hospital stock will be over 45 years old. The Government is deliberately running hospitals down because it is not investing in them. An amount of \$2.8m for those hospitals is a disgrace. What are the essential capital works needs of those teaching hospitals?

Mr DAY: One thing that needs to be done, and the member for Thornlie agrees with this, is the construction of a new outpatients clinic at King Edward Memorial Hospital and that is occurring.

Ms McHALE: That is now a year old. Where in the budget is the \$1m for King Edward hospital located?

Mr DAY: I will come back to that. The important point is that we look at the needs of the whole metropolitan area. We are not deliberately running down the facilities at the established teaching hospitals.

Ms McHALE: It is here in black and white.

Mr DAY: We recognise that the population distribution in the Perth metropolitan area has changed substantially over the past 20 or 30 years. Part of our long-term planning is to establish new facilities closer to where people are living and where there is not a good provision on a local basis of health care facilities at the moment. It is our intention, as part of the long-term plan, to establish ambulatory care centres in some locations in the metropolitan area. Some of those centres will provide services that are currently provided at the teaching hospitals. However, if they were located at a new centre, they would be much easier for people to access. Mr Weeks will respond on funding for the outpatients clinic at King Edward Memorial Hospital.

Mr WEEKS: The Hensman Road Clinic is being funded through the balance sheet of the King Edward Memorial Hospital. We have sold some surplus properties in Bagot Road, and we had some cash over from the sale of vehicles in the past. That will be reallocated into providing the service provision through the Hensman Road Clinic.

Ms McHALE: That has finally confirmed my statements that the clinic will be funded through the sale of houses, which was \$600 000. How much did you get for the vehicles?

[10.20 am]

Mr WEEKS: It is a similar amount approximately.

Ms McHALE: Is it \$600 000?

Mr WEEKS: It is approximately that.

Ms McHALE: How many vehicles were sold?

Mr WEEKS: It was funding arising from the previous sale of the vehicle fleet which sat in a cash account.

Ms McHALE: How many vehicles have been sold to get \$600 000?

Mr WEEKS: I would need to take that on notice as I do not have that detail to hand.

Ms McHALE: Unless they were BMWs, a lot of cars would have needed to have been sold.

Mr WEEKS: I believe that was the case.

Ms McHALE: Will the minister supply that as supplementary information?

Mr DAY: I am happy to provide that. My understanding is that if vehicles which were not needed were sold, it was some time ago.

Mr WEEKS: Some considerable time.

Ms McHALE: How many years ago?

Mr WEEKS: Again, I will need to provide supplementary information on that.

Mr DAY: It was before Mr Weeks was chief executive officer. As far as the sale of houses is concerned, if any organisation has unproductive assets that are not being well used, it is far better that they be used in a productive way such as providing a new outpatient clinic. King Edward Memorial Hospital for Women owned two houses which were located close to the hospital and which were not being productively used. It makes perfect sense to convert those assets into productive assets to provide a better facility for women who need to use the outpatient clinic. As far as the sale of vehicles is concerned, it did not occur in the past year; it was some time ago. The funds have been sitting there ready to be used.

Ms McHALE: If the funds are sitting there, why have women had to wait for a year and why must they go through another winter because of the inaction of the Government?

Mr DAY: Mr Weeks and others could attest to the fact that I have been pushing for some time for this redevelopment of the outpatient clinic to occur. I have been disappointed at the length of time it has taken to occur.

Ms McHALE: Is it the fault of the board?

Mr DAY: The reason it is happening is because I have been pushing very hard for it to happen.

Ms McHALE: That has been discussed by the board for the past two years. If the money has been there, why has it not happened?

Mr DAY: It was a matter of the board making a decision about what the priorities were.

Ms McHALE: Does the board not consider it a priority?

Mr WEEKS: To the best of my knowledge, the delay hinged on the sale of the Bagot Road properties to get the total amount that was needed to fund this activity.

Ms McHALE: When were they sold?

Mr WEEKS: They were cleared in the past few months.

The CHAIRMAN: I note the supplementary information that the minister has undertaken to provide.

Mr CUNNINGHAM: Following the members for Roleystone and Thornlie, pages 691, 692 and 693 describe in glowing terms the development and provision of mental health services to the already reasonably well-served area of Armadale-Kelmscott and the Swan districts.

Mr DAY: Is the member suggesting that they are overserved?

Mr CUNNINGHAM: Yes. However, the population of the upper north metropolitan health service region continues to grow at one of the fastest rates in Australia. Despite this, the per capita provision for dedicated mental health services, inpatient and outpatient services, community and peripheral services, support accommodation, respite accommodation and rehabilitation accommodation is the lowest in metropolitan Western Australia. What provision exists to ensure equity in access to mental health services to those citizens of Western Australia who live in the upper north metropolitan health service region? At this stage, what is happening in the north metropolitan area is an absolute disgrace!

The CHAIRMAN: To what page number and which item of expenditure is the member referring?

Mr CUNNINGHAM: Pages 691, 692 and 693.

The CHAIRMAN: What is the specific item? Can the member refer to the relevant dot point on page 691?

Mr CUNNINGHAM: It is in general.

The CHAIRMAN: As I indicated at the outset, it is important that members relate their questions to an item of expenditure in the consolidated fund.

Mr CUNNINGHAM: Can we have an overall review of this? Can the minister tell us what will happen?

The CHAIRMAN: The member can ask a general question on a specific item of expenditure, but I do not think the member has done that so far. Can he refer to the specific item of expenditure?

Mr CUNNINGHAM: The minister could have a chat to the mental health staff at the Joondalup Health Campus.

The CHAIRMAN: What is the specific item of expenditure?

Mr CUNNINGHAM: Mental health.

The CHAIRMAN: What is the page number, dot point or item of expenditure?

Mr CUNNINGHAM: It is on page 697. Why must members go through this pain to ask a question? Mr Chairman, you are a part of this awful problem; your electorate of Joondalup is suffering as well.

Mr DAY: I am happy to answer the question. I can understand the member arguing for the needs of the northern suburbs. I entirely agree that there are needs in that part of the metropolitan area.

Mr CUNNINGHAM: It is chronic.

Mr DAY: There are needs in every other part of the metropolitan area as well. For the first time in a long time a Government in this State is taking seriously the needs of the people of the south east metropolitan area and the eastern part of the metropolitan area. For a long time the Labor Party talked about building a new hospital at Armadale, but it never did anything about it. We are allocating the funds to make sure that happens. It is now happening, as anybody who drives out to that area can see. Part of that redevelopment will include, for the first time, an in-patient mental health facility in Armadale. The member for Girrawheen is suggesting that we are overservicing the needs of the south east metropolitan area.

Mr CUNNINGHAM: I am saying that the Government should put money into the north metropolitan area.

Mr DAY: I find it amazing for the member to suggest that.

Mr CUNNINGHAM: The Government has deinstitutionalised mental health, and we in the north metropolitan area are suffering.

Mr DAY: The reality is that the first in-patient mental health facility, outside of Graylands Hospital, was established in the north metropolitan area. For the first time, an in-patient mental health facility is located on the Joondalup Health Campus.

Mr CUNNINGHAM: It is not working.

Mr DAY: I would like to hear the member's evidence to back up the argument that the Joondalup facility is not working.

Mr CUNNINGHAM: Graylands Hospital is putting mattresses on the floor; is that what the minister calls working? It is a disgrace in mental health.

Mr DAY: If the member wants to make those sorts of statements, he must back them up with some degree of evidence. Over the past three or four years, we have put a large amount of additional funding into providing better mental health services in this State. We now spend an extra \$20m a year on a recurrent basis on providing mental health services than was the case four or so years ago. We have a very clear policy of moving people out of large institutions, such as Graylands Hospital, when it is appropriate and providing the services closer to where people live, such as at Joondalup, the Swan District Hospital, Armadale, Bunbury and Albany, as well as establishing a range of other rooming-in units in rural parts of Western Australia. I am also aware that there is a child and adolescent mental health service in Mirrabooka. That has recently been relocated to a new building. In the near future I will be opening a new child and adolescent mental health service in Clarkson - a very fast growing part of the metropolitan area where the needs are high. The member's coming in here with his feigned indignation about how we are neglecting the needs of the north metropolitan area does not bear out reality at all.

I will ask Professor Lipton to make a brief comment on some of the activities which are being undertaken to cater for those in the north metropolitan area.

Professor LIPTON: I will be brief, but a great deal can be said. Joondalup has the major in-patient unit. We purchased 15 beds and in the past year we have purchased 20 beds because of the increased demand in the adult psychiatric area. There is the new Clarkson child psychiatric clinic and a new clinic at Osborne Park, and the Selby clinic is moving into that area. We have enlarged the funding for the Mirrabooka clinic. Services for the elderly have increased by \$500 000 so far and probably another \$500 000 will go into it next year. Those are things that are ongoing. It is a very large area and was previously very under-serviced; I am not suggesting that it is fully serviced. However, the move in the next year will be to develop a major reallocation program which will further increase adult services, community-based accommodation, community rehabilitation and services for children and the elderly. I anticipate a deal of movement over and above what has already happened in the past couple of years.

[10.30 am]

The CHAIRMAN: Reference is made at the fifth dot point on page 698 to a slow stream rehabilitation service to be developed at the Brightwater Care Group facility at Marangaroo as a major initiative for 2000-01. Would the minister describe that major initiative as being a disgrace?

Mr DAY: The Chairman made the point in his question. Obviously, the beds being established in Marangaroo for people with acquired brain injury will be of major assistance in providing much better and more appropriate accommodation for people with acquired brain injury. The needs in that area are great and probably more should be done in the longer term. However, this initiative will go a long way to provide assistance to the Brightwater organisation, which in turn provides a great deal of much-needed help to people requiring long-term accommodation in this State. That organisation is right in the heart of the member for Girrawheen's electorate.

*Sitting suspended from 10.30 to 10.48 pm*

Mr MARSHALL: The first dot point on page 691 states that one of the major achievements for 1999-2000 is the Western Australian Organ and Tissue Donation Agency, also known as Donate West, which was established to maximise Western Australia's donation rates and ensure positive outcomes for donor families and recipients. It states also that the donation register campaign to lift the number of registered donors in Western Australia was also supported as part of this initiative. What data is available to judge whether this awareness campaign is proving successful? Is enough money budgeted for this agency?

Mr DAY: The establishment of Donate West has been one of the major new initiatives in the Health portfolio in the past 12 months or so. It has been recognised for some time that Western Australia has a relatively low rate of organ donation, and the establishment of this new agency within our health system has led to a higher donation rate in this State, which is obviously a very good outcome. A significant amount of funding has been allocated for this agency, and a director has been appointed to the agency. A great deal has been achieved, and it is one of the things of which we can be very proud.

Dr JONES: A campaign began last year to raise community awareness so that individuals can register their wish to become organ donors by having that recorded on their drivers licence. Western Australia is fortunate to have an extremely organised organ donation registry that is maintained at Sir Charles Gairdner Hospital, and most of the other States envy not only our capacity to have a registry for patients who are admitted to hospital but also our ability to talk to families at the time of a person's admission to hospital so that if that person is recognised as a potential donor, this sometimes difficult and sensitive subject can be discussed. Many other issues are involved with supporting and increasing organ donations in the State. The major achievement will be the establishment of the new organ and tissue donation coordination agency to be known as Donate West. The medical director has been recruited and has been in the post since February of this year. We are recruiting further donor coordinators and medical donor coordinators, and it is anticipated that when all these people are in positions, a coordinated approach to improving donor rates in Western Australia will be achieved.

[10.50 am]

Mr DAY: Funding of \$1m is available over three years.

Mr MARSHALL: Answers indicate an increase in donor rates. Is it a 5 per cent increase? This is a real promotion area for the future. We spend a lot of money on the Quit and reduced alcohol abuse saves lives campaigns with big television and national promotions. I see organ donation as another way of saving lives which is relatively untouched. Is a measurement done of the small promotion conducted by Donate West? Has it led to a 10 per cent or 15 per cent increase in donations, and are more livers or kidneys donated? What is the priority organ? I need more explanation if possible.

Mr DAY: The main issue in getting more organ donors is not registering people in advance, but getting permission from family members of potential donors. It is a very sensitive and difficult time for most people. It is necessary to have a more effective system to build on the very good work previously carried out by the two donor coordinators based at Royal Perth Hospital and Sir Charles Gairdner Hospital in obtaining approval from family members of patients who have suffered serious injuries or whatever. That has been the focus.

Dr JONES: Organ donor rates in WA have remained static. Last year, 13 Western Australians gave permission to become organ donors. A variety of organs can be donated, and it varies from family to family. Solid organs are involved, such as hearts, livers and kidneys, which are the most common. People can donate tissue such as corneas. Importantly, we measure organ donation rates as donors per million people. Western Australia's rate is seven donors per million people, which is one of the lowest rates in Australia. The national rate is 12 to 13 donors per million. We have remained static at that rate over the past few years. The agency was established this year, and is not yet fully operational.

We measure donation rates not only by the donors per million people ratio, but also by refusal rates; that is, people who have chosen not to be organ donors after being asked. The most important time for a family to be approached is a sad and emotional time for the family with the death of a loved one. Requests are usually made in the intensive care unit, as such patients are generally suitable as organ donors. One of the critical initiatives of the new agency is to use medical donor coordinators, who are usually specialist intensive care doctors trained in this manner to request the consent of the family for the person who has died to become an organ donor. We find it very helpful if families discuss the issue prior to a tragic event occurring. If people feel comfortable discussing the matter with their families, their wishes are known. That makes it easier for people to make this gift or donation at the time. Other measures can be used. Western Australia recently purchased some software developed by the Victorian Department of Health which will allow us to audit medical records

and organ donor rates within institutions. A number of measurement systems are being put in place, and we should be able to better report in the future.

Mr MARSHALL: Should there not be a campaign to stimulate community debate on the subject so a larger awareness of donating is generated? I know it is a sensitive matter. As Dr Jones said, people do not think about it. If people were asked in the community today whether they have organ donation listed on their drivers licences, some might say, "What are you talking about?" If we can pre-empt and provoke some thought, community awareness will be increased. Is that part of the campaign?

Dr JONES: Yes, it is. A series of community announcement services are on television and radio at the moment. These started towards the end of last year and are continuing. This community awareness program will continue and we will assess it and measure its impact. We have increased the capacity for the community to register as donors, and all drivers licence renewals have inserts with a request to consider becoming an organ donor. We have an organised program of community based education and promotion, particularly in high schools, and we talk to many community based groups. A critical factor which supports community education was the establishment last year of a group called the Transplant Promotion Group. This incorporated community based group has done a lot of work in raising the profile of organ donation issues in the community.

Mr MARSHALL: I thank Dr Jones for the answer, and wish her well with the program.

Mr DAY: I provide information on two subjects. Regarding capital works funding available to public hospitals, funding is made available as part of hospitals' recurrent budgets for maintenance and the replacement of smaller items of equipment. Routine maintenance is part of the recurrent budgets.

Ms McHALE: That was \$25m last year. How much will it be this year roughly?

Mr BLAKE: I do not have the figure for the coming year. We negotiated the total budget. In due course, we will allocate the amount to be spent in this area. I expect it to be similar to last year's figure.

Ms McHALE: Is it possible to provide that as supplementary information?

Mr DAY: No. The decision has not been made. The Health budget was prepared only a couple of weeks ago. We must discuss how much the Metropolitan Health Services will receive compared to what is received by other health services and needs throughout the State. We do not expect to have a decision within the time requirements of supplementary information provision.

[11.00 am]

Mr KIRWAN: The Joondalup hydrotherapy pool is available to public patients free of charge. However, they must have a specialist's letter stating that they require hydrotherapy. Those who do not have such a recommendation may well be aggrieved. Parliamentary questions have been asked and ministerial approaches have been made. If a patient does not have a specialist's recommendation, he or she is required to pay. The specialist's recommendation is based on clinical need. This arrangement applies to public patients attending the Joondalup Health Campus, aged care patients in the catchment area and public patients who live in the catchment area and who have previously travelled to, for example, Sir Charles Gairdner Hospital for this therapy.

The CHAIRMAN: Is that free of charge?

Mr KIRWAN: Yes.

The CHAIRMAN: That is very good news.

Mr RIEBELING: It was stated that the department is expecting to enhance regional dental services so that the drain on the PAT scheme can be reduced. The minister indicated that the Commonwealth pulled out of its scheme in 1996 - I am referring here to the then new federal Liberal Government that destroyed that system.

Mr DAY: It is the coalition Government.

Mr RIEBELING: The problem I have with the expansion of services in regional areas is the Health Department's belief that if services are enhanced in Port Hedland, people in Karratha will be able to access them easily. We are talking about a distance of 250 kilometres. The minister has lauded the fact that services are being established in Armadale so that people do not have to travel to Perth. However, requiring country people to travel 700 kilometres to access services is acceptable. The drain on the PAT scheme caused by the demand for dental services to which the adviser referred is a fantasy; the cost is almost zero. I do not know why that was mentioned. Just because services are provided in Port Hedland does not mean and should not be deemed to mean that they are available to people in Tom Price, Paraburdoo and so on.

It was stated that some coordination is occurring between the Health Department and Education Department to provide speech pathology services. That is eminently sensible. It has been suggested that teachers be trained to deliver those services in remote areas under the supervision of a speech pathologist. The Minister for Disability Services was supposed to raise the suggestion with this minister. Has an allocation been made for that training to be undertaken? A number of teachers are available to train to perform this service.

I understand the rate of organ donation in Western Australia is the worst in Australia. The problem is not whether people



indicate on their drivers licences that they wish to donate their organs when they die - most people do. That process has a very high level of acceptance. The system used in South Australia is much more successful than that used in this State. Why is ours so unsuccessful? People waiting for organs here will be waiting for xeno transplants because we appear to be unable to tackle the real problem.

Mr DAY: I am not sure the member was here for the discussion about organ donation. I made the point that Western Australia has a very low rate of organ donation compared to that in other States. That has been recognised as a problem and that is why we have put in place an enhanced system based on the South Australian model. We hope to have better rates as a result of the establishment of Donate West.

Mr RIEBELING: According to the South Australians, the people involved in the trauma unit need that training.

Mr DAY: We agree and that is a major reason for appointing Dr Miller Forbes to liaise and work with staff in that very difficult area of intensive care.

As far as the issue of providing rural health services and Karratha's needs versus Port Hedland's -

Mr RIEBELING: It is not a competition.

Mr DAY: The member said that the Health Department has a total lack of understanding of the relevant needs.

Mr RIEBELING: I was talking about its understanding of the distances involved.

Mr DAY: I disagree entirely because much of the work the department is doing - for example, the development of the north west health plan - is about getting services closer to the people who need them. There will always be a balancing act. To use an extreme example, we will not provide intensive care services at Port Hedland or Nickol Bay Hospitals. However, much has been done to provide primary and secondary health care services in the north west and much more will be done.

Mr RIEBELING: I will provide an example to illustrate how the minister does not understand. A woman from Paraburdoo had to travel by car to Port Hedland, have a hysterectomy and then travel home on a bus. The Health Department said that was okay. I do not believe that anyone other than the minister's officers would agree that a 1 500 kilometre round trip by road to undergo an operation of that nature is acceptable.

Mr DAY: I do not know whether departmental officers said that was okay. Presumably the health service manager made a decision based on clinical advice. Obviously those decisions have to be made according to the clinical circumstances at the time.

Mr RIEBELING: That woman had to go back to hospital twice as a result of complications.

Mr DAY: Is the member suggesting that those complications occurred because of the method of transport used?

Mr RIEBELING: I am suggesting that, given her condition, it was unacceptable for her to travel that distance by road. Whether that contributed to her problems, I am not medically qualified to say. She finally came to Perth, at her own expense, to have the problem fixed.

Mr DAY: Obviously a clinical judgment must be made about where the treatment is most appropriately provided, taking into account the means of transport available. We will not decide each individual case on a statewide basis.

Mr RIEBELING: Our constant problem is the blanket comment made by administrators that the service is available in the region, so patients cannot access Perth. As the minister is aware, Paraburdoo and Tom Price have no air service connection to Port Hedland. The most uncomplicated method of travel is by air. The flight to Perth takes two hours and the drive to Port Hedland takes seven hours.

[11.10 am]

Mr DAY: We are trying to get more services provided closer to patients. If a patient cannot travel from Paraburdoo to Port Hedland, a decision must be made on a local basis taking into account all the clinical information. I accept that difficulties arise in accessing health services in remote parts of the State. That is a reality. If someone has a motor vehicle crash between Wiluna and Sandstone, he will be much less likely to get immediate treatment than if he had it five minutes from Royal Perth Hospital. That is the reality of our State. A lot of effort is being put into getting services available closer to where people are living. To return to the specific case the member mentioned, a clinical judgment must be made about what is most appropriate.

Ms McHALE: How much supplementary funding was sought and how much was given for the Metropolitan Health Service?

Mr DAY: The allocation to the Metropolitan Health Service for this year is \$1 040m, if I recall correctly.

Ms McHALE: One of the justifications in the difference for the budget and out-turn was the supplementary funding. How much was sought and how much was given?

Mr DAY: Obviously the Health Department conducts discussions with all health service boards in the State, one of which is the Metropolitan Health Service Board. I do not think there would be any health service board in the State which would not like more funding.

Ms McHALE: It is a question of fact.

Mr DAY: I will certainly not go through discussions about how much each health service board would like to have.

Ms McHALE: I am asking only about the Metropolitan Health Service Board.

Mr DAY: The reality is that the Metropolitan Health Service was allocated \$1 040m. I understand that about \$1 049m will be expended this financial year, which is about \$30m or \$40m more than it had available the last financial year.

Ms McHALE: Did the minister answer the question of how much supplementary funding the board sought and how much it got?

Mr DAY: I do not recall how much.

Ms McHALE: The minister has advisers here.

Mr DAY: I will not go through discussion about how much each health service board would like to have available.

Ms McHALE: I do not think that the minister is hearing my question. The question is: How much did the Metropolitan Health Service Board seek by way of supplementary funding and how much did it receive?

The CHAIRMAN: Order! We are dealing with items of expenditure referred to in the budget documents. My ruling is that that question does not relate to an item of expenditure.

Ms McHALE: I dispute that. It goes to the intrinsic nature of the budget.

The CHAIRMAN: I am sorry but that is my ruling.

Ms McHALE: Then I dispute your ruling. I am asking a question about supplementary funding which goes to the heart of the budget, and you are refusing to allow me to explore that.

The CHAIRMAN: Your question is what was the amount requested. The minister has already explained his position in response to that.

Ms McHALE: It was also how much was actually received, which is intrinsically central to the budget. I dispute the ruling.

Mr DAY: I am happy to say that the only amount that was sought by way of supplementary funding, I understand, was \$3m for legal purposes.

Mr WEEKS: We have applied to the Treasury for two supplementary appropriations: One is a little over \$3m in respect of legal settlements pre the risk cover era and the other \$1m in respect of redundancy payments.

Ms McHALE: Did Mr Weeks not say earlier that the service also received \$9m supplementary funding?

Mr WEEKS: Our total allocation of funding was approximately \$1 049m, which related to the initial allocation of \$1 040m. During the year, supplementary contract adjustments have been sought for additional services by the Health Department which has taken the total funding up to \$1 049m.

Ms McHALE: I turn now to King Edward Memorial Hospital. On page 677, reference is made to prevention and promotion and diagnosis and treatment. What was the overall cost of the Glover and Child inquiry?

Mr DAY: It was not a huge amount of money.

Mr MOODIE: I can supply the precise costs for the inquiry. They essentially related to the reimbursement of salaries and associated costs of the two reviews, including airfares and accommodation while in Perth.

Ms McHALE: Will that be provided by way of supplementary information?

Mr DAY: Yes.

The CHAIRMAN: That undertaking is noted.

Ms McHALE: What is the anticipated cost of the ministerial inquiry, including the payment of fees to Mr Douglas?

Mr DAY: We have not made a determination at this stage of what we expect the cost to be. That cannot be determined to a large extent until the process is completed.

Ms McHALE: Are we talking about millions of dollars or thousands, and out of whose budget is it coming?

Mr DAY: It would be a matter of thousands of dollars at least, but it is an important process to go through. As I have said, we do not have any estimate at this stage. I will discuss the funding of it with the Premier at a later stage.

Ms McHALE: Is your expectation that it will not come out of the hospital's budget?

Mr DAY: It would certainly not be coming out of the budget of the Metropolitan Health Service. If the suggestion is that the cost will impact on the services that are being provided through metropolitan hospitals, that is not the case.

Ms McHALE: The report of Ernst and Young in October 1999 was referred to in the Glover and Child report. What was the cost of the inquiry; what was its purpose; and what was its outcome?

Mr DAY: It was not an inquiry; it was an internal audit process to consider the patient complaints process which existed in the hospital for the consideration of adverse events that may have occurred.

Mr MOODIE: As the minister has mentioned, the report was completed by the internal auditors Ernst and Young as part of the audit processes of the hospital. I would have to provide the member with the precise costs of that audit as supplementary information. It came up with a number of recommendations which are being progressively implemented.

Ms McHALE: What were the findings of the inquiry, report or review?

Mr MOODIE: The review found that in the auditors' view the complaints processes needed improvement. They made a number of recommendations for improving those processes.

Ms McHALE: Have those now been implemented?

Mr MOODIE: They have not been fully implemented; they are being progressively implemented.

Ms McHALE: Given what the minister knew about the hospital, why have those recommendations not yet been implemented? What is the obstacle?

Mr DAY: Some changes have been put in place, in particular a requirement that any adverse event is required to be reported to the chief executive, so that he can be aware of any such event so that he can make a decision about what further action can be taken, whether it be internal or external to the hospital.

Ms McHALE: What recommendations have not yet been implemented?

Mr WEEKS: We would go through any report of that ilk very carefully. We would not necessarily implement all the recommendations. The local management would look at the recommendations and look at a suite of interventions that took the risk away from the areas identified, but I would not necessarily expect the reports of an internal audit to be adopted *per se*.

Ms McHALE: What was the cost of the legal advice from Ebsworth and Ebsworth in 1999?

Mr DAY: That must be provided by way of supplementary information.

The CHAIRMAN: That is noted.

Ms McHALE: Were fees paid to the medical practitioner who undertook the clinical investigation?

Mr DAY: We must provide that by way of supplementary information as well.

The CHAIRMAN: That is noted.

[11.20 am]

Ms McHALE: How many women have died at King Edward Memorial Hospital in the past 10 years through adverse events?

Mr DAY: That seeks a judgment about whether someone has died due to something that is preventable. Obviously people die in all hospitals due to illnesses.

Ms McHALE: I was referring to what the minister called adverse events.

Mr DAY: I do not have a figure. That is an issue that must be considered as part of the inquiry to be undertaken.

Ms McHALE: Will the inquiry study the issue of deaths of women?

Mr DAY: The terms of reference provide for the inquiry to examine the incidence of adverse clinical outcomes at King Edward hospital over the past 10 years. That is one of the issues it will no doubt consider. I am not sure necessarily whether any women have died in the way the member for Thornlie has described, but obviously the issue will be considered.

Ms McHALE: At least five or six reviews have been conducted at KEMH in the past six months. Have any of them identified deaths of women?

Mr DAY: The focus of those reviews has been much more on adverse events surrounding babies and in some cases their mothers. I am not aware of any case in which a woman has died due to that kind of event. I am not saying there is none, but I am not aware of any. This whole issue is not about only deaths but also injuries.

Ms McHALE: Does the hospital pay professional indemnity or is it part of the Government's self-insurance?

Mr DAY: The Metropolitan Health Service pays through risk cover.

Ms McHALE: How much is paid for professional indemnity?

Mr WEEKS: We pay a total of \$23m a year for risk cover and it includes workers compensation. I can provide the component that relates to medical insurance by supplementary information.

Ms McHALE: If funding is not the issue at King Edward hospital, are you saying then that it is essentially a matter of malpractice?

Mr DAY: No; I have not made any judgments about the situation over the past 10 years, although a number of suggestions have been made. Certainly some serious concerns were expressed in the review undertaken by Dr Child and Ms Glover; nonetheless, we need to go through the more rigorous process of the inquiry to make a well-founded comment on that.

Ms McHALE: If it is not a matter of funding, are you subscribing to the view that it is essentially a matter of medical malpractice?

Mr DAY: I have not made any judgment about what has been the cause of any problem that may exist. We are trying to determine the situation through the inquiry. As I have explained, King Edward and Princess Margaret hospitals are funded together; they are essentially part of the one hospital on two different sites. Funding has been increased substantially from about \$103m in 1992-93 to \$149m which they are expected to expend this financial year. I do not think anyone can suggest a substantial amount of funding has not been made available for very good services to be provided at King Edward hospital.

Ms McHALE: Did Glover and Child recommend that any staff be suspended?

Mr DAY: I do not recall their report containing a recommendation to that effect. They expressed concern about some matters that needed to be further investigated and thoroughly dealt with. That is part of the reason we have established the inquiry.

Mr CUNNINGHAM: Reference is made on page 691 to Donate West. I am thrilled that \$1m has been allocated to Donate West. Does that body know what countries employ the most effective methods of retrieval and transportation of organs? What are the most important features of the Spanish model which has been held up as a model for organ donation transplantation? What other countries have processes of organ donation and transplantation that are worthy of consideration? As Western Australia has the lowest donor rate in Australia, will some sort of promotional strategy, such as that touched on by the member for Dawesville, be put in place to increase the number of registered donors in Western Australia?

Mr DAY: As I said earlier, it is an important subject. Many people are waiting for organ donations, for example, people who are in need of renal dialysis and who could be relieved of the need for continuing renal dialysis if a kidney were available to them. We have established Donate West to deal with that type of situation and have provided \$1m over three years. In addition, as we discussed earlier, we have appointed a medical director of Donate West. I understand the Spanish model is essentially the same as the South Australian model on which we have based Donate West.

Dr JONES: The member is correct; the Spanish model has been recognised worldwide as having excellent features that improve organ donation rates in that region. The essential feature of the Spanish model was the introduction of the medical coordinators. Prior to their introduction, the organ donation process was managed often by other health staff, but not led by doctors. The Spaniards noticed that if medical staff could become involved in supporting organ donation processes within a hospital, particularly within a critical care environment - we are referring to intensive care units - very often the leadership and professionalism associated with that supported families and promoted positive organ donation response rates.

The other most important aspect was that we needed to have a systematic organisation of donor coordinators rather than just one person making arrangements. Members will understand that counselling and supporting people in these difficult times are stressful activities and we need to provide a 24-hour service. The Spaniards have also ensured a network of coordinators has been established around the country and within hospitals.

When we examined the policy issues, in addition to considering our very low organ donation rates, we were aware that a State as large as Western Australia has not only metropolitan issues but also vast distances to tackle. We looked also at the South Australian model. A number of South Australians had been to Spain. Dr Forbes, our medical director, will be in Europe on private business next month and will visit Spain so that he can bring back the latest research. Dr Forbes is a senior intensive care specialist from Perth who has worked in many intensive care units in this town.

It is crucial to have not only a medical director but also medical donor coordinators who are part of the intensive care units working within teaching hospitals with intensive care units. This is the critical element we have drawn from the Spanish model which has been a successful element of the South Australian model.

It is also important that these processes of donor coordination are in place, not only for organs but also tissues. As a number of other members pointed out, organ donation issues will become more important in the future.

We will bring these issues out into the mainstream, and make them a normal and straightforward part of medical practice that is easily identifiable not only by health professionals but also by the community. Donate West, having been established as an agency, will have an organisational structure which will make it easily identifiable. Without grafting on an external model that suits another country and may not suit us, Western Australia has, with careful consultation, drawn out the successful elements that the member has noted from Spain and South Australia and has tried to make them work in the Western Australian environment.

[11.30 am]

Mr TUBBY: An issue that has been causing some concern in my electorate for at least the past 10 years is Whitby Falls Psychiatric Rehabilitation Hostel. I know it is an idyllic setting and remote from the urbanised parts of the metropolitan area, but it is in need of an upgrade; the buildings are rundown and the care is institutionalised. What progress has been made to relocate the patients to more appropriate accommodation and programs?

Mr DAY: As the member indicated, Whitby Falls hostel has outdated facilities, and provides care on an institutional sort of basis. It might have been appropriate care 30 or 40 years ago, but the professional advice the Government has received is that it is not the best way to provide assistance for people who have mental health problems. With the development of a range of other community-based facilities, it is considered we could be doing a lot better for the residents of Whitby Falls. A process has been going on for at least the past couple of years to consider the individual needs of the residents of Whitby Falls. Some of them are only short-term residents, while others have been there on a much longer-term basis. In consultation with the residents and where appropriate with their families, alternative accommodation is being provided for residents. We have not reached the end of that process at this stage. However, it is our view, based on professional advice, that we could be doing a lot better for patients than the fairly substandard facilities at Whitby Falls. We could provide facilities which are much more integrated into the community on an as needs basis.

Professor LIPTON: Whitby Falls hostel has been the subject of discussions here at least twice in previous years. What the minister has stated is correct, although it may not be entirely up to date because the major responsibility for that lies with the board. All the patients now have been fully assessed as to their needs and wishes. All the relatives have been part of the process.

Ms McHALE: That is not true.

Professor LIPTON: It is my understanding that all relatives - at least those who are available - have been involved. A steering committee is in place. Homeswest is part of that committee, and the issue is to find the best settings for those people. They will not all be the same because people have different needs. My understanding is Whitby has 19 or 20 residents. Whitby is no longer admitting patients. The process has 12 or more months to run before we have a satisfactory conclusion for all the residents. Mr Weeks may have slightly more updated information.

Mr WEEKS: My understanding is that there are 20 patients of whom three are short stay. A number of group meetings were held in April and May. The latest information I have is that no resident, legal guardian or family member has sought to overturn the individual future plans for any resident since they were signed off by the guardians, families and staff over a month ago.

Ms McHALE: I do not know where you are getting your information from.

Mr TUBBY: Is there any basis to the conspiracy theory among some constituents in my electorate that the closure of Whitby Falls hostel is connected with proposals for mineral sands mining in the Mundijong area?

Mr DAY: I am aware that people are concerned about the prospect of some mineral sand mining in that area. In reality that issue has nothing to do with the future of Whitby Falls as a mental health facility. The actions which have been taken within the health system have been entirely based on what is appropriate from a health treatment point of view. A lot of the opposition from people on a local basis in that area to changes which may occur are not based on health issues but are being driven by opposition to sand mining in the area. They see their argument being assisted by opposing changes on a supposed health basis, whereas in reality the two issues are separate. I accept that important issues need to be discussed about mineral sand mining in that area. However, that is separate from the Health portfolio's responsibilities.

Professor LIPTON: I have been in this State for three and a half years. It was about that time that I travelled around and saw the facilities in the State. When I saw Whitby I was somewhat surprised for the reasons that have already been indicated. I made the decision to start the process as to what should happen for the better care of the people who were there. I had no knowledge of sand mining or politics. I do not think I had heard of Ken Court or anybody else. I was the motivator at the beginning of this process which has continued its course at a time when I was totally ignorant of any of those things. I was amazed when I read in the newspaper about those things.

Ms McHALE: In view of those comments I will remind Professor Lipton that in 1995 the connection between the profitability of the land and mineral sands was made known to the state health purchasing authority. It is completely wrong to say that there is no connection whatever between mining and the future of Whitby Falls. Why is it that in 1995 the Health Department wanted to upgrade Whitby Falls, because it recognised that it was a viable, non-metropolitan service, and now we have a complete refusal to upgrade Whitby Falls? What is different now from the situation in 1995 when it was going to be upgraded? In 1995 the Health Department knew about the profitability of the land and it was going to upgrade Whitby Falls. What has changed other than interest from a mining company?

Mr DAY: Professor Lipton is saying that his professional advice to the Government has in no way been determined by the issue of sand mining as a possibility in the Whitby Falls area. I accept what he is saying.

Mr BANSEMER: When I came to Western Australia in 1995 there was a report about the future of Whitby Falls; that did not refer to an upgrade. I am not aware of any plans to upgrade Whitby Falls from that period forward.

Ms McHALE: I remind Mr Bansemer of the recommendation that was part of an assessment of mental health services that indicated the need for such a service to be provided in a safe non-metropolitan area as an alternative to inner city high-density living. A farming alternative is cost effective while enhancing a sense of freedom for the residents in a community that has readily accepted the role of the hostel and the residents. The proposed strategies, among others, were to provide the costings to redevelop Whitby Falls, to sell off some of the land, to reduce it from 1 200 to 400 hectares - it could have been acres - and to upgrade the facility. That was the recommendation made in 1995. The officer may have to look through the papers.

[11.40 am]

Mr BANSEMER: I will look through the papers. I accept that no decision has been made on proposals to upgrade the facilities at Whitby Falls.

Mr DAY: The member was asking about what has changed in the past five years since 1995; a great deal has changed in the provision of mental health services. In 1995 the then Minister for Health appointed the mental health task force to look at the provision of mental health services in Western Australia. It was recognised that we had to do a lot better in providing high quality mental health services in this State. The task force made a number of recommendations and all of those recommendations either have been or are being implemented. The outcome of that process is that there has been a significant expansion in the provision of community-based mental health services in this State. We have been releasing people from institutions such as Graylands and Whitby Falls, wherever it is appropriate to do so, and putting them into the community where as far as possible they can be part of a much more normal community. Another thing we have done is substantially increase the funding to private mental health services. As I said earlier, we now spend about \$20m a year more recurrently than we did four years ago. A great deal has changed, therefore, in the past four years.

The CHAIRMAN: On page 707 there is reference to a major redevelopment at the Port Hedland Hospital. Can the minister give a brief description of the nature and extent of that redevelopment?

Mr DAY: It is recognised that the Port Hedland Regional Hospital needs upgrading and redevelopment. I was there about four weeks ago and I saw a lot of work taking place - it is close to completion now - to install a renal dialysis unit within the facilities, costing around \$1m. For the first time renal dialysis will be provided in the north west part of the State within a month or so. Equally, renal dialysis has been established in Broome. People who previously had to travel and relocate to Perth from the north west for renal dialysis will now be able to access those services in Port Hedland and Broome. Generally, the hospital is a very spread-out facility and not a very efficient construction for providing hospital services in an efficient way. There is a plan to undertake a major redevelopment of the health service and the hospital in particular in Port Hedland over the next three to four years. The total cost of that is expected to be about \$11m.

Dr CONSTABLE: My question relates to page 699 and is about full-time equivalents, particularly nurse full-time equivalents, and I suppose it comes under "salaries and allowances". What are the current nurse FTEs at Royal Perth Hospital, Sir Charles Gairdner Hospital, Princess Margaret Hospital for Children and Fremantle Hospital, what were they this time last year and what is budgeted for next year?

Mr DAY: The budgets for the next financial year are not determined at this stage, as I said earlier. However, I will ask Mr Weeks whether he has information about the number of FTEs for this financial year and last financial year.

Mr WEEKS: I do not have that data with me. I will bring that back to the member as soon as I can.

Dr CONSTABLE: Would the chief executive officers have that information?

Mr WEEKS: They may have.

Dr CONSTABLE: I asked a similar question last year in relation to Princess Margaret Hospital for Children and King Edward Memorial Hospital and got information straightaway and I said I would be back here to ask it again this year. I would like that information to be provided by way of supplementary information if it cannot be provided now. However, if the CEOs have it, I would like it now.

Mr BURNS: The FTE figure up to the end of April last year was 846; it is currently 838 for this period this year.

Dr CONSTABLE: What is budgeted for next year?

Mr BURNS: That will be determined when the hospital gets its budget. We work out the FTEs according to the funding allocated to the hospital.

Dr CONSTABLE: Does anyone else know? Mr Moodie?

Mr MOODIE: No, I do not have those figures with me.

Dr CONSTABLE: I am disappointed as I warned the minister a year ago that I would be asking that question. I request the supplementary information as soon as possible.

Mr DAY: I am sorry, we did not read last year's *Hansard* before this year's estimates committee.

The CHAIRMAN: The undertaking to provide supplementary information is noted.

Mr RIEBELING: I want to ask a couple of questions relating to Nickol Bay Hospital and the Tom Price and Paraburdoo District Hospitals. The staffing of nurses per roster at Nickol Bay Hospital has recently been reduced from four to three. Can the minister explain that? Major works to the administration area of the Nickol Bay Hospital are proposed, presumably under "capital appropriations" on page 701.

Mr DAY: What was that last bit?

Mr RIEBELING: Tea-making facilities are being expanded into what used to be the baby milk formula area. This 2000-01 budget, which the minister's Government so proudly publishes, contains a line item proudly announcing that \$15 000, split

between Tom Price and Paraburdoo, will be spent on new theatre instruments. What instruments that are required at Tom Price and Paraburdoo will they be getting for \$7 500?

Mr DAY: Obviously, I am not aware of the details of instruments they might be getting but, presumably, there is a need there and it is being met.

Mr RIEBELING: It is a major point in the Health budget so I presume the minister knows what he is doing.

Mr DAY: I am sure we know what we are doing but if the member expects me to know the details of every instrument that is being bought in every hospital, I am afraid I do not.

Mr RIEBELING: It is a joke though, is it not? It was put there to make people in the Pilbara realise how little the Government cares for them. An amount of \$15 000 for theatre equipment for two hospitals is a joke, is it not? That would not even cover the cost of one operation would it?

Mr DAY: That is not the total amount for health services being made available in the member's part of the State. A large amount of funding is made available to health services in east and west Pilbara to run some very good hospitals.

Mr RIEBELING: Why would the minister put a dot point in a document like this, which promotes what the Government is doing, for \$15 000 for two hospitals?

Mr DAY: I do not have a copy of the document in front of me but I can say in addition, and I assume it is included in that document, that \$520 000 will be made available over two years for a major remodelling and upgrading of part of the Nickol Bay Hospital to provide specialist accommodation for the community mental health team based at Karratha. Is that listed in the document?

Mr RIEBELING: Yes.

Mr DAY: Why did the member not point out that one too?

Mr RIEBELING: When I get an opportunity to ask another question I might get to that. However, the allocation that is not in this document relates to the changes to the administration block.

Mr DAY: I think I recall visiting Nickol Bay Hospital about 12 months ago when I was told some changes were being undertaken there to increase the amount of space available in the maternity area.

Mr RIEBELING: Yes.

Mr DAY: I think that is the hospital where I was told that is occurring. Any changes which occur in an administration area of a hospital, or the tea making facilities as the member put it, are justified, I am sure, as part of the overall plan for the hospital.

[11.50 am]

Mr RIEBELING: What about the nurses?

Mr DAY: Nurses and administration staff need reasonable facilities, but they should not be provided at the expense of patient care. I am sure that does not occur.

Mr RIEBELING: What about the reduction in the number of nurses on shifts?

Mr DAY: I am unaware of any changes. Decisions are made on a local basis, which is why we have managers of health services with expertise paid to determine, in conjunction with directors of nursing, the needs in relation to funds available. The Health budget has grown substantially while we have been in government - certainly at a greater rate than that when the member's party was in government. Hospitals are well staffed. Obviously, prudent decisions must be made about resource use. The number of nurses per shift may be reduced to provide funds for health services in some other way for the member's constituents.

Mr RIEBELING: Does the director of nursing know about it?

Mr DAY: We can provide some supplementary information on that nursing staffing issue.

Mr MARSHALL: Returning to the capital works program on page 707 of the *Budget Statements* what funding is allocated to assist in the provision of medical services in rural and remote areas of Western Australia?

Mr DAY: We have faced this major matter in the past few years, in which much effort and many resources have been devoted to ensuring services are available in remote and rural parts of the State. Part of that process involves attracting medical practitioners to those areas. The federal minister and I about 12 months ago came to an agreement on the overseas-trained doctors scheme. It is now easier for overseas-trained doctors to be assessed as appropriate with adequate skills and expertise to operate in rural parts of the State. Such doctors can come to Western Australia on a permanent basis provided they spend five years practising in an area of unmet need. They are also required to have, or be prepared to acquire, fellowship of the Royal Australian College of General Practitioners or equivalent. That is an improved scheme. Support is provided by the WA Centre for Remote and Rural Medicine to provide locums, training and peer support for doctors in such areas.

The nurse practitioner project has been under way for a couple of years, and I made the recommendations of the relevant working group public four to six weeks ago. Cabinet has endorsed the notion of establishing nurse practitioner positions in Western Australia to give nurses recognition for their additional skills when located at remote nursing posts with no medical practitioner present. We will change the Nurses Act and other legislation to facilitate that change. These are examples of what has been done.

Ms O'FARRELL: In addition to the initiatives the minister has outlined, a number of commonwealth government grants have been allocated for general practices in rural locations for relocation, retention, training, locum support and the like. The Western Australian Centre for Remote and Rural Medicine has been successful in increasing the number of rural students entering medical training programs. Therefore, an increase has occurred in the number of Australian graduate doctors working in rural areas.

Currently no medical practice in a rural area is without medical coverage, although some are covered through locum support achieved through the efforts of groups like WACRRM, which is funded by the State Government. I am advised that 369 GPs work in rural areas in WA as resident doctors, compared with 356 in January 1999. This increase results from the collective efforts the minister and I have outlined.

Mr MARSHALL: I realise that the Peel region is close to the metropolitan area, but its expanding population has seen a shortage of doctors. What improvement of service has been introduced into the Peel Health Campus in the past 12 months?

Mr DAY: It is more a matter of the past 18 months or so when the major redevelopment of the Peel Health Campus was opened. As a result of that redevelopment and increase in funding for the provision of services in the Peel region, renal dialysis and chemotherapy is now available in Mandurah. Much more surgery is able to be provided for people in the Peel region as a result of that major redevelopment. An increased allocation of recurrent funds is devoted to the provision of services closer to where people live.

We return to the same point: Those who complain about the allocation, for example, to teaching hospitals focus only on historical teaching hospitals in this State, most of which are close to the centre of Perth. These people lose sight of the fact that we have responsibility around the State. Teaching hospitals are extremely important in providing specialised services, which is reflected in the presence of their chief executives at the Estimates Committee hearing today. However, we cannot overemphasise the need to provide services where people live and where the population growth is occurring, as is the case with Peel.

Ms McHALE: I return to King Edward Memorial Hospital for Women. Will the minister repeat the guarantee that, come what may from the Douglas inquiry, King Edward will not close?

Mr DAY: King Edward will certainly not close. The services provided through King Edward will always be needed. I do not expect the location of those services to change in the next five years or so, if at all. It is theoretically possible that a better, new facility could be established on another site in the long term, but that possibility applies to any major hospital. That is a long-term planning issue. There will always be King Edward Memorial Hospital, as the services provided through the hospital are extremely important. In providing a comprehensive and well-funded health service in this State, the Government will not move away from the services provided at King Edward. The Opposition and some other people are a little hung up about the physical nature and location of facilities. More important is the standard of services provided to women and babies in this State at King Edward. Where facilities are located is not the major point. I am sure no change will occur in the next five years and any possible change will be much further into the future.

[12 noon]

Ms McHALE: We are certainly not hung up on bricks and mortar. We are concerned about ensuring that we have a centre of excellence which involves research teaching and excellence in service delivery.

Mr DAY: I agree with that and there will not be any change to that.

Ms McHALE: Regardless of whether it is at Sir Charles Gairdner Hospital or where it is now?

Mr DAY: I do not think it is likely there would be any relocation to Sir Charles Gairdner Hospital. There would be some sense in collocating on the site of Princess Margaret Hospital in the long-term, but that is a long-term issue and raising it here as a suggestion does not mean that any decision has been made at all. No decision has been made and were any change to be made in the future it is a long way away.

Ms McHALE: Is it true that accreditation of King Edward Memorial Hospital by the Australian Council on Healthcare Standards was withdrawn halfway through the present three-year cycle?

Mr DAY: I will ask Mr Moodie to comment as he is aware of the details.

Mr MOODIE: The ACHS legislation requires interim reviews to maintain the accreditation. A decision was made halfway through the current accreditation process to move to a system of minimum standards. There was negotiation with the ACHS about that to see whether that fell within its requirements to maintain the accreditation.

Ms McHALE: Did it?

Mr MOODIE: An interim report was done and the accreditation process was renewed within that context.



Ms McHALE: It was renewed?

Mr MOODIE: Yes. There was a decision to revisit the viability of the ACHS system generally, both at the departmental level and at the metropolitan health service level. The hospital is currently renegotiating with ACHS to have the ACHS system reinstituted and that will be concluded shortly.

Ms McHALE: Is it your view that the inference that was drawn by Glover and Child that the standard of quality was such that the accreditation was withdrawn, is not, in fact, an accurate reflection of the position of the hospital?

Mr MOODIE: No, it is not the position of the hospital that it was withdrawn. There was no intention by the hospital not to have accreditation. It was more a debate about which was more appropriate in the circumstances. The certificate is still in the hospital. There are discussions with ACHS for those arrangements to be put back in place.

Ms McHALE: So was that an unfair criticism of the hospital by Glover and Child?

Mr MOODIE: I did not see it as a criticism. I think it was an assumption that they drew.

Ms McHALE: It was not correct?

Mr MOODIE: Yes. It was not entirely correct.

Ms McHALE: Given that the Health Services (Quality Improvement) Act 1994 has been in place for some time, did the minister ensure that a quality improvement committee was in place at King Edward Memorial Hospital under that legislation?

Mr DAY: At what stage?

Ms McHALE: The Act came into being in 1994 and was operational from 1995. Since then there have been requirements to ensure that quality improvement structures and mechanisms are in place. Did you ensure that happened at King Edward Memorial Hospital?

Mr DAY: The years 1994 and 1995 were a long time before I became Minister for Health.

Ms McHALE: What about 1996, 1997, 1998?

Mr DAY: I ask Mr Moodie to comment on the current situation with the quality improvement committee.

Mr MOODIE: My understanding of the Act is that there is a requirement for registration of those committees. There is no such registration of any committee at King Edward Memorial Hospital.

Ms McHALE: Why is that?

Mr MOODIE: I think there is some discussion about the application of the Act given the circumstances of the operation of the hospital's committees. My belief is that the clinicians feel that they have been able to discuss and resolve issues of clinical practice without the provisions of the Act.

Ms McHALE: So, the Act has not been complied with?

Mr DAY: I will have to check that. I am not sure that the Act requires those committees to be established. However, it certainly requires them to be registered and approved by the Minister for Health in the event that they are established.

Ms McHALE: Was the fact that they were not registered a concern to you? Have you not been briefed on the lack of compliance with the Act?

Mr DAY: The establishment of those committees is primarily the responsibility of the boards, which have responsibility for the operation of particular hospitals. I think the whole issue of peer review and quality improvement and monitoring standards is a very important and significant one and is a major part of what we hope the inquiry that has been established will comment on.

Ms McHALE: Is the minister able to indicate how much has been spent on on-call provisions for King Edward Memorial Hospital and Princess Margaret Hospital during the past financial year and what is expected to be spent in the next financial year on on-call arrangements?

Mr DAY: I do not have the information.

Mr MOODIE: We can probably provide the information on notice. Can I seek a clarification of the request?

Mr DAY: It was for details about the funding for on-call staff at King Edward Memorial Hospital. I am not sure whether we have that information in detail.

Mr MOODIE: We can provide that information in detail.

Mr CHAIRMAN: The undertaking to provide that information by way of supplementary information is noted.

Ms McHALE: I have one more question on King Edward Memorial Hospital. Has the out-of-hours staffing changed since the Glover and Child inquiry? If so, in what way?

Mr DAY: Before I answer that question I want to comment on the previous question. There was a suggestion in the media last week that the current chief executive had sought to reduce the amount of on-call payments that would be made at King Edward Memorial Hospital. I have been advised that is not the case. There was a suggestion made from within the hospital itself that in order to comply with their budget, some changes to the on-call arrangements may be made. It was only a suggestion. Contrary to what was suggested in the article, the chief executive did not seek to make those changes. In the end no changes were made to the on-call arrangements.

I will ask Mr Moodie to comment on the member's question about after-hours staffing arrangements which have been put in place in the past few months,

Mr MOODIE: There has been an increase in out-of-hours staffing in the past 12 months of approximately 4.39 full-time equivalent medical positions. That has been implemented to reduce the workload, particularly on senior registrars. We do not see that as necessarily a reflection that there was previously poor or inadequate coverage. We are currently investigating the viability of a 24 hour on-site consultant cover for the hospital.

Ms McHALE: Was it not the case that Glover and Child strongly suggested that the out-of-hours situation should change immediately to address some of the problems with standards of care?

Mr DAY: Concern was expressed about the provision of care and the availability of after-hours consultants. As has been indicated, some changes have been put in place to ensure that arrangements are effective and safe.

Ms McHALE: According to Mr Moodie, those changes have been over the past 12 months. Glover and Child reported in April. They said the out-of-hours staffing should increase. Has there been an increase since April?

Mr DAY: It was indicated that there has been an increase in recent times.

Ms McHALE: From April?

Mr MOODIE: My review of the Glover and Child report does not indicate that they said there is inadequate resourcing of the out-of-hours cover. They were referring to the mix of specialist cover at particular times and those changes have been implemented.

Ms McHALE: Perhaps I could address the question through the minister to Mr Bansemer? It is my understanding that Glover and Child definitely recommended that the out-of-hours staffing should increase. Perhaps the chief medical officer should answer. Unfortunately he is not here. Perhaps Mr Bansemer, as commissioner, will answer the question.

[12.10 pm]

Mr BANSEMER: My understanding is that there has been nothing from the chief medical officer other than that contained in the report. My understanding of the report coincides with that of Mr Moodie. An additional issue about people being on site was taken up in the early part of Mr Moodie's answer.

Mr RIEBELING: Page 683 refers to reconciling community control and empowerment and deals basically with Aboriginal health. I presume the line item would come under the figure of \$168m on page 679. Reference is made to six regional Aboriginal health plans and the expansion of health services to Aboriginal people. I presume the following matter comes under one of the six regional Aboriginal health plans: One of the continuing concerns in Roebourne and Wickham is the desire of the Health Department to make either Roebourne or Wickham hospitals, or both, no longer hospitals, but to include them in the Aboriginal Medical Service so that the Commonwealth and not the State must fund them. I am hunting for a guarantee from the minister that neither of the hospitals at Roebourne or Wickham will be closed in this financial year because of these regional plans. In passing, I also would not mind an answer to the supplementary question I asked about an hour ago relating to the coordinated approach on speech pathology and the suggestion of training teachers to supervise programs.

Mr DAY: I am certainly not aware of any plans for the hospitals at Roebourne or Wickham to be integrated as part of the Aboriginal Medical Service in that area. That is the first I have heard of it. I am equally not aware of any plans for those hospitals to be closed.

Mr KIRWAN: On the question of speech pathology, I make it quite clear that our community health and hospital-based speech pathologists already work closely with local Education Department staff. There are already a range of outreach services whereby professional speech pathologists work to diagnose early speech pathology problems. The treatment regimes are worked out on the basis of who is most appropriate to provide help. That is often our speech pathologists, but on occasions it can be teachers, volunteers and teacher aides. There is already a working relationship and a couple of successful models. A pilot model in the Kalgoorlie area many years ago was evaluated as being quite successful. The model is not new and is identified by the speech pathologist. There is a caution in the inference of training teachers and others to diagnose for treatment of speech pathology.

Mr RIEBELING: I said to deliver programs under supervision.

Mr KIRWAN: Once there has been a diagnosis by a speech pathologist working in those areas action can be taken under the programs that are already in place. It is agreed that those initiatives should be rolled out. At this stage the Education Department is leading a program to look at that area with the Disability Services Commission. The Disability Services Commission's involvement in that area is interesting, because it has been holding money in the past for that client group

on behalf of the Education Department. In many instances the Disability Services Commission, through its local area coordination, is purchasing pathology services from us and is in the process of giving some of that money back to the Education Department, so the money is going back to the budget holder for those speech pathology services. The principle of working with the Education Department, the Disability Services Commission and the local health services in that area is agreed and accepted where resources are available to do that. It is not a new initiative but has been occurring on the ground for quite some period.

Mr RIEBELING: Albeit, as the minister said, there is an expansion of resources to speech pathology anticipated in the budget.

Mr DAY: I said the difficulty was in attracting additional speech pathologists to the area.

Mr RIEBELING: The commitment is to expand it.

Mr KIRWAN: The commitment as a matter of principle is for us to identify what we would call intervention and promotion in the primary care initiatives for early identification in speech pathology. It is evidence based because it is an evaluated recognition for doing that to identify children before they get to school age so as to have the appropriate interventions in speech pathology, which is a recognised program.

Mr RIEBELING: Does that mean if we can identify speech pathology needs in the Pilbara, we will have no trouble funding them?

Mr KIRWAN: We will always have trouble funding them because they must compete with other programs. Unfortunately we have problems in the metropolitan area, so it is not confined to the Pilbara. Certainly in the outer metropolitan areas we have problems finding speech pathologists to employ in funded areas.

As for the Roebourne-Wickham initiative, the sensitivity is probably caused because, as I understand it, one of the doctors has left or is in the process of leaving that area. In many instances the viability of local health services is always an issue in one-doctor towns. There are no plans to reduce general health funding to Wickham or Roebourne hospitals which would lead to any changes there. At this stage there are certainly no plans to amalgamate them with the local Aboriginal Medical Service. As a point of definition, even if we wanted to, it is not possible. The Aboriginal Medical Service is a primary care provider funded by the Commonwealth Government. It is not an area in which we are involved. We provide secondary and community-based health services in those two towns. We would like to work closely with the Aboriginal Medical Service. The regional plan to which the member referred earlier is based in the Pilbara region and goes to identify a closer relationship between all of those areas. It is fair to say that in some of the communities the same people are serviced by two or three different health service providers, both commonwealth and state funded. We would like to improve on that. However, there is no intention at this time to move the services to the Aboriginal Medical Service or vice versa in some models. However, there is a very definite plan to work more closely with the community-controlled sector.

Ms McHALE: On 16 May, Mr Andrew Weeks, the chief executive officer of the Metropolitan Health Service Board, was reported as saying that he expected the spending blow-out to be in areas of health other than the Metropolitan Health Service. Will the minister indicate whether the statement that the spending blow-out is expected to be in other areas is correct?

Mr DAY: Mr Weeks is responsible for the Metropolitan Health Service. I do not expect there to be any blow-out in the funding needed for the Health portfolio or that the situation will be different from that shown in the budget papers.

Ms McHALE: He also indicated that the hospitals would expect to have their budgets before July of this year. Will that be the case?

Mr DAY: I certainly hope so. Once the allocation for the Metropolitan Health Service has been decided, it is an issue for the Metropolitan Health Service Board to determine.

Ms McHALE: Is the minister able to say what the expected allocation for next year is at this stage?

Mr DAY: No, we have not been through the whole process of dividing up the Health budget.

Mr WEEKS: The quotation that was attributed to me is incorrect. It is a story that appeared in *The West Australian* to which the organisation took some exception because the reporting is quite incorrect.

Ms McHALE: Is the reporting incorrect that the hospitals will have their budgets by July?

Mr WEEKS: We expect our budgets to be in situ significantly earlier than they were last year. Both the Health Department and the Metropolitan Health Service Board are working to that end.

Ms McHALE: So Mr Weeks did not say that they would have them before or by July?

Mr WEEKS: I said they would be earlier and that I hoped we would have them by the start of the financial year.

[12.20 pm]

Ms McHALE: Was the part in the article about a budget blowout correct?

Mr WEEKS: It was most certainly incorrect; I do not comment on other parts of the health sector.

Mr CUNNINGHAM: I refer to page 680 regarding infrastructure costs. Unfortunately it is a medical fact that a significant proportion of women develop mental illness during pregnancy. Traditionally, social and psycho-social issues, such as domestic violence, relationship difficulties, substance abuse and childbirth related stress and anxiety disorders are detectable in the antenatal period. The budget describes its focus in health as being in the development and delivery of primary health services that promote health and prevent illness.

Mr DAY: Is the member for Girrawheen reading from the budget papers?

Mr CUNNINGHAM: No, I am asking a question apropos the last two items at page 680; one for \$6.6m and one for \$12.213m. What provision has been made to develop dedicated antenatal, mental health programs that identify at-risk women and permit access to appropriate services to reduce both the incidence and severity of mental illness in this group?

Mr DAY: Obviously much effort and many resources are put into providing both peri-natal and antenatal care.

Mr CUNNINGHAM: How much money is dedicated to it?

Professor LIPTON: As I am sure the member for Girrawheen is aware, a lot of activity, funding and programs are put into postnatal depression. I believe the unit has some antenatal care available, but I will leave that to Mr Moodie to comment on.

We provide services throughout the mental health system. Any person who has depression, postnatally or otherwise, has access to the mental health services in the community. However, in addition, we spent a little more than \$500 000 this current year to support services in mainly three non-government organisations - Rockingham, Fremantle and Gosnells Women's Health and Information Services - that each received about \$56 000.

Beyond that we have provided smaller sums of money to a variety of rural areas to assist general health and mental health services to identify and provide treatment if necessary to women who have post-natal depression. Two more tenders are being negotiated for the northern and eastern regions of the metropolitan area that will add about \$185 000 in the coming year to the figures I have just mentioned.

Mr CUNNINGHAM: Has the money you just mentioned all been spent?

Professor LIPTON: The \$500 000 has been spent.

Mr CUNNINGHAM: So there is nothing in this year's budget; it has been spent?

Professor LIPTON: As I just indicated, a further \$185 000 will be available during 2000-01 which has already been negotiated and will be available once the procurement process is complete. It will provide two more non-government organisations in the metropolitan area.

Mr CUNNINGHAM: I find that incredible.

The CHAIRMAN: Regarding funding generally, although I may be barking up the wrong tree, does the Health Department fund needle and syringe exchange vans managed by the AIDS Council of Western Australia?

Mr DAY: Funding is made available to the WA AIDS Council and other organisations for the operation of the needle and syringe exchange program. It was established to reduce the incidence of both hepatitis C and HIV infection in the community. Hepatitis C is a very serious disease for which there is no permanent cure and of which there are potentially a number of carriers in the community. Unfortunately, if intravenous drug users use infected syringes, they become a major form of transmitting the disease. If a large number of carriers are in the community, it will have significant consequences both for individuals and other people who may be affected in the future, not necessarily through drug abuse - families and partners of people infected, for example - and there would be a major cost to the community for treatment of people with hepatitis C including, in some cases, people who may need liver transplants. The problem of HIV in the community is well documented. It is also a serious disease.

The CHAIRMAN: As the Health Department provides funding for the service -

Mr DAY: Some of the funding, if not a large amount of it, may come from the Commonwealth Government.

The CHAIRMAN: I was not sure whether Health funded it wholly or in part. Is the State Government able to determine the appropriate locations for the positioning of the vans in the metropolitan area or is it left solely to the discretion of the agents based on their perception of demand?

Mr DAY: We will check how much is commonwealth funding. I think I am correct in saying that the program that operates here is part of a national strategy. The location of the vans would be determined by the provider of that service, in this case the AIDS Council. If the Chairman has a problem with a location that appears to be causing concern, I would be happy to follow up that.

Mr RIEBELING: The fourth dot point at page 681 under Aboriginal health refers to a regional strategy to address STD and HIV problems. Does research indicate a greater problem among the Aboriginal community, especially in the north of the State, than in the general community?

Dr DAVIDSON: Based on our present figures, the rates of some STDs are comparable. Without specific details here, I can only advise that a pocket of HIV-AIDS infection has arisen in the north west. Our programs are essentially carried out

both through the Aboriginal Medical Service and with some specific funding allocated to areas in which we know concern exists, such as that to which I referred. Indeed, general support operates through some of the specific programs that support Aboriginal health workers, in particular in their training and understanding of the management of both HIV and STDs.

Mr TUBBY: In the south of my electorate on the outskirts of the metropolitan area, the small country town of Serpentine is not serviced by public transport, nor does it have the services of a local general practitioner. I appreciate the provision of GPs is a major problem in rural and remote areas. Local authorities have become involved by providing surgeries, accommodation and guaranteed levels of income. Does the State Government do anything to provide GP services where no hospitals exist, and therefore no requirement exists for a resident medical officer, in either the more remote areas or areas such as Serpentine that are closer to the metropolitan area?

[12.30 pm]

Mr DAY: The State Government is not involved in the direct provision of primary health care through general practitioners, but it is involved in providing some support through the Western Australian Centre for Remote and Rural Medicine, which is a partnership between the Health Department and the University of Western Australia. As I was saying earlier, assistance is provided for the provision of locums, for example, and ongoing training and peer support. The State Government is also involved in remunerating general practitioners in rural areas through the visiting medical practitioners scheme where GPs in some cases are contracted to provide services to public patients in public hospitals in rural parts of the State.

As far as the situation in Serpentine-Jarrahdale is concerned, I recognise there are difficulties in attracting sufficient numbers of general practitioners to outer parts of the metropolitan area. The State Government is looking at a scheme - I have written to the federal Minister for Health on this subject - for the Rockingham-Kwinana area, for example, where in conjunction with the Federal Government, it might be able to make general practitioners available to that area, where there is a shortage of GPs. It would not be the same as the areas of unmet need in rural areas, but perhaps the State Government could arrange with the Federal Government for provider numbers to be made available to some medical practitioners who would not otherwise be able to be given provider numbers for the metropolitan area.

There is an imbalance in the availability of general practitioners in different parts of Australia. In the Sydney and Melbourne metropolitan areas there is generally an oversupply, but in areas such as the Perth metropolitan area as well as other parts of Western Australia and areas outside of Sydney and Melbourne it is generally regarded that there is an undersupply. The across-the-board policy by the Commonwealth Government of restricting the provision of provider numbers is a problem for Western Australia and needs to be looked at.

As far as Serpentine is concerned, it is a very desirable part of the State and I would have thought that, with the growing population in that area, in time it will be able to attract a general practitioner.

Mr BANSEMER: The local Shire of Serpentine has undertaken an initiative, to which the Health Department has given some support, to provide a doctor who will visit the area on a part-time basis. The difficulty is that most people in the area who need medical services access them in the practices in the area. A small number of people find that difficult. The shire's initiative is beginning to deal with that problem.

Mr BLOFFWITCH: I notice that in the capital works budget no provision is made for the updating of the Geraldton Regional Hospital. The minister would be aware that the Geraldton Hospital is one of the old concrete cancer-type hospitals that is being replaced -

Mr DAY: Did the member say there was no provision?

Mr BLOFFWITCH: I could not see a provision in the *Budget Statements*.

Ms McHALE: It is in the capital works.

Mr BLOFFWITCH: Will the minister bring me up to date on the proposed schedule and the intentions of the Government for the new hospital?

Mr DAY: I am surprised the member has not been able to find any reference in the *Budget Statements* to that provision because I pointed it out to him on the day the budget was delivered. There is a reference to the Geraldton Hospital redevelopment on page 709 of the *Budget Statements*, which indicates that the estimated total cost will be \$35m. The estimated expenditure in 2000-01 is only the beginning. About \$100 000 will be allowed for the planning. The intention is that over the next five years or so the Geraldton Hospital will undergo a major redevelopment at an estimated total value of \$35m. The \$100 000 will be used to finalise the planning to commence the documentation for the construction of the new facility.

Mr BLOFFWITCH: Will the minister give me an idea of when it might be completed?

Mr DAY: The funding is available over the next five years. A decision has been made to construct a new hospital in Geraldton. It will be a staged building process.

Ms McHALE: The Labor Party will do it more quickly.

Mr DAY: Is that a commitment from the Labor Party to build it faster?

Mr BLOFFWITCH: The chap in charge of the regional hospital has now taken over St John of God Hospital. Is it the intention of the Government to see a collocation when this new hospital is built?

Mr DAY: The general manager of the Geraldton Health Service has also been appointed as the general manager of the St John of God Hospital in Geraldton. He has those shared responsibilities. That has been done with the approval of the board of the Geraldton Health Service. Arrangements have been made to ensure there are no conflicts of interest. I will ask the commissioner to comment on the possibility of the collocation.

Mr BANSEMER: Although it may remain a longer-term possibility, there is no discussion of it at this time.

Ms McHALE: I return to capital works. Page 709 in the *Budget Statements* refers to the reports published recently about the obsolete and unsafe equipment at the King Edward Memorial Hospital for Women and the Princess Margaret Hospital for Children. Is the minister aware of an advertisement in *The West Australian* on 22 April for computer recycling for the Princess Margaret Hospital? Will the minister explain if it was a fundraising exercise, or are the computers so bad at Princess Margaret that it is looking for recycled equipment?

Mr DAY: The reference to obsolete equipment which the member keeps mentioning has come out of a report that was done by ECRI. That report was conducted at the request of the Metropolitan Health Service Board to ensure a thorough assessment was made of the needs of Princess Margaret Hospital and King Edward Memorial Hospital over the next few years to ensure a rational and well thought out plan was in place for the best provision of equipment that is needed. However, I understand that the definition of the term "obsolete" does not mean equipment which is currently being used, which may meet the definition some people use -

Ms McHALE: What about unsafe?

Mr DAY: It does not mean that it is unsafe or that it does not work. If any equipment is unsafe or does not function properly, it is either replaced or repaired. I have no doubt that the standard of equipment at those two hospitals is high. However, there is a need to replace equipment on an ongoing basis in all hospitals. Funds are available in recurrent budgets for that to occur. I will ask Mr Moodie to comment on the recycling of computers. I assume it relates to the provision of computers for patients in a schoolroom situation, not for use by the hospital staff.

Mr MOODIE: I am not familiar with the advertisement. I presume it is an advertisement for the sale of computer equipment which was at the end of its lease and would be a component of the leasing agreements.

Ms McHALE: It refers to computer recycling for Princess Margaret Hospital. Perhaps Mr Moodie could investigate what it means.

Turning to the ECRI report and the report into beds and cots at Princess Margaret, can the minister indicate how much money has been allocated to implement the recommendations of the ECRI report in the next budget? Have the beds and cots that were recommended to be purchased in the near future been purchased? Were the 15 beds and 10 cots written off and disposed of immediately? Is there an allocation of \$105 000 each year for the next five years to replace the beds and cots that need replacing?

[12.40 pm]

Mr DAY: At this stage we cannot say how much is allocated to each hospital; that is a decision for the Metropolitan Health Service Board once it knows the total amount it will get. In the Health budget, \$10m is available for major equipment replacement. In addition to that, funds are also available within the recurrent budget for the replacement of more minor equipment. I will ask Mr Moodie to comment on the replacement of beds and cots at Princess Margaret Hospital for Children.

Mr MOODIE: I can confirm those items of equipment have been ordered and will be delivered shortly. The funding has been provided.

Ms McHALE: Have the beds which were to be written off and disposed of been disposed of?

Mr MOODIE: They will be disposed of when the new equipment arrives.

Ms McHALE: They are still being used.

Mr MOODIE: They are being maintained and used until the new equipment arrives.

Ms McHALE: Is the \$10m for major imaging equipment in the recurrent funding or in the capital?

Mr DAY: It is in the recurrent budget, and it is in addition to any other amounts which may be available from other parts of the budget.

Ms McHALE: Can the minister say what equipment is earmarked for purchase with that \$10m.

Mr DAY: No, not at this stage.

Ms McHALE: Is it based on a wish list from the hospitals, or is it based on something more concrete?

Mr DAY: It would be based on a rational assessment of the various priorities across the State, including the metropolitan area.

Ms McHALE: How did the minister arrive at \$10m?

Mr DAY: It is a significant amount of money. We recognise there is always a need to replace major equipment, including imaging equipment. It is one of the allocations within this year's budget.

Ms McHALE: Logically, one would conduct an audit of each of the hospitals for equipment which desperately needed replacing and then develop a plan. Can the minister say what is the value of the equipment that needs replacing, which \$10m will go some way towards?

Mr DAY: No, I do not have a particular figure. Any equipment which desperately needs replacing, as was suggested, is replaced. If it is desperately in need of replacement, it obviously indicates a high need for that to occur, and that is done.

Ms McHALE: It is all terribly vague.

Mr BANSEMER: The reason we cannot be definite at the moment is that we are in the final stages of an assessment process to do that with radiological equipment.

Ms McHALE: The \$10m is essentially for major radiological equipment.

Mr BANSEMER: It is my expectation that a very significant part of that \$10m will go on radiological equipment.

Ms McHALE: We know that is incredibly expensive. How many items might be purchased?

Mr BANSEMER: This is part of our recurrent budget and we are looking at the lease financing options for that equipment.

Ms McHALE: Do you have an idea how much imaging equipment could be purchased?

Mr BANSEMER: Until I have the assessment which is currently being undertaken, no.

Mr MARSHALL: The second dot point in the major initiatives on page 693 refers to elective surgery. It appears that elective surgery waiting lists have improved dramatically over the past 12 months. I realise that there is a strategy in place now. Does the minister have the data to tell the community just what has happened to bring about the improvement in the numbers from 1997-98 and 1998-99 and so on?

Mr DAY: As the member has indicated, a lot of effort and many resources have been put into reducing the number of people who are waiting for elective surgery, and, in particular, into reducing the amount of time those people must wait for surgery. The number of people on the teaching hospital elective surgery waiting list at 30 April 1999 was 13 852. As at 30 April this year that figure had come down to 10 812, which is a reduction of about 3 000. However, more importantly, the median waiting time has reduced from 7.3 months as at April last year to 5.58 months now, which is almost a two-month reduction. That is what is most important; that is, the amount of time people are waiting is more important than the number of people waiting. That is a reflection of the resources which have been made available by the Government to increase the amount of elective surgery which can be performed.

Mr MARSHALL: In the Mandurah electorate, which has a high incidence of elderly people, Dr Anderson, an orthopaedic specialist, has made tremendous inroads into elective surgery for the people in that area. That is just in my area. What are the plans for the State this year? What does the minister envisage will happen? Is the money available to improve those numbers?

Mr DAY: The Government made \$125m available over five years. That was the extra funding which was provided as a result of the agreement between the Commonwealth and the State Governments in August 1998. In the forthcoming year, about \$22m in funding will be available to keep up that increased rate of elective surgery activity.

Mr BANSEMER: The Peel Health Campus performed 807 weighted separations from the waiting list in 1999-2000. We would expect a commensurate amount in this coming financial year while there are cases to be done outside core work.

Mr MARSHALL: That is tremendously encouraging.

Mr RIEBELING: I have a question about the significant issues and trends in the overall allocation referred to on page 676. Given the startling success of the Commonwealth Government's latest blackmail attempt to get people into the private health system, dot point 3 would no longer be true. My understanding is that about 170 000 people have joined up who do not wish to be penalised financially in later years. Given that financial imperative which is forcing people back into the private health system, will the State Government, through the patient assisted travel scheme, maintain its current disincentive whereby people who choose their own practitioners are excluded from the PAT system if those practitioners do not appear on an approved list within the Health Department?

Mr BANSEMER: PATS is aimed at providing access to the nearest specialist medical service. Because of that, there will be no change in the health insurance relating to in-hospital services - not to medical services - in the community.

Mr RIEBELING: A person with private cover can choose his own specialist if that service is in Perth, for example, and it is the closest. That has not been the case previously.

Mr BANSEMER: As far as PATS is concerned, a person can choose his or her own specialist provided that person is the nearest one.

Mr RIEBELING: That is a change. It has not been the case before.

Mr BANSEMER: No, that is not a change.

Mr RIEBELING: I think you are wrong, but it does not matter. If that is the new rule, that is good.

Ms McHALE: On page 688, the last line under "Cost" indicates an amount of \$90m-plus for publicly funded private providers. Is that for the Joondalup and Peel Health Campuses and nothing else?

[12.50 pm]

Mr DAY: It certainly includes the Joondalup and Peel Health Campuses. It also includes St John of God Health Care in Bunbury, which provides some services to public patients.

Ms McHALE: How much of the \$90m is for St John of God?

Mr DAY: The expected amount for this financial year is \$1.2m.

Ms McHALE: What are the expected amounts for Joondalup and Peel?

Mr DAY: For this financial year, the total amount for Joondalup is approximately \$61m.

Ms McHALE: That is what the State Government is paying to Joondalup?

Mr DAY: Yes, for the provision of services as a whole through Joondalup, which includes the base contract, an availability charge and funding that is provided for the elective surgery program.

Ms McHALE: For public patients?

Mr DAY: Yes. The point is that we have made it possible for a large, new public hospital to be provided for people in the northern suburbs, and whether we are paying out this money to a private provider for public patients or whether we are paying it out for a public hospital to provide the services is immaterial. The point is that services are now available to people in the northern suburbs through the Joondalup Health Campus that would not otherwise be available.

Ms McHALE: Minister, you did not budget \$61m for Joondalup.

Mr DAY: That includes an allocation out of the elective surgery fund which would not have been in the original budget. With regard to the other private providers, some geriatric care services have been provided at Hollywood Private Hospital, and there is a small amount this financial year and will be more next financial year for the Midland renal dialysis unit, which commenced operations recently, and that is also being provided by a private provider.

Ms McHALE: How much of the \$61m is waitlist money?

Mr DAY: An amount of \$3.5m.

Ms McHALE: What is the figure for Peel?

Mr DAY: The base contract is \$23.7m, the elective surgery program is \$1.3m and the lease of the facility is \$6.2m.

Ms McHALE: Have contracts been put out for tender for gardening services at Royal Perth Hospital and for courier, housekeeping, orderly and security services at Shenton Park campus?

Dr GOODIER: A number of services are put out to tender. I have not been at Royal Perth for a number of weeks so I cannot say, but it is routine practice for us to put services out to tender as they come up for renewal.

Ms McHALE: Are they currently managed by the private sector or are they day labour?

Dr GOODIER: Gardening has been privatised for some time. Courier, housekeeping, orderly and security services at Shenton Park campus are part of a greater contract for services at Shenton Park. Most of the housekeeping services at Shenton Park are privatised.

Ms McHALE: So any advertisements for tenders are a renewal of existing contracts?

Dr GOODIER: Yes.

Mr RIEBELING: Page 679 refers to community information and education services, which includes publications, brochures and health promotion campaigns. Page 680 states that the average cost per health promotion campaign will be reduced by almost 50 per cent from \$134 333 to \$75 000. What is the reason for that reduction? The explanation may be just that they have cut down on the number of photos of the good minister!

Mr DAY: There are not too many to cut down on.

Mr RIEBELING: The average cost per woman screened at BreastScreen WA will be reduced from \$99.20 to \$76. How is that possible when a greater number of women are being screened?

Mr KIRWAN: The original estimated cost per woman of breast screening was based on a higher rate of screening than we have been able to achieve, and, as I alluded to in an earlier answer, one of the reasons we have not achieved that rate is the shortage of radiographers and our inability to staff all the clinics, although it should be noted that when the clinics are open, they operate at 95 per cent capacity and are restricted to some extent by the number of no-shows, not by scheduling. We now have a more accurate way of costing that figure. The original figure was an estimate; and, as the House will be aware, last calendar year we separated breast screening from assessment, and this figure also reflects a refining of the unit cost in that area.



With regard to the cost per program in public health, the public health division has identified for the coming financial year that across the areas of prevention and promotion it will run less intensive programs. Each campaign is evaluated in respect of the target audience which it is hitting, and these campaigns will be less intensive. In many of these areas we work with national partnerships. For example, this week is Quit Campaign week, and we add additional resources and state funding to target smoking in certain areas, such as rural areas, to ensure the campaign literature gets out to those people. The figures reflect a refining in those areas and there are variations depending on the marketing evaluation of whether those campaigns have been effective.

*Sitting suspended from 1.00 to 2.00 pm*

Ms McHALE: The budget estimate for 1999-2000 for recurrent expenditure was \$1.7b, but the estimated actual is \$20m more. Has the minister sought supplementary funding for some or all of that shortfall, or will it be a deficit carried over to next financial year?

Mr DAY: It is not a deficit and it will not be carried over. That funding has been made available by Treasury.

Ms McHALE: Does that mean an additional \$20m has been provided?

Mr DAY: Yes. However, out of a budget of \$1.8b, it is not a large amount.

Mr MARSHALL: Ross River virus continues to be a major concern for people living in the Peel region. What areas throughout Western Australia are experiencing Ross River virus outbreaks? This has been the worst mosquito year ever in Mandurah. The problem appeared to be contained, but after a pro-am golf event held last Monday many visitors left saying that Mandurah is not the place to be if the mosquitoes cannot be eradicated. Has enough money been allocated to deal with the situation?

Mr DAY: The member is correct - the incidence of Ross River virus in this State this year is very high. In fact, the current season is the fifth worst on record, with 644 cases having been notified to the Health Department. I am aware that it has been a particular problem in the Peel region, but other areas have also experienced problems. I attended, at the request of the member for Dawesville, a meeting with the City of Mandurah and the Shire of Murray to discuss what additional action can be taken to reduce the mosquito problem in the area. The problem has been brought about largely by heavy summer rains and unusual tidal effects. Some of the low-lying areas around the Peel estuary have been inundated with water and stagnant pools have formed in which mosquitoes have been breeding. That has led to a greater incidence of the virus given that it is carried by mosquitoes.

Dr DAVIDSON: This has been a very bad season both for mosquitoes and the transmission of the Ross River virus. As a result, significant additional funds have been directed to mosquito control. The total budget for 1999-2000 has been \$670 000. The initial funding for contiguous local government authority groups for the purchase of larvicides was approximately \$46 000, which included approximately \$21 400 for the Peel region. Extra Peel region CLGA funding was made available for larvicide spraying. The helicopter budget for the Peel and Leschenault regions was \$86 680, and the first runnel installation was commenced in the Leschenault region at a cost of \$4 000. The Health Department also purchased a mosquito fogger and trailer for approximately \$19 700. That equipment is designed to assist in emergencies. University of Western Australia larbo virus surveillance costs were approximately \$360 000, and additional funding was provided for supplementary larvicide spraying in the Peel region, which involved additional helicopter costs. As the minister stated, 644 cases of Ross River virus have been reported, of which 80 were in the Peel region.

Mr MARSHALL: About four years ago I was stunned when told that the number of cases reported in the Busselton area was far greater than that in the Peel region and that the number in the Kimberley had reduced. I would like a rundown of the spread of reported cases.

Dr DAVIDSON: There was a greater number in areas outside the Peel region. The Leschenault region had 106 reported cases; the Capel-Busselton region had 110 cases; the metropolitan area had 175 cases; the north west had 61 cases; other south west areas had 68 cases; and the goldfields had 44 cases.

Mr MARSHALL: Spraying is expensive and everyone very much appreciates the amount of money that has been allocated. Spraying occurs in the summer, yet we still have an enormous number of mosquitoes now. Should spraying continue in the winter?

Dr DAVIDSON: Spraying has continued into autumn and the early part of winter. Mosquitoes do not breed well in winter.

Mr MARSHALL: Does the department control the activities of councils in this regard?

[2.10 pm]

Dr DAVIDSON: On advice, the councils essentially make the decisions about when the larviciding or spraying should occur.

Ms McHALE: Could the minister tell me the date on which the Treasurer's Advance was sought and the date on which it was approved?

Mr DAY: No, I could not say off the top of my head. It was obviously some time during the financial year.

Ms McHALE: Can the minister's advisers tell me?

The CHAIRMAN: Is the minister prepared to supply that by way of supplementary information?

Mr DAY: It has really been part of the overall budget process.

Ms McHALE: No, the minister would have to seek information from Treasury.

Mr DAY: I will endeavour to find out.

Ms McHALE: That will be provided by way of supplementary information.

Mr TUBBY: On page 709, under the capital works program, mention is made of \$10m for the Western Australian Centre for Oral Health. Can the minister explain what benefits that centre is expected to provide in the provision of dental health services?

Mr DAY: The new WA Centre for Oral Health is a facility that is about to be constructed as part of a partnership between the University of Western Australia and the Government through the Health Department and the Metropolitan Health Service. For the first time in this country, we will provide for the collocation of the training of people involved in providing dental services; that is, dental students through the University of Western Australia, dental therapy students through Curtin University of Technology, and also dental auxiliaries and dental technicians through the technical and further education sector. As I said, for the first time they will be provided with training through that new facility, which will be on the side of the Queen Elizabeth II Medical Centre. In addition to the training that will be provided there, treatment will also be provided for patients who are eligible for it under the subsidised public dental scheme in Western Australia, and in particular some of the specialist services will be located there.

Dr EDWARDS: I refer to page 691, the second dot point dealing with HealthDirect. I will ask a question based on an article in the *Medical Forum*, June edition, which says two things. It says, first of all, that HealthDirect is burdening the Princess Margaret Hospital for Children emergency department by diverting children there, but it also says that there is a fall in triage advice directing people to hospital. Can the minister comment on those two claims, which really run against each other? In particular, what proportion of HealthDirect calls are paediatric calls, and what has been done about changing the patterns of triage from HealthDirect? Can the minister reassure us that, despite some of the comments in this article, it is performing an effective service?

Mr DAY: I have no doubt that HealthDirect is performing an effective service from both the statistics indicating the number of people who have contacted the service for information and some of the anecdotal feedback I have received. I could not say how many calls relate to paediatric information. I am not sure whether we would have that. If that information is available, we will seek to find out and provide it as supplementary information. Overall, I think it has been providing a very good service. Was the member suggesting that there is a problem with what is being done?

Dr EDWARDS: The article suggests that PMH is overburdened, that over 55 per cent of calls to HealthDirect are for paediatric advice, and that, certainly initially, a large proportion of those ended up at PMH, when the whole idea is to triage and to sort out who should and should not go there. Claims are made that the system of triage was investigated, but concern is expressed at the end of the same article that it is inappropriate triage and that people may not be referred when they should be. As I said, the article makes two counterclaims, but I would like to know where the truth is.

Mr DAY: I have not seen the article previously, and I was not aware of that sort of concern. I will ask Mr Bansemer to comment on that.

Mr BANSEMER: I take it that the article to which the member is referring is by Dr Geelhoed.

Dr EDWARDS: No, it is in *Medical Forum*, but it is certainly referring to him, and I think it is probably referring to a letter he has written.

Mr BANSEMER: I am not sure whether I have seen that article. As the member said, it is contradictory. We are looking at that issue at the moment to try to ascertain how what we believe is a misunderstanding has occurred. We believe that the triage system being run by HealthDirect is working. If it is true that the workload is going up as a consequence of that, we believe it is going up appropriately. However, as I said, we are currently trying to explain those inconsistencies.

Dr EDWARDS: How is the effectiveness of HealthDirect evaluated, and is there any issue about monitoring calls? By that I mean would any parties who ring in have their calls monitored in an evaluation process?

Mr BANSEMER: Yes, they would. The evaluation is built into it, and there is a follow-up to monitor the effectiveness of it. That will be an ongoing part of the service.

Dr EDWARDS: Can the minister give me an assurance that people evaluating HealthDirect will not be listening in to calls from people who are ringing in with complaints?

Mr DAY: From my recollection of visiting a similar - not the same - sort of service in Sydney prior to this one being opened, it was explained to me that people calling in are made aware that some monitoring may be done, purely for the purpose of ensuring that the standards of service being provided are high. That is the only comment I can make. I have spoken to my advisers, and I confirm that people are made aware when they call that that may be the case. Obviously, confidences would be protected.

Mr MARSHALL: On page 676, under major policy decisions, I notice an amount of \$2m for this financial year, and in

fact for the next three years, for the Western Australian Institute of Medical Research. This is listed as a new policy decision. However, has medical research not been going on in Western Australian teaching hospitals for some time now?

Mr DAY: Indeed, a great deal of research and teaching has been occurring in our larger hospitals, and in some of the smaller ones as well for that matter. The reference to a new policy decision, as far as research is concerned, does not relate to research being new in this State; what is new is the fact that the Government has made a decision to allocate for the first time \$2m a year on a recurrent basis to the WA Institute of Medical Research, which was established relatively recently, essentially to bring together the medical research activities which have been occurring at Royal Perth Hospital and Sir Charles Gairdner Hospital. As I said, the allocation of funds to the institute has been a new policy decision which we believe will assist in ensuring that ground-breaking and world-standard research can continue in Perth and in Western Australia.

Mr MARSHALL: In that research, has anything been done in the area of adult disease?

Mr DAY: The WA Institute of Medical Research is primarily focusing on adult diseases. Of course, there is also the TVW Telethon Institute for Child Health Research, which has recently completed the construction of a new building, funded largely by the State and Commonwealth Governments. It is a magnificent new building. That institute primarily caters for children's health problems.

[2.20 pm]

Ms McHALE: Is that \$2m new money, and not Commerce and Trade infrastructure money?

Mr DAY: No, it is an additional allocation as part of the budget process.

Ms McHALE: At page 676 of the *Budget Statements*, there is reference to a \$10m allocation for redundancy payments for this year and next year. What is that money to be used for?

Mr DAY: That relates to the corporate reform program which is being undertaken within the Metropolitan Health Service.

Ms McHALE: What is the time frame for implementing that corporate reform?

Mr DAY: The allocation of funds is over the next two financial years, so that is a pretty good indication.

Ms McHALE: We have known about the centralisation of resources for some time. There is a sense that the matter has been put on hold because of the election. Is that the case or can the minister indicate when action will be taken?

Mr DAY: No, it is still occurring. A lot of detailed work has been done within the Metropolitan Health Service to develop the plans in some areas of its corporate function on which it has been initially focusing. That program will continue.

Mr WEEKS: I hope the reforms regarding accounting and finance, human resources, industrial relations and public relations will be operationalised before the end of this financial year. We hope to get those effectively launched -

Ms McHALE: Which financial year?

Mr WEEKS: The one we are in at the moment that finishes in four weeks. I expect any redundancies associated with those areas to occur in the next financial year, probably within the first quarter. A lot of work is continuing on other areas, such as hostel services.

Ms McHALE: What is the estimated number of redundancies in the first quarter of the next financial year?

Mr WEEKS: I will provide that by supplementary information. I do not have the numbers on the individual areas. As previously stated in the last budget papers, the aim is in the region of 400 people.

Dr EDWARDS: I refer to the public health item listed at page 685 of the *Budget Statements*, and the reference to commencing an evaluation of all ground drinking water supplies and dams in the south west. I also refer to the front page of *The West Australian* today and the headline "Water Cancer Fears". Is the guideline for the level of trihalomethane being exceeded and what other guidelines are being exceeded? What action is the Health Department taking about the water quality in Leonora, given that I have been told by Water Corporation officials that pregnant women and young children are advised not to drink the water because the nitrate level is too high?

Mr JACKSON: The standards we use are the National Health and Medical Research Council drinking water quality guidelines applied throughout Australia. The two issues referred to, relating to the level of radioactivity in the south west and the trihalomethanes, are different. The article in today's paper relates to the trihalomethanes. It has to do with two factors. The first is chlorination of the water. In some areas where levels of humic acid are high in the natural water, the combination of chlorine plus the humic acid leads to trihalomethanes. If the chlorination is poorly managed, the level of trihalomethanes can be high. Through better management, the levels of trihalomethanes can be reduced to below the guideline maximum level. In some areas of the State, particularly the Pilbara, where the natural levels of humic acid are high, even with best practice management, it is difficult to keep those levels of trihalomethanes below the maximum permitted levels.

The radioactivity in the south west primarily involves the area around Greenbushes where Gwalia Consolidated Ltd has carried out mining. Initial tests carried out by the Water Corporation showed elevated, but not very high, levels. These tests were carried out by an independent laboratory. Subsequently, that monitoring was repeated through the Australian

Radiation Laboratory, and the results were lower than the maximum permitted concentration. The Water Corporation is undergoing continuous monitoring of those supplies, but has overcome the difficulty by blending the water supplies in those areas so that they are below the permitted levels.

The point raised about nitrate in water supplies in remote areas is a real one. We find this in remote regions, particularly in the goldfields region, where the maximum permitted concentrations of nitrate are exceeded. It is toxic to infants and young children and, following the NHMRC guidelines, it is recommended that pregnant women and infants do not consume that water with elevated nitrate levels. I think the level is 30 milligrams a kilogram but I stand to be corrected. The maximum permitted level specified in the NHMRC drinking water guidelines is 50 milligrams per litre.

Ms McHALE: I note that in the 1998-99 financial year the Metropolitan Health Service Board wrote off \$635 000 of bad debts. I gather most of them are not excessive amounts; in fact, I understand none was above \$10 000. However, \$635 000 is a large amount of money. Are adequate procedures in place to minimise the bad debts? Can the minister typify those bad debts and say what can be done to recoup similar amounts of money in future financial years?

Mr DAY: I will need to refer to the Metropolitan Health Service Board to comment on that. I assume the procedures in place are rigorous and that nothing is written off without compliance with the Treasurer's Instructions.

Mr BLAKE: The process is very thorough. Each debt is evaluated within the hospital by the hospital management. Prior to its making a decision to write off the amount, it goes to the board which evaluates it in terms of amounts of \$5 000 and less, and amounts above \$5 000. The total amount may seem high but it represents a number of very small amounts. Most of the items that come before us for approval are less than \$5 000. I will provide more information by way of supplementary information on the items written off, but the process is thorough.

Mr DAY: I do not think the member requires further information.

Ms McHALE: No, I do not if the minister reassures me. That is a big debt but it is several small amounts.

Mr MARSHALL: Over the years this Government has been in office, it seems progress has been made in the treatment of attention deficit disorder, and yet for some people in the community the progress is still minimal. What progress has been made since the report was published last year, and what programs are in place to ensure that the ADHD problem is eradicated or better understood and controlled?

Mr DAY: The problem of ADHD is a rather difficult one in terms of the treatment provided. There is much debate about the most appropriate form of treatment. I am not sure that we are ever likely to be at the stage of eradicating it although, on the other hand, I know there is some question about the appropriate diagnosis, whether people who are thought to have the disorder actually have it, or whether other environmental issues are more relevant.

[2.30 pm]

Professor LIPTON: I reported fairly extensively last year and that still applies. Since then, the issue for us is how to develop a policy for this State, and not take a position about whether there is too much or too little or whether it is over-prescribed or under-prescribed. The condition does exist. We do not want to not treat children who need treatment, nor do we want to treat children who do not need treatment. A lot of that is a clinical matter. It enters government policy in the sense that the drugs used are section 8 drugs; therefore, they must be approved. Some of these drugs are also costly. Our mission statement seeks to do the best we can for everybody, so we must take an interest in how things are happening.

Last year I mentioned that we had a panel of experts, and we have had some fairly wide consultation. That is now complete. Over the past three or four months a very expert committee has been working with me as chair to try to develop a government policy which I can put to the minister, hopefully in three or four months, and which could become the basis for state policy. The people on the committee include Professor Lou Landau, who was originally the chairman of the expert panel some years ago, Dr Trevor Parry, who is a leading paediatrician with an interest in this matter, and others. They are excellent professionals. I am becoming hopeful that within a short time - it will take another two or three months - we will have some new approaches which will guide the State and those prescribing to children in a very rational and suitable way. I hope that by the end of this calendar year there will be a public debate on the policy and we will be in a position to start implementing it.

Mr MARSHALL: Is there any way that we can reduce the cost of those drugs?

Professor LIPTON: Fundamentally, drugs are a commonwealth issue. The pharmaceutical benefits scheme should provide them. Two medications are used: One is dexamphetamine, the cost of which is not excessive and which is on the pharmaceutical benefits list and is readily available; and the other is methylphenidate, Ritalin, which is not on the pharmaceutical benefits list and is very expensive. One drug might cost \$10 but ritalin would cost \$60 or \$70 per annum. That is a real problem. The Commonwealth has looked at this on a number of occasions and has declined to put it on the pharmaceutical benefits list. The literature does not suggest that there is any difference between the drugs; there is no evidence that one is better or worse than the other. As a State, we recommend the use of the dexamphetamine if any drug is to be used. Occasionally, if a child does not respond to that, the clinician may feel the other drug should be trialled. There are mechanisms for that to happen; however, the costs are enormous. At the moment, 3.7 per cent of children aged between five and 17 years are taking the drug for long periods. Apart from doing the right thing by the child, we seek to get the best outcome by using the most economically effective drug. That is an issue which lies with the Commonwealth, but which affects us severely.

Mr MARSHALL: When youngsters at primary school are diagnosed with that problem, what programs are in place for them to seek assistance?

Professor LIPTON: The services which exist - the child psychiatric services, the paediatric services, the community services and the Education Department, which has quite forward-looking policies - are all available and most children find themselves being treated by public or private services in one way or another. Whether we need any special programs or a special recognition of how to diagnose and how to fit the diagnosed child into the right kind of service, which is what we are looking at now, is probably more to the point. It is not likely that a great deal of resources will be needed for the service side, because child psychiatric services will be expanded considerably in the coming year and the services will be clear. The issue will lie in the education of the community and the professionals and in the monitoring function that government has a right to pursue. Services can obviously be improved, but I do not think we will need specialised services. An argument has come forward that we should have a small tertiary, highly specialised service level for the few children who do not respond. We are looking at that, but the jury is not in yet.

Mr MARSHALL: Will any of the panel's recommendations reach the regional and isolated areas of Western Australia?

Professor LIPTON: Indeed. Occasionally someone needs ritalin in a remote area and it is very hard for that to happen with the current regulations. That is part of the agenda of this group.

Dr EDWARDS: I will ask a question relating to page 685, and I may be taking some licence by asking this, but I did advise the minister's office. One dot point states, "Establish an air quality program", and I refer to the remediation of the Omex site. What was the basis for the decision to close the Bellevue Primary School for those few days a couple of weeks ago? Does the odour have any harmful effects, given that I have been on site and the odour was quite overpowering? Did the workers need more protection? When I visited the site they were not wearing masks and appeared to have no form of protection. Is the monitoring adequate, given that only two stations monitor sulfur dioxide? One would not want a site with four boundaries and different meteorological conditions. Can you make any comment on the excessive levels of sulfur dioxide at that site?

[2.40 pm]

Dr di MARCO: The decision to close the school was made by the Education Department. We did not recommend that the school be moved. Odours at the school were noticeable on a number of days in the first week in May. The principal made the decision based on the concern of some of the teachers, parents and the president of the parents and citizens association. It was a precautionary move on their part to relocate the school until the worst of the remediation process was over, which was estimated to be over the weekend. The odours have been quite variable. No distinct odour can be picked up at any one time. It has been variable in terms of character, intensity and the direction from where it was coming. Some odours can be identified, such as oil-type smells, and the majority relate to the waste from oil recycling. Occasionally a sulfur dioxide odour has been picked up. There have been occasional whiffs of hydrogen sulfide, but some people say it is and some say it is not. Odour is a subjective thing and people have different nose thresholds for these substances. Most of them relate to sulfur compounds. Some have extremely low odour thresholds which are much lower than toxic levels, for example. When a person picks up the odours, that person is not necessarily at risk of suffering any adverse health effects. We do not believe that the odours at the Omex site are responsible for causing any health effects in terms of the remediation. We do not fully understand the characteristics of the odours, because we have not been able to identify each component or what odours were attributable to what factor. There were some reports of residents who associated ill feelings and symptoms with the detection of odours at certain times. That was more prevalent in the first two weeks of the remediation process than in the latter parts of it. The Department of Environmental Protection, which was overseeing the remediation, apparently received fewer complaints and calls about the odours and people reporting various symptoms in the latter part of the remediation process than it did in the earlier part of the remediation process.

I understand that the workers - this is outside our area of responsibility and is a WorkSafe issue - carried personal monitors for sulfur dioxide, and if the alarm went off they put on protective equipment. Initially there were four monitoring stations for the east, west, north and south boundaries. One of the sulfur dioxide monitors was relocated to the school. That was the most sensitive of the instruments used for monitoring, and it was appropriate to move it there because of the concerns of the parents and staff, so at one stage there were only three monitors on the north, east and south boundaries. There was continuous monitoring, with a recording every minute of each day, 24 hours a day. There were a number of exceedances of the alert levels and the action levels, and the contractors took appropriate action to diminish the emissions of sulfur dioxide until they were below the action levels. The exceedances that were picked up corresponded fairly closely with the weather conditions. There was meteorological monitoring on the site, and the direction of the wind was important.

A large amount of information has been collected, as the member will appreciate, because readings have been taken every minute for the past five or six weeks, so we have 50 000-plus pieces of information from each monitor that we need to analyse, and it will take some time to make complete sense of it. However, we do know that the exceedances on the western boundary of the site correlate with the detection of sulfur dioxide at the school. There was an exceedance of the alert level - which is 40 parts per billion - at the school on two occasions, and on the second occasion it was as high as 0.4 parts per million for about three minutes. The action level is one part per million, so it is less than half of the action level. Action was taken at the site when the alarm went off at the school, because the western boundary monitor had already set off the alarm, and work practices were changed and lime was used to try to reduce the emissions of sulfur dioxide.

Mr JACKSON: The member asked about the air quality program. Air quality affects a number of departments, such as

DEP and Transport, and it also affects public health and safety. The Health Department public health division did not have a program that picked up air quality and issues such as Omex and a range of other sites where we need to look at public health and safety aspects, and we needed to establish that within our business planning process, so that was the purpose.

Dr EDWARDS: That is excellent.

Ms McHALE: What specific initiatives or changes have taken place at King Edward Memorial Hospital since the intervention of Glover and Child?

Mr DAY: Prior to the intervention of Glover and Child, as the member put it - the review that was undertaken was not a matter of intervening - action was taken by the chief executive, I think in about August of last year, to ensure that any adverse clinical incidents were reported to him. In addition, action has been taken more recently to ensure that appropriate consultant obstetric coverage is available 24 hours a day.

Mr MOODIE: What has been outlined today is the changes in the staffing. We have acted on the issues of complaints monitoring and reporting, we have taken steps to revisit the issue of the accreditation processes, and we have generally embarked upon implementing the recommendations made by Child and Glover. They are progressing at different rates, and we are confident those matters are being rectified.

Ms McHALE: What has been the staffing increase? How many additional staff have been brought on?

Mr GOODIER: The staffing increase has been 4.39 FTEs in the medical areas, as I mentioned previously.

Ms McHALE: Has that been over the past 12 months?

Mr MOODIE: Yes. There is some confusion about the recommendations made by Child and Glover. They primarily recommended changes to the mix and to the cover across a 24-hour period. They did not recommend an increase in staffing.

Ms McHALE: The mix has changed?

Mr GOODIER: Yes.

Dr EDWARDS: What is the cost of changing the mix, because presumably there will be more senior people at certain times?

Mr GOODIER: I cannot give the precise details about that, but the on-call arrangements and the call-ins have increased also over the past 12 months, and that is also reflecting that greater emphasis.

Ms McHALE: Page 697 states that the independent living program, which is a joint initiative between the mental health division and the Ministry of Housing, has continued to be expanded. How many new living units were provided during 1998-99, and where were they; and how many new units are planned for 2000-01?

Professor LIPTON: We have been receiving 60 units, plus or minus one or two, each year. In the next financial year we expect to receive between 60 and 80 more units.

Ms McHALE: Have 60 been built this financial year?

Professor LIPTON: Built or acquired by Homeswest, yes.

Ms McHALE: What is the level of unmet need for such accommodation units?

Professor LIPTON: That is probably as long as a piece of string, but the number of people who are waiting for accommodation - there is a list that is assessed - is about 360, and about 400 or 410 people are currently in such accommodation.

Ms McHALE: About 300 people are waiting for placement in the community living program?

Professor LIPTON: Yes, who have been put on the list by the clinicians and are waiting for various reasons. Many of those people are living with parents or relatives. Some are in psychiatric hostels, chronic wards or places like the Salvation Army's Tanderria Mens Hostel, or Richmond Fellowship of WA. There are various accommodation options that rehabilitate people who are waiting for placement. All of those people are under the care of the services, and most of them are receiving rehabilitation and support services from non-government organisations.

Ms McHALE: How many would be with family members?

Professor LIPTON: I do not have that information with me. I will provide it as supplementary information.

[2.50 pm]

Mr DAY: The Government will endeavour to provide it as far as possible.

Ms McHALE: Is the minister aware of any proposed units to be acquired through the Ministry of Housing that have been knocked back?

Mr DAY: Knocked back by whom?

Ms McHALE: By members of Parliament.

Mr DAY: Members of Parliament?

Ms McHALE: Yes, or objections raised at having the location of a unit for the mentally ill in their neighbourhood or electorate.

Mr DAY: No, I am not aware of any.

Mr MARSHALL: I refer to page 690 in the *Budget Statements* concerning the Universal Neonatal Hearing Screening program for newborn babies. The Opposition seems to be focusing on what it feels should be happening at King Edward Memorial and Princess Margaret Hospitals. Can the minister tell us about that program?

Mr DAY: That is another important initiative of the Health portfolio this year. As indicated in the *Budget Statements*, the Universal Neonatal Hearing Screening program commenced in January of this year. It has been put in place to identify hearing disorders in young children. It is recognised that when such disorders are picked up in the first six months of life, action can be taken to deal with the problem much earlier. It is known that less serious consequences occur for the child from a developmental and educational point of view later in life. That is the basis to the program, and it has been very much welcomed. It was a very good program. I will ask Dr Jones to comment about the detail of some of the clinical aspects.

Dr JONES: This program is an example of the introduction of a screening program for all newborns in Western Australia. It has been incrementally introduced. Recent medical evidence shows that previously, hearing loss in infants has been detected with older and less expert techniques. A child is sometimes diagnosed at six or 12 months as having congenital hearing loss. The evidence shows that if hearing loss is detected before the age of three months, and a program is instituted which supports the acquisition of communication skills by the age of 12 months, those children have almost similar communication skills as hearing children. The Universal Neonatal Hearing Screening program is being introduced into Western Australia and extended incrementally first in the public sector, and eventually into the private sector organisations. If women are unable to have their newborns tested at public hospitals at the moment, they are able to attend the private sector.

Mr MARSHALL: I commend the project. My niece's second child was born deaf. It was not picked up soon enough. It has ongoing traumatic effects on families, not only on the parents, but also the grandparents. I am pleased to see good initiatives are coming out of King Edward Memorial Hospital, even though the Opposition likes to say there is not.

Mr DAY: A great deal of good work is being done at King Edward Memorial Hospital, there is no doubt about that.

Ms McHALE: It is amazing how utterances get turned around. We have never said that bad things come out of King Edward Memorial Hospital; on the contrary.

Mr MARSHALL: You do carry on at times.

Ms McHALE: The member will get his chance. We have not yet explored the impact the GST will have on the Health budget. Is the minister able to indicate the cost of complying with the GST? Is it a significant issue for the Health budget? What is the department's analysis of the impact of the GST on health services? I note that references are made on page 701 of the *Budget Statements* to the GST payments and their receipts. There appears to be a \$10m discrepancy between the receipts and the payments - although I am not sure if they are the right figures. The receipts are \$63m and the payments are \$73m. Can the minister comment on the GST?

Mr DAY: The cost of implementing the GST in the public health sector is estimated to be \$2.5m for the current financial year 1999-2000 and \$3.9m for the next financial year. The cost of actually complying with the GST is estimated to be \$6m in 2000-01. As to the apparent discrepancy, I will ask Mr Kirkwood to comment on that.

Ms McHALE: Will the minister inform the committee as to the apparent discrepancy between receipts and payments on page 701 of the *Budget Statements*?

Mr KIRKWOOD: The GST figure is \$73m and it is the anticipated cost for the whole year. However, the GST works on a timing difference. Money is paid out and then it is claimed back. Those figures represent a worst-case scenario whereby the timelag creates a \$10m difference. Through business processes, the Health Department will draw that figure right back.

Mrs ROBERTS: On Page 682 of the *Budget Statements*, reference is made to a working party that has been established to review swimming pool regulations. It also mentions that the review has been extended to include specialised design features. My question follows on from what the Minister for Aboriginal Affairs said during the Aboriginal Affairs estimates committee last night. The Minister for Aboriginal Affairs indicated that the swimming pools program would proceed in Aboriginal communities. What role will the Health Department play in that? What funding will it contribute to it? Will it have a role in monitoring the pools once they are established?

Mr DAY: I am not aware of any ongoing role in monitoring the pools. That is normally done by local authorities. I will ask Michael Jackson to comment.

Mr JACKSON: Swimming pools represent a potential risk to health. For example, in the Australian Capital Territory, an outbreak of cryptosporidium occurred, affecting bathers. Obviously where there is pollution in the water it can be ingested and therefore lead to public health issues. The review of the swimming pool regulations is an area of law the Health Department is looking at to make sure swimming pools comply with regulations, in terms of their presentation, structure

and disinfection. The point the member raised relating to the Aboriginal communities has been of concern to the department because maintenance is the key to ensuring that the recreational facility is safe for the users. Generally the swimming pools throughout Western Australia are monitored by local governments. We get involved when a closure is issued by the Executive Director of Public Health. Clearly, we do not have local governments that will be on-site in all Aboriginal communities. A number of aspects need to be looked at in terms of having an appropriately trained pool attendant who can ensure that appropriate free chlorine levels are all present in the pool. These issues must be sorted out. It will be a requirement under the regulations that they be appropriately supervised. That applies to every other public swimming pool that exists in metropolitan areas.

The CHAIRMAN: I have a question concerning swimming pools. A diving shop in my area put in a diving tank for scuba divers. It wanted to make it a saltwater pool and was told by the Health Department that it could not. Most diving occurs in salt water. It had enormous problems trying to comply with the Health Department regulations. I ask that the Health Department treat individual situations separately, for example, a diving shop, as against a public swimming pool.

[3.00 pm]

Mr JACKSON: I do not know what dive shop or what swimming pool. Initially those plans will be looked at by a local government and they will come to us if there are problems. If we can be given the details, we can come back to you on that.

Mr DAY: Is there any reason a salt water diving pool would not be possible?

Mr JACKSON: No. There is nothing on the surface there that would indicate why that would not be possible.

The CHAIRMAN: I think they said that it was going to be public. That was the reason they gave. I will provide those details.

#### **Division 24: Resources Development, \$27 294 000 -**

Mr Masters, Chairman.

Mr Barnett, Minister for Resources Development.

Dr J. Limerick, Chief Executive Officer, Department of Resources Development.

Mr R. Atkin, Manager, Finance Branch, Department of Resources Development.

Mr N. Ashcroft, Executive Director, Projects and Infrastructure, Department of Resources Development.

Mr GRILL: The Kingstream Steel Ltd project and the Oakajee port are raised on several occasions in division 24 of the *Budget Statements*. Yesterday there seemed to be some incompatibility between statements that were attributed to the minister in relation to the building of the port and statements made by the Premier in this Chamber. I refer the minister to the article in yesterday's *The Australian Financial Review*, 31 May 2000, under the heading "WA Govt to meet cost of Oakajee port". The article is by Mark Drummond. The first two paragraphs state -

West Australian Resources Minister Mr Colin Barnett has convinced State Cabinet to meet the entire \$192 million cost of the new Oakajee port at Geraldton - a move which represents a huge boost for Kingstream Steel Ltd in financing its \$1.7 billion steel mill.

Mr Barnett said yesterday he had won Cabinet approval for the Government to fund and build the new port in the State's mid-west before he travelled to Europe earlier this month to promote the Kingstream and other WA resource projects.

Did the minister actually speak to Mark Drummond before the article was written?

Mr BARNETT: Yes, I certainly did.

Mr GRILL: Are the remarks attributed to the minister in the article by Mark Drummond correct?

Mr BARNETT: I am not going to respond in detail to the article in *The Australian Financial Review* but I am prepared to go through and explain exactly what the position is with respect to Kingstream Steel Ltd. The article is essentially correct but it is a short article covering quite a lot of history and quite a number of complex issues. I have no argument with the article but I think there are a number of things which are unsaid in what is a short article.

Mr GRILL: One of the things it certainly mentions is a figure of \$192m for the construction of the port. Would the minister agree that was the figure he mentioned to him?

Mr BARNETT: Would the member like me to explain the situation?

Mr GRILL: Is that the figure you mentioned to him?

Mr BARNETT: Would the member like me to explain the situation? I am not going to react piecemeal to this but I am prepared to recount exactly what the situation is with respect to the port.

Mr RIPPER: The minister does not want to answer questions - he just wants to make a statement.

Mr BARNETT: I think it would help. I can answer the question and then members can ask me any question they like. How about I explain the situation? It seems a fair way of proceeding.



[3.10 pm]

Mr GRILL: That approach is probably preferable from the minister's point of view, but I would prefer if he could simply answer one or two questions.

Mr BARNETT: The \$192m plus or minus 25 per cent is the best estimate that the Government and the Department of Resources Development have at this stage for the physical cost of constructing the port. That is correct.

Mr GRILL: Is it correct that the minister convinced State Cabinet to meet that entire cost?

Mr BARNETT: No, what I convinced State Cabinet to do was to include in the tender process an option for the Government to finance the port development. I made it very clear to Cabinet, and I make it very clear today, as I have in the media, that is very much my preferred option. However, any decision to allocate funds would require a separate and subsequent decision of Cabinet. That cannot be made until the tender process has been conducted and we have the bids in for the design and price of the port.

Mr GRILL: The article also mentions a letter which was written by the Government to the proponents of the project. Is the minister aware of that letter?

Mr BARNETT: Yes. The member is referring to the letter to Kingstream signed by the Premier. The letter was prepared at my instigation, drafted by the Department of Resources Development and signed by the Premier at my request. The Premier at all stages exempted himself quite properly from cabinet discussion but was obviously aware of the cabinet decision. I thought, and I still do, that it was important for that cabinet decision to be relayed formally to Kingstream through the office of the Premier. That is quite proper. The letter makes it quite clear that the Premier was not part of the cabinet discussion.

Mr GRILL: I was not here yesterday but the member for Belmont was. The Premier appears to have made a clear commitment to table that letter. It was not done yesterday. Has he given the minister some authority to table it?

Mr BARNETT: He has not formally. He signed the letter, so it is up to him whether he wants to table it. I would think that there is no objection from the Government to that letter being tabled. Indeed, while we are sitting here I will have one of my officers check with the Premier's office. Unless he has any objection, we will table the letter during the course of this estimates committee. There is nothing particularly secret in it and it is a very straightforward letter.

The CHAIRMAN: I am advised that it is not possible to table letters during estimates committees, but the minister can certainly distribute it.

Mr BARNETT: If the Premier's office agrees, I will provide a copy to the member.

Mr GRILL: The problem is that when the Premier answered certain questions from the Deputy Leader of the Opposition, he did not seem to know much about the proposal at all. I will refer to page 54 of the transcript.

The CHAIRMAN: I refer the member to the Chairman's statement that I made at the beginning that there must be some relevance to the budget papers. I know that this is a very topical issue. Could the member be quite specific in his questions? Also, I am not aware of whether he is able to refer to transcripts of previous meetings of this committee and to previous comments made by the minister. I would like the member to be specific if he could.

Mr GRILL: Are you saying that we cannot refer to previous comments?

The CHAIRMAN: Are you quoting from a corrected *Hansard*?

Mr GRILL: I do not know whether it is corrected.

The CHAIRMAN: I suspect that it is not corrected and is therefore only a draft. The member might like to summarise his understanding of it rather than quote it directly.

Mr GRILL: Yesterday in answer to questions by the Deputy Leader of the Opposition the Premier seemed to indicate that he had no knowledge about the costs of building the new port, whereas the minister gave a specific figure to Mark Drummond. Could the minister tell us how that might be the case?

Mr BARNETT: The figure of \$192m plus or minus 25 per cent has been in the public arena to the best of my knowledge for probably close to 12 months. There is nothing new about it. If I may go back a little, I will put this whole issue into perspective. When the state agreement Act was passed by this Parliament with bipartisan support in 1997, it contained a provision which effectively said that if the Kingstream steel mill project proceeded, the Government would see that a port was developed. The agreement Act did not say how the port would be developed. Subsequent to the agreement Act being passed through this Parliament, the Kingstream project - because of its links to Taiwan at the time and prior to the Asian crisis - looked as though it was very close to going ahead. I made the decision that it was appropriate that we go out to seek private tenderers to put in proposals for the construction of the port. In other words, we would start the process from a government point of view.

At that stage I sought and obtained cabinet approval to go out to seek registrations of interest and then tenders for a port to be built on a build-own-operate-transfer basis; in other words, the private sector was invited to put in designs, construction contracts, financing arrangements and operating arrangements with a view to the port transferring back to government ownership after some 35 years. That was the process. The Asian crisis came and Kingstream, along with a

number of other projects, effectively slipped off the agenda. With Asia's recovery and a whole lot of things that have changed within Kingstream, the project is now very likely to proceed. Being aware that the change was taking place, during the summer months I reconsidered the approach that the Government was adopting to the development of the port. Given my experience, particularly with the Collie power station, and the experiences of the Government in developing a private prison and a few other projects, I formed the view over the summer months that it would be better for the Government to finance the construction of the port for a number of reasons which we can explore, if the member is interested. Essentially it would be a more certain, simpler, more accountable process and in all probability, from a government point of view, a lower cost process. Because the original calls for expressions of interest and tenders were based only on a build-own-operate-transfer basis, I was required - obviously I did - to go back to Cabinet to seek cabinet approval to add to the process the option of the Government financing the port. Cabinet agreed to that some four weeks ago, just prior to my trip to Europe. We therefore notified each of the four short-listed tenderers. I requested the Premier to send the letter to Kingstream, to which the member referred, to advise Kingstream from the head of Western Australia's Government of the Government's cabinet decision. The letter makes it clear that the Premier was not present during that discussion.

Therefore, we now have both options: A privately financed and built port or a government-financed port. I make it very clear that my preferred option is to go down the simple, government-financed option, so that we ask the four short-listed private tenderers to give us a price for designing and building the port. The best estimate that I and the department have had is that probably after about seven years the port will become self-sustaining and profitable. After seven years or so, the Government of the day can make a choice as to whether it privatises the port. I suggest that if it does privatise the port, at that stage the Government and the taxpayers will get back every dollar that has gone into the port, probably plus a profit. That is an entirely proper way for a Government to behave. As it stands now, both options are available; before only one option was available.

Mr RIPPER: Is the minister concerned that the cost of building this port is not included in the budget or anywhere within the forward estimates? What credibility can the Government's commitment to Kingstream have if it is not provided for or referred to anywhere in the budget or forward estimates?

Mr BARNETT: The decision to construct a port is dependent upon the port being shown to be economically, financially, technically and environmentally feasible. All the indications to this point are that those criteria will be satisfied. However, it is also dependent upon the Kingstream project proceeding. Government must be satisfied that the Kingstream project is financed and its contracts let and that it is going ahead. That is a due diligence exercise. The member's question referred to confidence. The obligation on the Government is an obligation pursued and promoted by me as minister and by executive government, but it is an obligation ratified by both Houses of this Parliament with bipartisan support. Therefore, it is now a statutory obligation. The only question is: How does the Government of the day fulfil that parliamentary obligation?

[3.20 pm]

Mr RIPPER: Does the minister not agree that at the time of the debate he forecast a privately owned port?

Mr BARNETT: Yes, I do.

Mr RIPPER: When the minister raised the cost of a publicly owned port he continually harked back to the fact that it would be privately built.

Mr BARNETT: At that stage of the debate on the Bill we did not have cost estimates of the port; we had only a broad view. Much work has been done on drilling the seabed, identifying rock quarries, and a host of other things. The Department of Resources Development has had allocations within its budget for the development of Oakajee, environmental studies, the acquisition of about 1 100 hectares of land for the core, and about 5 000 hectares for the buffer zone, which is almost acquired. Allocations have been made for transport, roads and the creation of a gas pipeline easement. Everything that has been done, and works that are being done, has been budgeted for. It is not sensible to bring into the budget an allocation for the construction of the port until the port is committed.

Even with a privately funded port it was always planned that the State would make a significant capital contribution. I always feel uneasy about doing that when a private sector developer is involved. It is easier and cleaner for the State, when it must support the port initially - Kingstream alone will not provide enough volume of trade - for that to be done effectively through Treasury.

We should bear in mind that Treasury will be able to raise finance for the port at lower interest rates than will a private developer. We should also bear in mind that obvious risks are attached to the building of this port, such as inclement weather, delays in construction and the fact that a steel mill will not immediately produce 2.4 million tonnes of steel slab from day one; there will be a commissioning period. Based on experience with the Collie Power Station, due to those uncertainties the private developer and financier will want to build in contingencies such as insurances, guarantees and the like. At the end of the day we would end up paying more for the port that way than if we do it through government.

Little money will be spent this financial year even if Kingstream meets its most rapid timetable, which I sincerely hope it does, can commit to the steel project in the fourth quarter of this year, we finalise the tender process, the four short-listed bidders design the port, undertake the quantity surveying and provide their quotes. The major expenditure will be in the 2001-02 financial year and subsequent years. The expected construction period is 30 months, so the cost of developing the port will be spread over three financial years.

Members opposite might say that it is potentially an obligation. It is not included in the budget because it is not yet committed. Cabinet has not decided to allocate the money. I hope it does and I am sure it will. Similarly, we have not included the proceeds from the sale of AlintaGas because it has not happened. Both events will occur and, when they do, they will be brought to account in the budget process, but they will occur in subsequent budget years.

Mr GRILL: Yesterday, when the Premier was asked a very similar question to that put to the minister a few minutes ago by the Deputy Leader of the Opposition - that is, why is the \$192m not included in the budget forward estimates - he replied along the lines that we do not know how much the port will cost; whereas the minister indicated to this committee a few minutes ago that \$192m has been well known for some time. How does the minister explain that?

Mr BARNETT: The \$192m, plus or minus 25 per cent, is the estimate that the Department of Resources Development and its consultants have calculated. The actual cost of the port will be determined only when the tenders come in from the four preferred bidders. Some are suggesting they will use alternate designs to those proposed at this stage and may well come in with lower bids. We have an estimate, but we know in broad terms the figure with which we will be dealing. It is my expectation, and certainly my hope, that the final figure for the port will be significantly less than \$192m. However, that will depend on the tender process.

Mr GRILL: On examination of the Premier's remarks we are left with the strong impression that nothing much occurred in terms of government processes beyond the parliamentary approval of the agreement Act that took place a couple of years ago. A change regarding this matter has occurred, has it not?

Mr BARNETT: Much has occurred in the processes following the passage of the legislation. I will not restate them, but the acquisition of the port, planning, environmental studies of the mill, the Oakajee site and the port have been approved as well as the acquisition of core and buffer land. Two things have happened since the Bill was passed. The first was the commencement of the expressions-of-interest process for port construction based only on build-own-operate-transfer of a privately financed port. The change has involved a decision in Cabinet to widen that to include the option of government finance.

Mr RIPPER: When was the cabinet decision made?

Mr BARNETT: On 1 May, just prior to my departure overseas.

Mr RIPPER: How would this publicly owned port be financed? Public sector debt will increase by \$1.5b between this time last year and about 2003. Is the Government proposing to finance the publicly owned port by increasing public sector debt yet again, or is it to be financed by cutting or delaying some other capital works project to which the Government has previously committed itself?

Mr BARNETT: The exact detail of the financing of the port has not yet been determined. I will be discussing it with Treasury over the coming months.

Mr RIPPER: The Government will have to borrow for it though, will it not?

Mr BARNETT: Probably. It is a matter of choosing a mix which will be the injection of some direct government equity; for example, part of the proceeds of AlintaGas may be injected. I do not know; that is a question for Cabinet. However, some funds will be directly injected. No doubt some debt financing will occur. We must not forget the most important point; that is, this port will be an income-generating asset. On rough calculations, 2.4 million tonnes of steel slab when in production, probably at a price of \$3.50 a tonne, will generate approximately \$8m to \$9m in revenue annually.

At Treasury borrowing rates, that amount would finance for itself perhaps \$110m or \$120m worth of borrowings, which is more than half, if not two-thirds, of the cost of the port construction. While there is a commissioning and construction period, the direct revenue earned by the port will finance the majority of the cost of constructing the port. In addition, some government funds will need to be injected. The financing issue faced by the Government is not the financing of \$192m. That would be the case if we were building an asset such as a school that did not generate income. The Oakajee port will generate significant income.

Mr GRILL: Was the taking of this proposition to Cabinet on 1 May and the outcome of the meeting a significant event in the history of the Oakajee port?

Mr BARNETT: It was a reasonably significant event. Not everyone in government may agree when it comes to the crunch, but it is a far easier way of proceeding with the port, and to Kingstream Steel Ltd, and particularly its banks, it will provide much more confidence. Banks do not generally like dealing with governments. That is a turnaround from perhaps 20 years ago, because governments are seen to be capable of changing their minds and no financial institution or company wants to be involved in legal action against a government, so they are perceived as risks.

Mr RIPPER: That is understandable.

Mr BARNETT: Given your history in government, it is.

Mr GRILL: And yours. I would not throw too many stones from there.

Mr BARNETT: In international finance areas that is the perception of dealing with Governments, although, typically, third world Governments with which problems have occurred. It is therefore important for government to give a clear position. Taking the government financing option and simply saying to the private sector that it should design and construct the port

and we will worry about ultimate ownership once it is built is a far more reassuring, confident picture to deliver to the banks. Ultimately, it is an easier and less expensive option for government.

[3.30 pm]

Mr GRILL: The Premier did not want to refer to that decision when he was giving information here yesterday.

Mr BARNETT: The members must show a little fairness. The Premier is caught between a rock and a hard place. He has properly made the decision to exempt himself from cabinet discussions on the Oakajee project on every occasion. The Premier was not part of a 20-minute cabinet discussion.

Mr GRILL: The impression he gave was that nothing had happened.

Mr BARNETT: He was not part of that discussion, so it would not be in the forefront of his mind, and I have been the minister responsible for handling it. The member for Eyre is being a little unreasonable. I am sure the Premier will agree to make available the letter that states the cabinet decision. However, the decision was made in his absence.

Mr GRILL: The decision that was made has brought about some changes to tendering processes.

Mr BARNETT: Yes, and in that sense it has progressed the Oakajee steel mill and port project. It is one of a series of things that will need to happen to progress it.

Mr GRILL: I have a copy of the letter which states that in an attempt to resolve the remaining port financing issues the financial consultant Arthur Andersen recently extended the port financing feasibility study to incorporate the option of full financing of the port, and in the circumstance in which Kingstream Steel Ltd is the sole foundation user of the port this type of approach when combined with a port design and construction project offers some significant advantage for both the State and KSL. The letter states that this proposition was recently put to Cabinet by Mr Barnett, the Minister for Resources Development, who is responsible for the development. That seems to contemplate that the Government will go down the road of a fully-funded port. The letter goes on to say that it is intended that the existing tenders proceed with the four preselected consortia retained to enable the required port construction time frame to be achieved, and that cabinet endorsement of a restructured tendering process will enable the tendering document for the request for proposals phase of the process to be completed in the shortest possible time. I refer to the words "Cabinet endorsement of a restructured tendering process". Could the minister advise us about that restructured tendering process which is obviously a development from the cabinet process?

Mr BARNETT: The tender process started with around 10 or so companies putting in proposals. We selected four preferred bidders according to a range of criteria. They have been proceeding on the basis that it would be a privately financed port with some government injection of capital to make it work, otherwise we would have had extraordinarily unreasonable transport charges which would have helped no-one. Working out how that would be conducted would always be complex. The reason for the cabinet decision was to formally inform Kingstream Steel Ltd and its bank and, in particular, the four preferred bidders that they would now be asked to submit a simple design and construct bid. For me to widen the tender process to include my preferred option required a formal cabinet decision, and that happened.

Mr GRILL: Has the formal cabinet decision brought about a change in the tender process?

Mr BARNETT: It has widened it. It has not destroyed what was already there, which was a build-own-operate, BOOT-type proposal; the result of the cabinet decision is to add the option of designing and constructing.

Mr GRILL: Has it been widened to include any other tenderers?

Mr BARNETT: No. We are sticking with the four preferred tenderers.

Mr GRILL: Why would the Government not allow other companies to tender.

Mr BARNETT: That is not necessary. There has been a proper process. The companies have been selected on a range of criteria including engineering capacity and design ability. We are content with the four preferred bidders.

Mr GRILL: The minister would agree that no-one would commit to the building of this port under current circumstances unless there was some clear understanding on port user charges in the future. How far down that track have negotiations gone with Kingstream in agreeing to port charges?

Mr BARNETT: Port charges has been one of the major issues. Some of the initial financial analysis under the BOOT option came back with suggested charges as high as \$8 a tonne. That would have made Oakajee an extremely expensive port and probably uneconomic to use. There was little point in the Government sponsoring a port that was uneconomic and therefore would not attract investment in the surrounding industrial estate. The department has researched compatible port charges in a range of ports within Australia and internationally. We have not yet agreed on a final port charge but it is probably in the range \$3 to \$3.50 a tonne which would be in line with other similar ports in Australia and internationally and is probably a figure that would be acceptable to Kingstream. We want to ensure that that port charge is reasonable and allows us to recoup a reasonable income from the port. That sort of charge will generate \$8m to \$9m in revenue from Kingstream alone.

Mr GRILL: Kingstream would still have the option if it did not agree on these charges to use Geraldton.

Mr BARNETT: Yes, it would.

Mr GRILL: Kingstream's agreement to a range of charges is important for the port construction to go ahead?

Mr BARNETT: Yes. Prior to the commitment for the port to be constructed, there will be an agreement about the tenderer, the preferred design, the construction cost and timetable and the charges for the port. That will go back to Cabinet as a formal package. We must take the tender process through to conclusion for me to take that back to Cabinet. That is bearing in mind that if Kingstream makes a decision in the fourth quarter, we will take to conclusion the tender process. That will go back to Cabinet and that is why we do not see any major investment or expenditure by the Government on the port in the approaching financial year. There will then be a 30-month construction period.

Mr RIPPER: On 8 May 1997 the minister told the Legislative Assembly that the State was not committed to the port until the project was under construction, and it was not committed to the port for five years after that date. Later the minister said that the port will probably take 15 to 18 months to construct, and will be built during the last part of the construction period of the steel mill; effectively, the steel mill will be there before the State started to build the port. It seems that as a result of the latest cabinet decision, the timing has been brought forward. Is the timing considerably in advance of his advice to the House in 1997? What amounts of money are likely to be spent and in which financial years?

Mr BARNETT: The agreement Act sets out final requirements on the Government of the day. It says that the port must be completed within five years after the commissioning of the steel mill. They are the outer limits. That does not mean the Government will necessarily have to do that. It is in the interest of the Government, the port operation, Kingstream and the Oakajee industrial estate to do all of that as quickly as possible. I will not put at risk taxpayers' money. We will not commit to the port prior to a commitment being made on the steel mill. We must be satisfied about that before we put one dollar into the port. Given all of that, where is the logic in delaying the port and having a messy situation with Kingstream trying to take product out of Geraldton, which will be expensive?

Mr RIPPER: Only in the *Hansard* can that logic be found.

Mr BARNETT: I was explaining what the agreement Act says. I want to establish the port and industrial estate in conjunction with the development of the steel mill. It is in no-one's interests, certainly not the taxpayers, to have a messy two-port deal. That is crazy stuff. I keep telling Nik Zuks to hurry up with the steel mill, because he is holding up my port. We want the port and industrial estate established.

Mr RIPPER: What money will be spent and in what financial years?

[3.40 pm]

Mr BARNETT: I cannot answer that as we do not have a tender price. We have yet to decide on the mixture of equity debt and the allocation of revenue from the port. The best figure we have at the moment is \$192m. That expenditure, however it is financed, will be spread across three financial years. Obviously the middle year will have the largest allocation, but it could be divided between the three years. If Kingstream is committed in the second half of this year there will not be much, if anything, spent on the port in the 2000-01 financial year. That will be the time for the design, tendering and cabinet approvals. However, a big lick of money will be allocated in the following financial year, and I hope it is.

*Sitting suspended from 3.40 to 3.54 pm*

Mr RIPPER: Why does the minister see it as appropriate to assist Kingstream to obtain private finance for its project but not assist the Derby tidal power project obtain federal government finance? Why one project and not the other?

Mr BARNETT: I do not accept the assumption in the member's question. First, I am not assisting Kingstream in its finance arrangements.

Mr RIPPER: What was the minister doing in Europe?

Mr BARNETT: I was promoting the Oakajee estate project. I informed the banks and the technology providers and engineering groups about the Government's commitment on the port. Any suggestion that I would negotiate terms and conditions of Kingstream's financial arrangements is a nonsense. No-one would want me there - I would not want to be there. I promoted a range of projects in Europe, such as Auststeel, Plenty River, Comet and Syntroleum. I promoted the project and the Government's relationship with it and the Government's commitments. That is proper; it is the job of the Minister for Resources Development.

Mr RIPPER: So the minister gives comfort to possible financiers about the Government's stance.

Mr BARNETT: Absolutely. I reassure them about the Government's role and about the project. That is what the Minister for Resources Development is charged to do - it is my job.

Mr RIPPER: What about the tidal power project? Federal government money is available, they say, and all that is wanted is a due diligence study of the tidal power project, yet the State will not cooperate with the study; therefore, perhaps the federal money will not be made available. The least we could do is agree with the Federal Government on the due diligence study.

Mr BARNETT: I go to the background. There is a \$20m loss a year in the West Kimberley on power generation, although the federal government excise tax on diesel accounts for about half that loss. The Government, with Western Power and the Office of Energy, started a formal tender process for private power generation in the Kimberley. From memory, 12 companies or consortia started with that process, including the tidal energy power project. They were ranked independent

of government and me by Dr Des Kelly, who chaired the committee for the job. Dr Kelly has an intimate knowledge of the Kimberley, particularly local marine-related activities. If anything, because of the public interest, the tidal energy project was helped to get into the fourth position so it would remain in the race. The assessment included the capital cost, the construction risks of the project, reliability of supply, environmental factors, greenhouse gas emission factors and ultimately the cost of power generated to Western Power. It was a formal tender process which Tidal Energy Australia entered with everyone else. A preferred tender supplier of the joint venture of Woodside-Energy Equity was selected.

As a result of the public interest and claims of greenhouse emissions and the like, I have set up another group - interestingly, chaired by someone from the renewable energy sector - to independently carry out a comparison of the tidal energy project on a range of criteria with the preferred bidder of the gas option. That is proper. A criterion for any bidder is its financial standing. We check the financial credibility of all bidders in their financial arrangements. The tidal energy project's bid, in broad terms, includes \$60m of commonwealth funds. As we check any financial requirements, I wrote to the federal Minister for Industry, Science and Resources, Hon Nick Minchin and asked: "They have included \$60m of commonwealth funds; is that correct?" It was a straightforward question checking credentials, as we do to test the financial arrangements of any proponent.

Mr RIPPER: What was the answer?

Mr BARNETT: He has not given it yet. The Commonwealth promised \$1m to the project which, to my knowledge, it has not even provided. Indeed, the member should make a distinction between some of the statements made by federal backbenchers and ministers who do not have responsibility for the project and statements made by Senator Minchin, who is responsible for the project, and Senate Hill, who has environmental responsibility.

[4.00 pm]

Mr RIPPER: Have Barry Haase and Wilson Tuckey got it wrong?

Mr BARNETT: I asked the Commonwealth to confirm or deny if commonwealth money was available. I have not received a reply. Of all the projects involved in the competitive bid process, the tidal energy project is the only one to receive significant government support. It has received financial support as well as extra environmental and community benefit studies. The tender process was delayed to accommodate the proponents because they were not ready. The tidal energy project is the only one that I have assisted by twisting or bending the rules. It is not my fault that the project has not been ranked number one.

The CHAIRMAN: When was the letter seeking confirmation of the \$60m written to the federal minister?

Mr BARNETT: About three or four weeks ago.

Mr RIPPER: Why has the State Government rejected the Federal Government's proposal for a joint due diligence study of the project?

Mr BARNETT: A formal tender process is underway. The one thing this State and country cannot afford to do is compromise tender processes. We cannot change the rules halfway through the game, which is what a due diligence study would amount to.

Mr GRILL: You are changing the rules for the Kingstream project at Oakajee. You said so a minute ago.

Mr BARNETT: We are not changing the tender process.

Mr GRILL: You restructured the tender process.

Mr BARNETT: The Government has four preferred tenderers for the Oakajee port; each has an equal chance. The State could be liable to legal action from Woodside Energy Ltd and Energy Equity Corp Ltd if the tender process for the energy project were changed. Another assessment of tidal energy is being done. Like anyone else, I would be happy for the tidal energy project to win. However, there are issues. Every time I comment on this issue, someone accuses me of bagging tidal energy. This Government has done much to help the tidal energy project through the Department of Resources Development and the Office of Energy. Western Power helped fund some of the initial studies. The reality is that the cost of the project has increased from \$80m to \$360m. Some of the backers have questions. Infratel Pty Ltd, the financiers, put \$3.5m into the project and walked away. Major electrical supply contractors of world standing have looked at the project and walked away because they could not guarantee it would produce reliable electricity. Like anyone else, I would like renewable energy. However, the project must provide a reliable, low-cost power supply to not only Derby but also Broome, which is a major consumer 250 kilometres away. Those are real factors. The people of Derby, Broome and other places will not thank me if they end up with an unreliable power supply. Broome is facing a power supply crisis. A whole host of factors must be taken into account. I am giving the tidal energy project another chance because of the public interest in it. I cannot be fairer than that.

Mr RIPPER: Could the Federal Government become involved in the tender process?

Mr BARNETT: If the preferred bidders agree, I am quite happy for the Federal Government to look at the analysis. However, I take exception to the implication that this State Government has not conducted a proper tender process. The process has been continually attacked by the proponent and its supporters in the Kimberley and, I regret, by some federal members of Parliament. It is absolutely critical that the integrity of the tender process is maintained. Who knows what it

will result in at the end of the day. I do not know what the group will report back to me. The Government simply set it up and gave it the terms of reference.

Mr GRILL: I do want there to be any misunderstanding about the Opposition's position on the Kingstream Steel Ltd project and the Oakajee port. We have always been and will continue to be strong supporters of the project. However, the Government's activities seem to be creating an air of desperation about the project. On 1 May, you went to Cabinet and obtained an approval for full government funding of the port.

Mr BARNETT: The approval was for that option to be put to the tenderers. I have not achieved cabinet approval for Government to spend a dollar on the port.

Mr GRILL: You obtained cabinet approval for full funding under that option. Armed with a letter written by the Premier -

Mr BARNETT: No, the letter was drafted by my department at my request and signed by the Premier.

Mr GRILL: The Premier signed the letter, with which you headed off overseas. Your press release mentions the Kingstream project, among others. It indicates that while overseas, you intended to speak to financial brokers and others about the financing that project. The Premier, when questioned about the matter yesterday, did not seem to know anything about the cabinet meeting, the price of the port or the letter. He did not disclose to the committee that he had signed the letter. He seems to be completely at odds with you. We have received an explanation about the matter from you today. The Premier yesterday appeared to want to hide information about the matter. The impression created was that he is distancing himself from the letter he had written and that the whole matter has become one of desperation. You rushed overseas armed with a letter signed by the Premier implying that the State would pick up the full cost of the port. Will that sort of activity help this project?

Mr BARNETT: It is a nice story but it does not stack up. I did not rush overseas. Europe is entering into its peak travel period. The airline tickets were booked three months ago. I did not rush overseas; the trip was planned and the appointments made months ago. The proposal to change the tender process to include a government financing option was something that I decided after discussions with the Department of Resources Development and Treasury. The submission to Cabinet was put into the system and handled quite formally. I also informed Kingstream Steel that it was my preferred way of proceeding. Although they were pleased with that, it came at my instigation, not theirs. There was no rush. This is a big, complex project.

Mr GRILL: I agree.

Mr BARNETT: It is a huge project designed for an export market. It has a range of areas that are extremely complicated.

Mr GRILL: Do you think it was helped by yesterday's controversy?

Mr BARNETT: I do not think it hurts that people know that the Government is willing to look at totally financing the port. It has an obligation to have a port built.

Mr GRILL: Is the project helped by the Premier seeming to hide his involvement in this?

Mr BARNETT: The Premier is not hiding anything. The member should be reasonable. He was not involved in the cabinet discussion.

Mr GRILL: He signed the letter.

Mr BARNETT: Yes, and if the member reread the letter, he would see that the Premier makes it clear that he did not attend or participate in the cabinet discussion.

Mr GRILL: He would have received the information afterwards.

Mr BARNETT: He signed that letter at my request. I wanted to show Kingstream Steel and other interested parties that although the Premier of this State was not part of the cabinet decision, he was aware of it. The member would be aware, from when he was a minister, that the sorts of questions the banks ask me are if the Government, Opposition and Parliament support the project. I tell them that the Opposition supports it.

Mr GRILL: We do, strongly.

Mr BARNETT: People ask that because, regrettably, Governments change from time to time. I hope this one is not about to change; however, people look for bipartisan support of long-term projects. That is what they look to me, the Minister for Resources Development, to provide. I did not sit down and do financial deals with companies or banks. That never came into the equation, nor would it. That situation is in sharp contrast to the 1980s.

Mr GRILL: An unfortunate impression has been created.

Mr BARNETT: I think it is a good impression. The Opposition is sceptical; however, I was delighted with the response from both the new board members, the financiers I met with and the companies -

Mr GRILL: We understand why you want to get this project up.

Mr BARNETT: I was delighted with the level of confidence from all aspects.

Mr GRILL: I am concerned about the obfuscation that occurred yesterday.

[4.10 pm]

Mr BARNETT: So what? We are talking about a 2.4 million tonne steel mill and billions of dollars of investment. It is the most important regional development for 40 years. So what if there is a little confusion?

Mr GRILL: It was more than that.

I refer to page 1195 - greenhouse issues and the Kyoto protocols. I read recently in an electricity industry magazine that a plethora of new coal-fired power stations, primarily privately funded, is about to get off the ground in Queensland. Some of the resource development projects in Western Australia appear to be threatened by Senator Hill at a federal level. Does this plethora of projects in Queensland jeopardise our position?

Mr BARNETT: I will make a speech in the next few weeks about greenhouse gas emissions. Australia is out of line with what is happening with greenhouse issues in Europe and North America. Australia, through Senator Hill, seems to be taking a highly prescriptive approach. I am willing to accept that the greenhouse effect is a reality. There is some debate in the scientific community about that, but I will accept that it exists as evidence has been produced about some of its effects. It is an economic problem with an environmental consequence that is a product of rapid industrialisation. Australia is tackling it in a prescriptive, mathematical way, whereas the rest of the world is tackling it scientifically. We are heading off on the wrong tangent. We are talking about restrictions, carbon trading and so on, while the Europeans are talking about zero-emission plants, new ways of transporting energy - for example, using methanol and other products - and using an intellectual approach to reducing and avoiding emissions. Australia is going down a dead-end lane; we are at odds with the rest of the world.

If Australia were serious about greenhouse gas emissions in this country, we would not be building a host of new coal-fired power stations. We would be transporting gas from the north west coast or the Northern Territory into New South Wales and Victoria. Such a project was mooted about 30 years ago. Instead of talking about trading in emissions and planting trees - although they play a role - we could be looking at tax incentives to reduce emissions and to encourage utilities to clean up, to use clean-coal technology and so on.

One of the dilemmas about the tidal energy debate we have just had is that, from a greenhouse point of view, the answers are somewhat equivocal. That is why it is significant that the environmentalists and green parties are not supporting tidal energy. On green criteria, it does not stack up well given the amount that needs to be spent. There are far better ways of reducing existing emissions and avoiding future emissions. Australia is going down a token prescriptive path instead of being realistic. The Chairman will endorse that this is a scientific issue that requires scientific, engineering and economic solutions.

The CHAIRMAN: I agree totally.

Mr RIPPER: What is a realistic forecast for Western Australia's greenhouse gas emissions in 2010 as a percentage of the 1990 emissions? Assuming the State proceeds without serious economic dislocation and that it continues on roughly the same economic path it is on at the moment, will we be at 108 per cent of 1990 emissions in 2010 or significantly higher?

Mr BARNETT: We will assume that a significant number of these projects go ahead and that current technologies are used, and Dr Limerick will provide an answer.

My experience of the past couple of weeks in Europe indicates that the changes in technology and methods of handling energy will advance very quickly. We are running around with silly restrictions while the rest of the world is setting about solving the problems. It was mooted that in the not too distant future the international transport of methanol will become a serious competitor to liquefied natural gas. The greenhouse emissions scenario is very different.

Dr LIMERICK: The most recent estimate is that we passed 108 per cent about two years ago; that is, we have already blown the target. It is not a question of restraining growth in emissions in Australia but of winding them back. The other difficulty is that we do not know what our target will be because the United Nations Framework Convention on Climate Change is still struggling with the issue of how to calculate the baseline emissions in 1990 - we do not know what the tonnage was then. A best guess of about 400 million tonnes a year of carbon dioxide emissions suggests that, theoretically, we have an allowable 32-million tonne increase. A conservative view of what could happen in Western Australia over the next 10 years suggests that the resources sector alone in Western Australia could account for three-quarters of that. Magnified across Australia, and given what is likely to happen in Queensland and the Northern Territory, we have a real problem.

Mr BARNETT: If we accept that greenhouse gas emission is an issue, it is, by its nature, a global issue. It is far better to process minerals using clean, modern technology here and to save on energy costs and pollutants in importing nations. The Kyoto protocols target the Organisation for Economic Cooperation and Development nations - they do not apply to China and India.

The most striking anomaly in this debate is the comparison between gas and coal. Gas produces greenhouse emissions at about half the rate of coal. Australia is the world's leading supplier of coal and a major supplier of gas to international markets. Mining coal in Australia produces almost no greenhouse emissions, so it does not affect our target; we can mine coal to our heart's content. When we produce gas and liquefy it for export, we produce greenhouse emissions and they go into Australia's calculations. The effect of the Federal Government's restrictive policies is to encourage the coal industry at the expense of the gas industry. If greenhouse gas emission is a global phenomenon, which it is, the world should be



using more gas and less coal. Our restrictive policies are counter to reducing global greenhouse emissions. We have a policy that damages the Australian environment rather than protects it.

The CHAIRMAN: Some in the green movement believe that the sooner we use all our fossil fuels and create the worst imaginable greenhouse effect the better it will be, because then we will have no choice but to use renewable energy.

Mr BARNETT: It is internationally accepted that we must reduce emissions, and it is widely accepted within industry. Huge gains can be made in some areas. Transport, particularly in urban areas, is an obvious area in which huge advances can be made. Many power stations can be retrofitted with cleaner technology. The point is correct: Why build more coal-fired power stations? Coal has an ongoing role in power generation, but growth should be in cleaner technologies. In this State, across both government and private power generation, 51 per cent of all power is generated using natural gas. By 2010, that percentage will be 70 per cent. This State will lead the nation in the use of gas for power generation.

Mr RIPPER: I do not think I got the figure I wanted. Our target is 108 per cent of 1990 emissions. In percentage terms, where we will be in 2010?

Dr LIMERICK: Well above 108 per cent.

[4.20 pm]

Mr RIPPER: Well above 108 per cent, but will it be 128 per cent?

Dr LIMERICK: The first estimate made by us was 145 per cent - this is talking Australia-wide. That was without any real attempt to abate greenhouse gas emissions. Through the greenhouse challenge program that many industries have entered into, that has been pulled back at best estimates to about 130 per cent. A number of other programs have been put in place by the Federal Government which were seen as pulling that back to 118 per cent, and the expectation is that when land clearing is taken into account, for which we received particular treatment in Kyoto, it will make up the 10 per cent differential. However, the back-of-the-envelope sums that were done in Kyoto to estimate that 10 per cent have subsequently proved to be wrong. Where we will end up is anyone's guess, but it is more likely to be 128 per cent than 108 per cent.

Mr RIPPER: Nationally?

Dr LIMERICK: Yes.

Mr RIPPER: Whatever the position, it is clear that Western Australia will need special consideration from the other States and nationally, because whatever the national figure is, most of that will be taken up by Western Australian developments and other States will hopefully have to make way for developments here. Is that a correct assessment?

Mr BARNETT: We do not know. That is why this prescriptive approach is wrong. If it is followed through to its logical conclusion, will the Commonwealth Government allocate quotas to each State? What a nonsense that would be. That is why we are headed down the wrong path. Instead of tackling the issue directly, we are setting up a bureaucracy of regulation and prescription in Australia. The rest of the world is not doing that.

Mr GRILL: I thought that the merger of Shell Australia Ltd with Woodside Petroleum Ltd - or the takeover, depending on one's point of view - had real significance for Western Australia. Was the minister advised of that move before it happened? Was he asked for his advice? Did the Government have any input into it, and what is the minister's position on it?

Mr BARNETT: I agree. I regard the offer that was put as a takeover by Shell of Woodside. It was an unsolicited offer to Woodside. I had no prior notice of it. I doubt that the Federal Government had any prior notice of it at all. It appeared in the media. The explanation I have heard is that it was leaked through one of the merchant bankers who was doing some analysis of the deal, and the leak occurred in the United Kingdom initially. I think that is true. I do not think it is in the interests of this State or this nation. Indeed, our energy resources off the north west coast arguably are Australia's greatest natural resource. Although international companies are very welcome and have always been a part of the development of our resource industry - I have no objection to Shell, Mobil Oil Australia Ltd, Chevron or any other company - it is important that there be significant Australian participation in those projects.

The member might remember that a few years ago Mobil bought out Ampolex Ltd. That had the effect of taking the Australian company out of the Gorgon gas resource. At that stage - I say it publicly - it was highly regrettable that the Federal Treasurer did not, as convention would have it, consult the State Government about that takeover. It was convention that the Federal Treasury would always consult the State Government through the Department of Resources Development, as is usual in the mining and petroleum industry. That convention was broken during the Mobil takeover of Ampolex. Now we have seen Shell move on Woodside. That would effectively put all of the Gorgon North West Shelf areas under foreign control, with the exception of Broken Hill Proprietary Co Ltd's stake. I do not think that is the correct balance. I certainly welcome foreign investment, but there should be some balance and some Australian participation. I think most Australians would believe that.

Dealing with, for example, the North West Shelf project, Woodside, as an Australian-listed company which is seen to have that Australian character and is a little independent, was the link in the project to the Governments, both federal and state. I am sure that during the Labor Party's time in government, it essentially worked with and through Woodside to the other

partners. Woodside was always developing its interest in the project expanding. When control is dominated by the other companies, they all have a series of conflicting interests. Indeed, there is always a suspicion that one company or the other might be holding back development because it would rather see its Middle East or Malaysian project proceed.

Mr GRILL: Has the minister taken any action on the matter?

Mr BARNETT: Yes. I happened to be in Amsterdam when the news broke. I immediately contacted Mr Moody-Stewart, who is the world head of Shell, and expressed my view to him. I have been in contact with Woodside subsequently.

Ms ANWYL: I have some short questions, and short answers would certainly suffice in view of the time constraints. On page 1196, under major policy decisions, there is a forward estimate for the financial year after next relating to the Water Corporation, multi-user desalinated water plant, with loan repayments of \$2m. Can the minister explain briefly to what that relates? I am also keen to know whether the minister has an opinion about the water needs of the north-eastern goldfields. There are two commercial proposals, and recent announcements have been made.

Mr BARNETT: The allocation of \$2m is part of the State Government's infrastructure support of both the Syntroleum Corporation and Plenty River Pty Ltd projects on the Burrup Peninsula. The policy that I follow with major projects is that the State Government will support projects with assistance through land or infrastructure, which the projects will pay for or pay to use. We see a desalination plant as part of the development of a broadly based chemicals industry on the Burrup Peninsula. The money is allocated from Treasury to the Department of Resources Development, which meets the interest cost for the Water Corporation to build the desalination plant. It has been done in that way.

As to the second part of the member's question about the goldfields, apparently an inland sea has now been discovered. There are all sorts of conflicting views. The Department of Resources Development, through Dr Limerick, is overseeing a review of all the various options. Perhaps he can comment on the progress of that process. I do not think a conclusion has yet been reached, but he can give an update on the progress.

Dr LIMERICK: As part of the totality of looking at the requirements of the north eastern goldfields, we have taken on board the input by Anaconda Nickel Ltd, in particular, as far as the broad request for infrastructure it made in its document, of which I think the member is aware. We have taken a wide view, rather than a narrow "Anaconda" view, and we have engaged the Chamber of Minerals and Energy of Western Australia. Ian Satchwell is working with me, and we are also working with a number of other representatives to take a long-term view that the key elements of infrastructure will be of greatest use to that part of the goldfields.

That work is now entering a review of that which was originally started in the northern goldfields mineral province study about four years ago and has most recently been revisited by Peter Booth. He is finalising his report, and I have a meeting next week with the steering committee that is overseeing all that. We hope to be in a position in the not too distant future to be able to make some recommendations. It is interesting to see how the situation on the ground has changed in that time, though, with the announcement about the Officer Basin water supply. That substantially changes the question of what is the best water option in that part of the world. We need to look seriously at that.

Ms ANWYL: I think it depends on to whom one speaks. I spoke to Macquarie-Thiess, and it does not see it that way, of course.

Dr LIMERICK: As I said, we need to look at it carefully, rather than to just take what is put up on first pass.

Ms ANWYL: The Department of Resources Development has a Karratha office. I wonder whether, by way of supplementary information, I could get an idea of the cost of maintaining that office and staff.

Mr BARNETT: Yes, we can provide that. The Karratha office was established principally because of a series of projects coming together in the Burrup Peninsula - liquefied natural gas expansions, Syntroleum, Plenty River, maybe petrochemicals and methanol. There is clearly a host of issues to be handled at a local, ground level. We can provide that by way of supplementary information.

Ms ANWYL: The West Angelas project is referred to at page 1206. The minister is reported as making a comment on the potential for a rail line to link the north-eastern goldfields with the Geraldton port. In a way, it is a similar question to the water issue. Does the minister have a view about the potential for that to occur at some stage in the future, or is there a need for it?

[4.30 pm]

Mr BARNETT: That was a comment about the type of very long-term infrastructure that might need to be developed in this State, which could ultimately occur. However, far more likely to occur, and more important, is a rail link between Oakajee and the north-eastern goldfields. Although that might be medium to long term, it would rank ahead of a link to the Pilbara.

Dr TURNBULL: I refer to the fourth dot point under major initiatives for 2000-02 at page 1200 which refers to the findings of the wood processing industry development and infrastructure strategy and action plan. I notice that money is allocated for Westrail and the Albany port in the great southern to support the woodchip mill in the Albany area. What progress has been made on the identification of a site and the infrastructure and costs for a woodchip processing facility in the south west, particularly around Donnybrook?

Mr ASHCROFT: The study to which the member for Collie referred is very close to being published. It examined the whole of the south west. Potential sites were identified in the Bunbury, Collie and Albany areas. Sotico Pty Ltd, previously Bunnings Forest Products Pty Ltd, is considering a processing facility site at Donnybrook. I am not sure whether a final decision has been made. If that is the site to which the member referred, it has been under investigation for some time.

Dr TURNBULL: Finance is allocated in the budget for 2000-01. My understanding is that the south west proposal must progress. I previously heard that construction was to commence by the end of this year, but no allocation is in the budget that might support the development of rail access and a port in Bunbury. I know the port will not need much funding, but rail access certainly will.

Mr ASHCROFT: We are supporting construction of the mill at Albany by way of a rail spur and an extra berth at the port. No demonstration has been given of a need for any support for the Sotico project to be based at Donnybrook.

Mr GRILL: I notice at page 1212 that the Government has set aside almost \$750 000 to acquire land in the Breton Bay area and has a program of acquisition for beyond that date. I was surprised, because I thought a decision was made some time ago that Breton Bay was not an option for development. Has there been a change of government policy on this? If so, when was it made and has it been announced? If so, when was it announced?

Mr BARNETT: The amount shown in the budget is an estimate on the interest costs if the land is acquired by LandCorp, which is being negotiated. No agreement has been made with the landowners. An element of land swapping occurred when part of what was the Western Power site became a conservation reserve and another part of the land was made available for potential industry.

This is very much a long-term precautionary approach. Breton Bay has been an option as a further industrial site for a long time. The owners have wanted to negotiate to sell it because a question mark has always hung over it. I think it is proper that government acquire it.

Mr GRILL: Is this not an ongoing program? It is not one piece of land; it appears to be policy by stealth, to be honest.

Mr BARNETT: No, it is not policy by stealth; it is a matter of acquiring land, but no decision has been made about an industrial site. Probably in contrast to the department, I do not favour the development of Breton Bay. I would rather see sites like Oakajee and Kemerton attract investment in the future. However, it is the responsibility of government to look 30 years into the future and in a cautionary, conservative way acquire a site - the only potential site - in Western Australia for industry.

Mr GRILL: Will we spend tens of millions of dollars on something the minister does not think is an option?

Mr BARNETT: A future Government might do that, and needs may change.

Mr GRILL: It seems strange.

Mr BARNETT: Rapid population growth of around 500 000 people has occurred in the northern suburbs. That land may be an industrial site, but not for the type of industry about which we are talking today. It may be technology based or involve agricultural processing. Who knows what could be there? It is good long-term planning to acquire that site. I assure members that the Government has not made, nor is it likely to make, a decision about Breton Bay within the next three or four years, at least.

Mr GRILL: Except to spend a lot of money.

Mr BARNETT: Except to acquire the land which was agreed jointly by the Department of Resources Development, Planning and other agencies. It is the proper thing to do and something that the owners of the land will want to see occur. That does not presume it will necessarily be an industrial site.

Dr TURNBULL: I refer to the forest residue utilisation levy trust fund at page 1214. Is the fund now winding down? It looks as though no payments were made into it in 1990-2000. Why has that occurred when we are continuing to export woodchips from native forest, which will come under the Woodchipping Industry Agreement Act? Is it not important that we maintain forest residue utilisation development projects?

Mr ASHCROFT: The forest residue levy trust fund was established under the Woodchipping Industry Agreement Act, when it was in place. It paid a levy of about 62¢ a metre of wood chipped and exported. It was a fund that was established to add value to that resource, which was otherwise exported as unprocessed wood. The agreement Act ceased in May last year and with it the payments into the fund; therefore no mechanism exists by which we can obtain a levy on logs being chipped at this stage. I agree with the member that the funds remain, although they are dwindling year by year and there are no top-up funds. The remaining funds are being used for further work on developing the processing industry in the forest sector.

Dr TURNBULL: Does the minister not see the necessity of continuing a type of funding arrangement to help develop forest residue utilisation? What does the minister recommend?

Mr BARNETT: In principle yes; however, one of the complications is that one way or another a large number of ministers are involved in the timber industry. It is a resource of which we could make better use in the future.

[4.40 pm]

**Division 25: Office of Energy, \$13 960 000 -**

Mr Masters, Chairman.

Mr Barnett, Minister for Energy.

Dr L.A. Farrant, Coordinator of Energy.

Mr G.R. Gilbert, Director Corporate Operations.

Mr P.W. Stewart, Manager Finance and Administration.

Mr RIPPER: On page 461 of the *Budget Statements* one of the major initiatives of the Office of Energy states that advice will be provided to the Government on the gas pipeline access arrangements submitted under the national third-party access code for natural gas pipeline systems in Western Australia. I will quote from a submission to the Gas Access Regulator from Epic Energy. Page 1 of the submission reads -

That Submission contains information which is the subject of separate confidentiality obligations to the State and AlintaGas, on the one hand, and Alcoa of Australia Limited, on the other. In the case of the first confidentiality obligation the State has indicated it is not prepared to consent to the public release of information covered by that obligation.

Page 13 of the appendix to Epic Energy's submission reads -

Epic's bid would have been rejected had it failed to specify a tariff. More importantly, Epic also made a second bid [this information has been deleted. See NOTE at start of Submission].

That is followed by a table titled "Table 4: Menu of bids for DBNGP offered" and the information in the two columns headed "Bid 1" and "Bid 2" has been replaced with the notation "[this information has been deleted. See NOTE at start of Submission]". The paragraph continues -

In economic terms, the bids presented a trade-off to the government between two key objectives: maximising revenues from the privatisation, and achieving lower transmission prices for consumers. By selecting the [this information has been deleted. See NOTE at start of Submission] bid, the government effectively expressed a preference for [this information has been deleted. See NOTE at start of Submission] in revenue from the [this information has been deleted. See NOTE at start of Submission] bid, in exchange for [this information has been deleted. See NOTE at start of Submission] instead of [this information has been deleted. See NOTE at start of Submission]. Although we understand that [this information has been deleted. See NOTE at start of Submission], Epic would not have submitted two different bids unless it believed [this information has been deleted. See NOTE at start of Submission].

Why is the Government frustrating the consultation process for setting tariffs on the Dampier to Bunbury natural gas pipeline by insisting that Epic Energy not reveal certain information about the privatisation of the Dampier to Bunbury natural gas pipeline?

Mr BARNETT: I will make a couple of general comments and then ask Dr Farrant to comment on the detail. We had a formal tender process for the sale of the Dampier to Bunbury natural gas pipeline. The tender process required all sorts of information. When bids were made, the information on companies was provided on a confidential basis. That confidentiality was essentially between the bidders and AlintaGas that, technically, was the seller of the pipeline. The Government has a responsibility to honour the legal aspects of those confidentiality requirements. That has been the only consideration. I have no desire to conceal any information in any way.

Mr RIPPER: Epic wants to reveal this information and you are stopping it.

Mr BARNETT: The Government cannot abrogate its responsibility to protect legal entitlements. We have heard the debate about whether the submissions be public. I made it clear to Epic Energy, and everyone else who asked, that the Government had no objection to those submissions being made public. We were still arguing around the matter in the Parliament when those submissions were on the regulator's Internet site. It was public and anyone who wanted to know could find out. A range of criteria related to the bids. The most important was the price paid for the pipeline and the cost of gas transport. As part of the sale process and of a policy decision of the Government, we made it clear that we wanted the price of gas transport to fall from around \$1.20 to \$1 by 1 January 2000. We have enshrined that by way of regulation. We brought in a situation in which the price would fall by 20 per cent or thereabouts for gas transport and tenderers would put in a bid against that lower price of \$1 a unit. All companies made bids on that basis. We delivered an appropriate balance - lower tariffs for gas customer for transport and a good price for the State on the return for the asset. That was the balance the Government chose.

Mr GRILL: Are you saying that you did not consider alternative offers with lower tariffs?

Mr BARNETT: We made the policy decision that the tariff would come down to \$1 a unit - a 20 per cent reduction.

Mr GRILL: What about other bids? Were you prepared to consider them?

Mr BARNETT: No. We made bids against a tariff of \$1 a unit compared with the current tariff of \$1.20. We said we would accept a lower bid to the extent that tariffs would fall 20 per cent. That is the line we drew in the sand. We asked companies to bid against a 20 per cent tariff cut. That is not a bad outcome. We can choose whatever we want. We can trade off and have a lower price, and push tariffs down lower. The member for Eyre can argue the wisdom of the judgment. However, the judgment was made from a policy point of view that it was a good balance between delivering lower prices to gas transport and providing a high return to the State. It was reasonable. The public has a 20 per cent reduction in charges.

Mr GRILL: Was Epic's second bid not considered?

Mr BARNETT: I do not know how the committee handled that. However, the policy we went through on the sale was a 20 per cent cut in tariffs. That is what we assessed it on. I will ask Dr Farrant to comment on some of the confidentiality provisions.

Dr FARRANT: In March 1998 Epic Energy signed a confidentiality release deed with AlintaGas as the seller of the asset. When Epic Energy prepared its submissions to the regulator about the access regime for its Dampier to Bunbury pipeline and lodged that submission as the proposed access arrangement on 15 December last year, it also lodged with the regulator a separate submission, which is the submission to which I think the member has been referring.

Mr RIPPER: The Brattle Group Ltd report.

Dr FARRANT: The Brattle report was appended to the confidential submission. Epic Energy realised that material in that submission was subject to the confidentiality release deed, as it did not propose that the regulator release it when it was provided to the regulator. Epic Energy subsequently amended that submission so that it could be made public by the regulator. As the minister has stated, it is public information. It has now been released by the regulator and is available on the regulator's web site. I make the point that the regulator has the full submission by Epic Energy, and submissions by any other party who wants to make their point to the regulator. The regulator has authority under the gas pipeline access legislation to acquire any information he thinks is relevant to the case before him on the proposed access arrangement. I do not believe that the State is frustrating the regulator in access to this information.

Mr RIPPER: I repeat the beginning of the Epic Energy submission -

. . . the State has indicated it is not prepared to consent to the public release of information covered by that obligation.

Who in the state apparatus made the approach to the Independent Gas Pipelines Access Regulator and said, "We do not want this information published"? Why can the public not know what was in Epic's second bid? Are we to judge that bid only from the public comments of Epic that the State accepted a billion dollars more for the pipeline than it could have in return for higher tariffs?

Mr BARNETT: A billion dollars is not to be sneezed at, although I doubt those figures.

Mr RIPPER: We could make a judgment on all of these matters if the State was not insisting that Epic keep matters confidential. On the basis of documents before me Epic does not want to keep the matters confidential.

Mr BARNETT: I am not dodging my responsibility, but in terms of confidentiality, I make it clear as the minister and a member of the Government that I have made no request for any information to be kept confidential.

Mr RIPPER: Who has made the request?

Mr BARNETT: The issue is that government agencies, including the Office of Energy, the Crown Law Department and others, have a responsibility to honour the conditions of the sale process which contained confidentiality clauses. There has been no policy direction or request from the Government about concealing anything. What the Government has done - Dr Farrant can add to this if he wishes - and what Dr Farrant has had the responsibility for, and has been talking to Crown Law and others about, is to make sure that the Government in total honours confidentiality provisions and does not breach them, and advises other proponents and participants not to breach them. I assure the member that the Government, through the minister, has made no request to conceal anything. However, I support the bureaucracy in protecting the confidentiality provisions that have been entered into.

[4.50 pm]

Mr RIPPER: Let us get this clear. The confidentiality obligation is from the Government to Epic Energy. Epic wants the information published. It asked the Government if it could publish it and the Government insists that the confidentiality obligation remain. Whether or not the minister has had personal involvement, it is the Government that is keeping the information secret.

Mr BARNETT: The member will find that confidentiality provisions also relate to AlintaGas. AlintaGas is a corporatised body whose directors have a responsibility and are subject to all the privileges and penalties of the Companies (Western Australia) Code. I have not overridden Alinta's interests nor any of the interests of the bidders.

Mr RIPPER: This was the largest financial transaction in the State Government's history.

Mr BARNETT: Yes.

Mr RIPPER: The minister has the ability to make this information public if he wants to as he has responsibility for all the agencies involved. He is standing by while everyone involved in Epic says, "Let's release the information" and while government agencies try to keep the information secret.

Mr BARNETT: My recollection of the advice from Crown Law is that it is not within my power to release that information. For me to do that with respect to Alinta would require me to give a direction to the AlintaGas board.

Mr RIPPER: Shock, horror!

Mr BARNETT: That is not necessarily a smart thing to do.

Dr TURNBULL: My question relates to the activities of the Office of Energy in the examination of greenhouse gas production and the efficiency of gas as opposed to coal. The minister might be aware that discussions have occurred about improving the efficiency of coal usage and whether a full assessment of greenhouse gas production by gas in Western Australia has been properly audited. Is it the role of the Office of Energy to conduct an independent audit of greenhouse gas production by gas in Western Australia by the time it reaches its generated capacity in Perth? Is it part of the role of the Office of Energy to examine improved coal production systems that are available throughout the world?

Dr FARRANT: The energy sector is merely part of the overall industrial activity in Western Australia. We are working, together with a number of other agencies in the State, towards an implementation plan that can be recommended to the Cabinet of Western Australia with respect to greenhouse production and the national greenhouse strategy. As part of that activity we are examining improvements in technology in power generation and power transmission and alternative power generation that can contribute to abatement of greenhouse emissions. With respect to the question raised by the member, the Office of Energy could make a more in-depth analysis of those improvements than it has currently done.

Mr RIPPER: Will the minister table that section of any legal agreement that prevents his releasing information regarding the privatisation of the Dampier to Bunbury natural gas pipeline? If he cannot provide the information, will he tell us which clause prevents him from providing that information?

The CHAIRMAN: The member for Belmont can ask for supplementary information to be provided but not tabled in this Estimates Committee.

Mr RIPPER: Will the minister provide that clause as supplementary information; if not, why not?

Mr BARNETT: I have no objection to that. However, bearing in mind the size of the stake involved and the complexity of these issues, I will seek the advice of the Crown Law Department through the Office of Energy before I make anything publicly available. I have no personal objection to any of the information becoming available; however, that is not the view of some of the participants in the transaction.

The CHAIRMAN: That causes a small problem because, according to the Chairman's statement, supplementary information must be provided by 12 June. That could be difficult if the minister wishes to seek Crown Law advice via the Office of Energy.

Mr RIPPER: The minister can provide any supplementary information he wishes. If he provides a statement to the effect that he cannot provide it, that would be one way of handling it.

Mr BARNETT: I will undertake to advise the member of the way in which some of these confidentiality clauses operate and some of the restrictions on government. However, he has a suspicious look on his face again. I assure him I have no sensitivity about this matter.

Mr RIPPER: If the minister has no sensitivity about it, can he tell us what was in bid 2? Is Epic Energy correct when it says that the Government took \$1b extra for the pipeline but accepted the trade-off that gas consumers would pay higher tariffs for 20 years?

Mr BARNETT: That is a spin that someone might put on it. The reality is that companies were asked to bid against a reduction in tariffs from \$1.20 to \$1.

Mr GRILL: For what period?

Mr BARNETT: The companies were asked to bid against that. The fact that Epic Energy bid \$2.407m was its call, not the Government's call; that was its bid. People may say that it paid \$400m too much. Its bid exceeded the other bids but that was made on its analysis and it was Epic's call. It appears to be complaining about it after the event, therefore, it is possible it called it wrong. However, it is not up to the State to say, "Hang on, your bid is too high." We were pleasantly surprised by the extent of the bid but that was its bid in competition to all other bidders.

The CHAIRMAN: The question from the member for Eyre was for how long a period did that \$1 price apply.

Mr BARNETT: The price was reduced from \$1.20 to \$1.10 and then to \$1. The \$1 price was to apply from 1 January 2000, which it has. That price has been established by regulation and will apply until such time as the regulator determines the future price. All bidders knew they would be bidding against a tariff reducing from \$1.20 to \$1 and that thereafter the regulator would determine tariffs under the National Third Party Access Code for Natural Gas Pipeline Systems. It is incomprehensible that a company that is prepared to pay, and bids, a couple of billion dollars for an asset can suggest that it did not understand the National Access Code. The National Access Code was well and truly understood and analysed

by all the bidders. They all had large teams of accountants and lawyers working on their bids. They fully understood the National Access Code and to suggest that they somehow did not understand it reflects on them and not on the sale process.

Mr RIPPER: The minister would dismiss the notion that there is any regulatory compact?

Mr BARNETT: There is no regulatory compact. Epic submitted a bid and foreshadowed what it believed future increases would be. From memory I believe it was two-thirds of the consumer price index or a formula like that; however, that formula was not agreed to. I had no personal objection to it and I believed it was a reasonable scenario of future prices. However, it was not agreed to because a condition of the sale was to regulate tariffs down to \$1 and future tariffs were left to the regulator to decide. It is up to the successful bidder to run its case under the National Access Code with the regulator; and good luck to them. I believe \$1 is a fair price. Obviously there will be an adjustment for inflation as the years go by. However, Epic must mount the case, not I. It is the owner, it has bought the asset and it must deal with the regulator, as it is well used to dealing. The member should bear in mind that Epic's principal owners are El Paso Energy Corporation and a national pipelines corporation. They are long established pipeline operators in the United States that have been operating for years under a regulatory regime much the same as this regime, therefore this is not foreign, unknown territory. They are big boys who went into it with their eyes wide open.

Mr RIPPER: Can the Government do better with the next privatisation? Will it release the asset sale agreement and all related documents at the conclusion of the privatisation of AlintaGas?

Mr BARNETT: I cannot answer that question without notice. Again, there are all kinds of confidentiality requirements. Dr Farrant might be able to comment. However, if the member expects a serious response to that, I will have to take it on notice.

Mr RIPPER: Is the minister once again entering into confidentiality arrangements in a major privatisation? Will it always be the case under this Government that privatisations will be secret, at least in some of their detail?

[5.00 pm]

Mr BARNETT: They are not secret, but aspects of privatisation involve companies providing intimate commercial information, plans and strategies which will remain confidential.

Mr RIPPER: Will there be an asset sale agreement for AlintaGas?

Mr BARNETT: Yes.

Mr RIPPER: Will it be made public?

Mr BARNETT: I will provide that answer on notice.

Dr FARRANT: There will be a share sale agreement for AlintaGas. The intention is to sell 45 per cent of AlintaGas to the cornerstone investor; therefore, it will be subject to a share sales agreement, not an asset sales agreement.

#### **Division 34: Minerals and Energy, 56 497 000 -**

Mr Bloffwitch, Chairman.

Mr Barnett, Minister for Resources Development.

Mr L.C. Ranford, Director General, Department of Minerals and Energy.

Mr Palmer, Principal Accounting Officer, Department of Minerals and Energy.

Mr J. Roberts, Executive Officer, Minerals and Energy Research Institute of WA.

Mr J.W. Hosking, Director, Chemistry Centre (WA).

Mr C.A.D. Clarkson, Finance Manager, Chemistry Centre (WA).

Mr GRILL: Page 891 of the *Budget Statements* refers to recurrent income from the Petroleum (Submerged Lands) Act 1982 of \$12.8m for this year. What was that for? I probably should know.

Mr RANFORD: It is one I forget ever year. We collect petroleum royalties on-shore, offshore and for the Commonwealth. In relation to the offshore area and state territorial waters, we collect the money and reimburse the commonwealth share. It is an amount of money we never use. We advise Treasury that it goes through our department, but it is the Commonwealth's share of the royalty. In the case of the Commonwealth's offshore area, it does not show at all. The Commonwealth collects it and deals with Treasury. It relates to who has administrative responsibility for the legislation.

Mr GRILL: The grand total at the bottom makes it hard to compare the appropriations and forward estimates from one year to the next. The amount comes in and out and applies to the books, but not to funding. If it goes up or down, it has an effect on the funding. The figures on face value indicate a downward trend in departmental funding. If one takes into account the money from the Petroleum (Submerged Lands) Act, it places a different gloss on the figures, which are difficult to compare.

Mr RANFORD: I agree wholeheartedly. That table does not help at all. We have been drawing it to the attention of Treasury. Nobody could understand that table. The various elements of the individual outputs are a little clearer as they

identify the money we handle and the net appropriation elements and so on. It is easier to understand under outputs. We will attempt to have Treasury change this as it is hopeless.

Mr GRILL: The third item in the list on page 893 is "a geological framework of the State and its resources". The associated figure is down about \$800 000 from last year. I understood that a fairly recent commitment - correct me if I am wrong - was made that money for geological surveys would be maintained. Why do we see the figures reduce by \$800 000?

Mr RANFORD: It is correct that the funding for that area has been maintained. That difference relates to carry-forward funding and expenditure in last year's allocation. Therefore, the new money available is exactly the same. Carry-over funding from last year boosted the figure so it looks like a slight reduction.

Mr GRILL: Another item in the list is "a system for regulating and promoting health and safety in the minerals industry", which is a contentious and important area, as the Minister for Mines has correctly indicated on a number of occasions. The associated funding for that item appears to be several hundred thousand dollars down. Why? I thought the department would have cranked up funding in that arena.

Mr RANFORD: It results from certain programs we had in place for the establishment of a number of databases; these were short-term programs which finished during the year. It had to do with the MODAMS and CONTAM major computer databases project. Funding was reaching the end of its time, so no reduction has occurred in operating expenditure.

Mr GRILL: Of a more general nature, the significant issues and trends on page 892 mention -

On 16 July 2000 the Commonwealth Environmental Protection and Biodiversity Act 1999 will come into force. The Act provides for accreditation for State and Territory regimes; however, there is potential for delays in new mining and petroleum operations unless suitable arrangements can be made with the Commonwealth.

In several conversations we have had, industry representatives have expressed great concern about duplication and delay. What discussions has the State Government had with the Commonwealth Government to ensure that there will not be duplication and delays in the approval of new projects?

[5.10 pm]

Mr BARNETT: We have had discussions from the mines and environmental perspectives. My view is probably similar to the member's; that is, it will inevitably lead to duplication and delay. While the Commonwealth Government must assume some responsibility for environmental issues, this is intrusive and duplicative, and it will not help development in this nation.

Mr RANFORD: I assure the member that we are trying as hard as we can, both directly with the Commonwealth Government and the Australia and New Zealand Minerals and Energy Council contacts in the other States, to emphasise the need for a special arrangement, in particular for petroleum. That could have a significant impact on the rate of exploration and development in this State.

Mr BARNETT: It is difficult for individual companies, but the industry could well be much more vocal on some of these issues. It dropped the ball on accelerated depreciation. It lobbied me to say something, and I did. However, not one word came from the industry. I later told the industry that I felt as though I had run onto the Melbourne Cricket Ground for a grand final, only to turn around and discover that the industry representatives were still in the change room doing up their boots. It is like that with regard to this, too.

Mr GRILL: I was going to mention that later. The Commonwealth Government had plans to introduce a policy and guidelines for big projects. I presume the State Government intended to talk to the Commonwealth Government about that policy and those guidelines. What has happened? I understand that these other arrangements will be introduced as compensation.

Mr BARNETT: Is the member referring to the trigger proposal?

Mr GRILL: The Commonwealth Government indicated that it would do away with accelerated depreciation allowances, but that it would put in place special arrangements for big projects. At the time, the arrangement was vague and we could not get details. Have discussions been held between the State Government and the Commonwealth Government? Are we any clearer about this?

Mr BARNETT: This relates more to the Resources Development portfolio. The arrangements, such as they are, are still vague, inequitable and lack transparency. The State Government has made its view about the respective roles in major mining and petroleum developments known to the Commonwealth Government, but it seems to be pursuing a different direction. The industry is very dissatisfied with the way this is going.

Mr GRILL: I refer to page 900 and the core library at Kalgoorlie. I congratulate the Government on proposing to finalise that in the forthcoming year. I refer the minister to the archive of geoscientific and resource exploration data. I presume that will be in Perth. I would like more details about that.

Mr RANFORD: I am not sure whether the member has confused two issues. We are developing a core library in Perth, but that is not scheduled for construction for a couple of years. The core library in Kalgoorlie is due for completion at the end of this month and will probably be opened in September. Next year we will go into a planning phase, and the year after that we hope to commence building a similar facility in Perth to handle core from other parts of the State. Most archive



data will be digitised and will not require much storage space. We are now scanning, and the physical storage of exploration materials will diminish.

Dr TURNBULL: I refer to page 906 and the system designed to include regulatory, technical and policy advice services, the assessment and auditing of environmental management reports and their implementation, and the provision of information. How much emphasis is put on water quality in mining? For the past 15 years attention has been paid to the restoration of the surrounds of mining activities - that is, the above-surface remnants of mining. Has much emphasis been placed on the quality of water in mining, and particularly when mining ceases?

Mr RANFORD: Where the potential exists for a serious impact on the ground water or surface water, it is likely to be addressed during the environmental impact study process. If that is translated into specific conditions, we will monitor them. As a rule, that is picked up at the beginning of the project as part of the Environmental Protection Authority assessment. I am sure the member is aware that we work in conjunction with the EPA when a notice of intent or a mining proposal is submitted. Based on preliminary assessment, the EPA decides the level to which it wishes to investigate prior to our approving the project. I am well aware of the increasing interest in ground water and the impact of mining operations. Our environmental liaison committee has included the Water Resources Commission in quarterly meetings to discuss all aspects of the way we look after the mining industry. That is the best information I can provide at the moment.

Ms ANWYL: I refer to page 892 and the major policy decisions. I am pleased to see that the department has taken up the Opposition's call to increase funding for native title matters by \$1m. However, I cannot see where that is reflected in the outputs. Where is it incorporated and how will those moneys be spent?

Mr RANFORD: I refer the member to output 1, which includes a system for the granting and maintenance of titles. The reason it does not show is that, despite the fact that we have an extra \$1m, significant funds on special projects run down this year. One of those involves the geocentric datum of Australia. That is changing and we have had to spend a large amount adjusting our systems. An electronic lodgement pilot study and various other major computer programs are also running down at the same time. That is why it does not show in the total. Of the \$1m, \$500 000 is ongoing funding and relates to the employment of staff. The other \$500 000 of the total is related to putting in an electronic system to enable us to cope with the various large number of titles and the stage they are at both in negotiations and through our processes. So it is \$1m one off in the first year and then an ongoing \$500 000 for staff in that area.

[5.20 pm]

Ms ANWYL: The papers reflect that \$500 000 for the next several years. Given Mr Ranford's comments, the first output shows an increase of about \$229 999 overall. He has explained that. A decrease of one FTE is mentioned for that output. With \$1m are we talking about a significant number of extra staff working in this field, particularly given the fact that whatever the legislative changes might be at a federal level, they will not impact one iota on the backlog of titles that we have now?

Mr RANFORD: In that output there are something like 200 staff.

Ms ANWYL: It is 203 going down to 202.

Mr RANFORD: That is right. The installation of a whole series of computer programs, including 10 graph, mitis and the systems we are developing, enables us to cut down the numbers required generally. I hope that trend will be able to be continued. I can assure the member that the native title area will not be impacted on at all. I wish it was not, but it is a growing area of concern. Additional staff will be allocated as necessary to deal with that problem. The interaction of a trend down and a small trend up leaves the numbers fairly constant.

Ms ANWYL: By way of supplementary information, could we get some information on the decrease in the number of staff that will occur?

Mr RANFORD: I can give that information to the member. I can tell her now that it is proposed, as I recall, to put on six additional staff in that area; in fact we have already moved on some of those, because I was keen to get the whole thing running because of the time it takes to employ staff.

Ms ANWYL: Is Mr Ranford saying that he has advertised for six staff?

Mr RANFORD: No, we will be. Some transfers into the area have occurred from other places with people who are competent to do the work. Some positions will be advertised. We recently advertised for a manager for Aboriginal affairs in that area to oversight it. Before I advertise for any of those positions, I wish to have the manager in place so that it can be controlled. We have made some temporary adjustments to the staff. I shall be pleased to give the member any additional information on numbers and intended additions.

Ms ANWYL: That would be very useful, especially a view of how many there were and how many there will be.

Mr BARNETT: We agree to provide that by way of supplementary information.

Ms ANWYL: Some of the representative bodies have claimed that what happens is that there is a bottleneck in the system and a large number of applications are released all at once. Does the minister agree that is the case and that it can happen? Will the employment of these extra staff avoid that trend, or is it a deliberate practice by the department?

Mr RANFORD: It is certainly not a deliberate practice, but it is true that some of these releases come in waves. There are

reasons for that. In some cases we have been asked by companies to withhold further processing pending the outcome of a case dealing with the business. We get delays for a range of reasons. The member is probably aware that at the moment we have suspended putting in any of the applications on areas over pastoral leases pending a government decision on the policy following the Miriuwung-Gajerrong decision. When that policy is finalised, which I hope will be very soon, we will have an additional build-up of what has developed over the past few weeks. We are also affected by changes in policy by the native title parties. For example, something like 300 grants have happened in the past couple of months through withdrawal of objections to prospecting and exploration licences because of a change of policy in Kalgoorlie. A whole series of things affect the flow of titles through the system. Nothing we do is designed to cause problems through releasing a number all at once. I can assure the member of that.

Mr RIPPER: I have questioned the Government on this matter before when I sought some figures for backlogs in the issuing of mining titles as at 21 March. At that time the answer from the Government was that approximately 500 exploration title applications had been approved under the Mining Act process but had not been submitted to native title processes. The mining industry and the Government have expressed an enormous amount of concern about delays in the issuing of mining titles, allegedly as a result of mining title. Here we have 500 titles approved by the department and no section 29 licences issued. I asked the same question last year when I was told that there were about 600 titles which had been approved under the Mining Act but for which section 29 notices under the Native Title Act had not been issued. How can the Government complain about delays caused by the Native Title Act when it does not even start native title processes for hundreds of titles which are already approved under the Mining Act? Why does the department not immediately issue a section 29 notice when it has approved a mining title? Why does it allow a continuing pool of 500 or 600 titles to sit in the department waiting for native title processes to be started, which must be started by the department?

Mr BARNETT: Clearly native title causes all sorts of delay. It is complicated.

Mr RIPPER: My argument is that the department causes delay.

Mr BARNETT: I do not accept that. The department has a huge task in trying to handle titles for the mining industry. Perhaps Mr Ranford might comment on the way in which they have been processed.

Mr RANFORD: There are so many complexities that one can easily overlook things, so anything I say is not necessarily all of the story. A moment ago I gave the example of the effect of the Miriuwung-Gajerrong case. From time to time court cases further define the law. Companies say to us that although they have applied for tenements, for a short time they wish to clarify the law, so they ask us not to put them into the system because perhaps they think it is not necessary. That has happened in the past couple of months, because a lot of people believe it would be an unnecessary complication and would mislead the Aboriginal native title parties if we were to put in section 29 notices when they were unnecessary. Many people and many of their lawyers have indicated that it will no longer be necessary in the light of that decision. In the face of that, my first job is to service the needs of the applicants for the title. If they ask me to delay pending legal clarification, I am obliged to do it. I assure the member that the 11 000-odd titles that are pending are not primarily there for that reason; they are there because the parties are not able or not willing to reach agreement at this time. That is the reason for the large number. However, it is extremely complex when one comes down to individual small groups of titles.

[5.30 pm]

Mr RIPPER: I have a follow-up question. Of those 500 exploration applications which had been approved under the Mining Act but for which the department had not issued section 29 notices under the Native Title Act, how many were the subject of requests from the applicants not to proceed?

Mr RANFORD: I cannot answer that off hand. It must be realised that the nature of those requests comes in a range of forms. All I can do is attempt to provide that information later, if the member desires supplementary information. There are times when the department also exercises its own judgment. In the case of the Miriuwung-Gajerrong claim, after discussing it with the mining associations, we believed that it would be unwise to submit the requests for the past couple of months pending clarification of that decision. Therefore, there may not be many requests in that case.

Mr RIPPER: I judge from Mr Ranford's answers that the number of titles which have been approved under the Mining Act process but not yet submitted to native title processes may at this date be higher than the 500 exploration licences indicated as at 21 March.

Mr RANFORD: I am guessing, but I think it would be, because we are still suspending any title applications that come through the process and that are on pastoral leases. Considering that would be something like 70 or 80 per cent of them, they will be building up at the moment.

Mr RIPPER: It seems to me that if legal expectations are not fulfilled, the backlog will become even worse. A risk is being taken.

Mr RANFORD: I do not know how to answer that. All I can say is that the parties believe that is a risk they would rather take. After all, they are the applicants, and we are trying to deal with their title applications. If it is generally agreed that the risk is greater to proceed now than to wait for a month or two for a legal clarification, I do not know that I can disagree with that.

The CHAIRMAN: Was any information agreed to be provided?

Mr RIPPER: I would like as supplementary information at today's date the numbers of minerals titles of all types which

have been approved under the Mining Act but not yet submitted to native title processes, and I would like an answer on the proportion of that category which have not been submitted to native title processes at the request of the applicants.

Mr BARNETT: That is possible. That can be supplied.

Mr RIPPER: I understand that at the other end of the process, as at 21 March, 4 148 minerals titles applications of all types were subject to the right-to-negotiate procedure. My understanding of the law is that the issuing authority - in this case the State represented by the Department of Minerals and Energy - has a responsibility under the Native Title Act to convene and sponsor negotiations when the right-to-negotiate process applies. The answer given to me regarding the figures as at 21 March shows that the department was participating in negotiations relating to 115 applications. I regard that as an appalling failure to meet the Government's responsibility. I specify the Government, because I understand that the department has not been given the resources it needs to do this job. This is a major strategic issue confronting the mining industry - 4 000 applications subject to the right-to-negotiate process, a departmental responsibility to convene and sponsor those negotiations and a department which is doing that with regard to 115 applications. Do we not have here a complete failure by the Government to meet its obligations under the law of this land - a failure which might be interpreted as a breach of the public sector code of ethics?

Mr BARNETT: Although there is a stark difference in those two numbers, to bring about a negotiation is not simple, and one might regard the fact that 115 negotiations are at some stage of progress as an enormous load of work.

Mr RIPPER: Although the minister might think it is an enormous load of work, I am sure he will concede that it falls a long way short of convening and sponsoring negotiations for more than 4 000 titles. My concern - and the minister might like to comment - is that whatever happens to state native title law, these titles will have to be dealt with under federal native title law. Eventually, the Government will have to respond to this administrative challenge. It is not responding at the moment, on the basis of the figures that I have been given. When does the Government propose to respond to the challenge of processing those 4 000 minerals titles, which will not be dealt with, on the Premier's own advice to this House, by any state legislation that might replace the federal Native Title Act?

Mr RANFORD: All I can say is that there is in the case of native title a changing scene, with draft legislation which promises, in the view of many companies, a process which will be more efficient, from their point of view, than the existing commonwealth process. At the same time, we regularly have decisions from the courts which interpret the existing law and which change entirely the environment in which we operate. Under those circumstances, many people who have applied for titles, all of whom have been contacted by us, have indicated that they would prefer to delay pending clarification of certain legal issues. We identify anyone who regards the allocation of their title as a high priority in that way, and resources are provided. I have always undertaken to the minister that anyone who is really pressed to have a title dealt with will be provided with that support. The additional support being provided now is to meet anticipated future needs, especially in relation to exploration licences, because the non-granting of those licences is holding up exploration in this State.

The truth is that all the mineral applicants are consulted. Many of them have reached a point of frustration or a desire to delay pending clarification of either the state legislation or recent legal determinations. However, it is made clear that if anyone wants to proceed immediately and it is important to them, we will deal with these applications. We are currently dealing with very close to 300 such negotiations, and we have, from memory, about another 80 in preparation, where people have indicated that it is a priority for them to proceed.

Mr RIPPER: The member for Kalgoorlie raised the question of the additional staff to be provided to the department, as the Government at last belatedly responds to this administrative challenge. Mr Ranford said that 115 negotiations were being dealt with as at 21 March. He now says that perhaps 300 are being dealt with. How many more of those 4 000 will be able to dealt with as a result of the additional staff now being provided by the Government?

[5.40 pm]

Mr RANFORD: It is necessary to understand that the conditions for participation by the State in negotiations changed dramatically with the Wik amendments. Until the introduction of the Wik amendments, the State was required to be an active participant and act on its own in good faith. It all rested on the State. That no longer applies solely to the State, but applies to all parties involved in the negotiations.

Mr RIPPER: Does it still apply to the State?

Mr RANFORD: It applies to the State, and all parties involved in the negotiations. The State's responsibility is to initiate and assist the negotiations, but it is no longer required to drive them in the way it was obliged to before. The State is not the party seeking the agreement; the applicants are seeking agreement as they are the parties that want the titles. If an applicant wants the negotiations to proceed rapidly and as a high priority, those requirements are met. Some delay has occurred from time to time; however, I do not believe any of the major delays resulted because the parties were not serviced by the Department of Minerals and Energy.

Mr GRILL: The table for a safe and healthy mineral and petroleum industry work force, on page 904 of the *Budget Statements*, contains a footnote on the lost-time injury frequency rate -

- (b) The LTIFR has reduced by 80% from 31.4 injuries per million hours worked to 6.3 injuries per million hours worked over the last 10 years and by 23% over the last 12 month period (1997-98 to 1998-99).

The figures for the past 12 months appear quite dramatic. However, I have considerable anecdotal and personal knowledge that some labour-hire companies, contractors and mining companies are fudging the figures. This information suggests that the lost-time injury frequency rates are nowhere near as good as the figures reflect. Does the Department of Minerals and Energy have any information about the lost-time injury frequency rates? Is it suspicious of the frequency rates? Has anyone within the department expressed concern about the accuracy of the figures?

Mr RANFORD: I believe the trend is accurate. There was a vast improvement in safety in the period referred to in the *Budget Statements*. However, as pressure to lower those figures increases, there is a danger that some companies that are keen to reflect a high level of safety will abuse the system slightly. They might do this by assigning people to duties other than their normal work. The department has been suspicious of some cases. I think it is genuine that companies are achieving safety improvements; however, some companies may be reporting better figures than they might have had in the past by ensuring that injured people are employed in other ways. It is hard to say how significant it is. We are suspicious of the detailed figures, but only in a few cases. I do not think it is a significant part of the whole, and I believe the trend reflects what is happening in the industry. The frequency rates are not a good measure as they tell us what has happened. I am more interested in proactive indicators that look to the future. We are working with other States to identify other measures that might provide a more accurate indication, especially as the figures get down to relatively low levels.

Mr RIPPER: I refer again to my question on notice about exploration title applications. I asked how many applications were subject to determination as at 21 March. The minister replied -

Nil as either agreements have been made or negotiation is continuing and the applications are not at a suitable stage for a determination application.

I understand that a matter can be taken to the National Native Title Tribunal for a determination if agreement has not been reached after six months of negotiations in good faith. In view of the sense of urgency expressed by the mining and exploration industry for titles to be issued more quickly so that delays are overcome, I am extremely surprised that no applications are before the National Native Title Tribunal. What is the policy of the Department of Minerals and Energy about sending applications to the tribunal for a determination and decision when there has been no result after six months of good-faith negotiations?

Mr BARNETT: I do not know what policy instructions, if any, the Minister for Mines has given to the department on this issue.

Mr RANFORD: The normal process in negotiations is that if the matter does not come to a conclusion after six months, the parties either enter mediation or continue to negotiate. At that stage the parties can initiate action for a determination at any time. I do not feel it is necessary for me to step in and interfere in negotiations between parties. If either party is ready for a legal determination, it can pay its fee and go before the court. Generally, it is up to the parties involved in the negotiations to apply to the National Native Title Tribunal for a determination. The department provides them with the state agreement and some background information and tells them that they will be issued with a title if they can reach agreement. If the parties wish to go to a determination, the department provides the necessary information and participates in the case.

*Sitting suspended from 5.50 to 7.00 pm*

#### **Division 78: Family and Children's Services, \$145 284 000 -**

Mr Masters, Chairman.

Mrs van de Klashorst, Minister for Family and Children's Services.

Mr R. Fisher, Director General, Family and Children's Services.

Mr P.M. de Mamiel, Director, Financial Services.

Mrs P.M. Bagdonavicius, Executive Director, Strategy and Funding Management.

Mr P.M.A. Birchall, Director, Service Development.

Mr W. Budiselik, Executive Director, Industry Development and Service Specification.

Mr G. Watt, Executive Director, Business Management.

Mr L. McCulloch, Executive Director, Metropolitan Service Delivery.

Mrs J. Brazier, Executive Director, Family and Children's Policy Office.

Ms J.A. Hogben, Acting Executive Director, Office of Seniors Interests.

Ms S. van Soelen, Acting Executive Director, Women's Policy Office.

The CHAIRMAN: Before we start tonight I point out that we are due to go through until 10.00 pm.

Mrs van de KLASHORST: Having sat on the other side of estimates committees for the past seven years, I realise that we do not always allow enough time for the Women's Interests and the Seniors section of the portfolio. I ask the Opposition and other members present if we can allow two hours for Family and Children's Services and half an hour each for the other areas. I have had questions before on those portfolios and we have never had time to answer them.

Ms ANWYL: We can use that as a rough guide but it depends on how things proceed. It depends on how many dorothy dixers we get.

Mrs van de KLASHORST: Perhaps the Chairman will remind us when we get to the end of the first two hours.

The CHAIRMAN: I will do that.

Mr CARPENTER: The minister will be aware of a media release circulated today from the Youth Affairs Council of WA dated 31 May, containing the number of young people who needed accommodation in Perth in the past month but who were unable to access it. Seven youth accommodation services were surveyed, which revealed that 188 young people needed accommodation last month and did not get it. Based on that survey of seven out of 26 youth accommodation services, it was calculated that up to 700 unsuccessful attempts were made by young people in May to find supported accommodation. That is a speculative figure; nonetheless, the figure which reflects reality is 188. How does the minister account for that, given her commitment that no young person needing accommodation in Western Australia would go without it? If we need a reference point it is output 2, child and family safety, at page 535 of the *Budget Statements*.

Mrs van de KLASHORST: The statement I made, which I stand by, was that any young person under the age of 18 years who is in crisis and in need of a bed or care will receive it. The young people must contact Family and Children's Services during the day and the crisis care number after hours. After an assessment by officers of Family and Children's Services of the needs of the young people, they will be encouraged to return to their families if possible, although we all know that in many cases it is not possible. They will be given accommodation if they need it. Family and Children's Services will not leave on the streets young people under the age of 18 who approach the department.

Mr CARPENTER: The minister is hoping for wish fulfilment and it is not reality. The reality is that on numerous occasions my office, on behalf of young people, has contacted Family and Children's Services and has been unable to find them accommodation.

Mrs van de KLASHORST: For children under 18?

Mr CARPENTER: Yes. It may be that they do not fit within the referral assessment process. If that is the case, I suggest that the referral assessment process, as described by people in the youth accommodation area, is complex and difficult for people to fit into, and that the after-hours line often produces unsatisfactory answers. As a result, people are deterred from directly pursuing Family and Children's Services. Perhaps a reality check is required of what is occurring in the real world. The minister may want to believe that all young people who approach Family and Children's Services are accommodated, but for one reason or another they are not and the situation must be addressed urgently. I doubt these figures are anything but accurate and reliable.

[7.10 pm]

Mrs van de KLASHORST: Family and Children's Services has followed up each of the 188 people who were not accommodated. It has been revealed that 82 of the young people were under 18. However, 103 were aged between 18 and 25 years, and three supplied no age; none of them came to Family and Children's Services. Family and Children's Services contacted the various agencies who were supplying us with this information and we could get no specific information about whether these children belonged to Family and Children's Services, had contacted Family and Children's Services or were past clients or new clients.

Unfortunately, even though I asked the officers to follow up each one, it was not possible to do that because the agencies would not supply the information. We need specific information in order to follow up each case. I also asked Family and Children's Services to monitor the places available in the area. It has advised that every night between Monday and Friday during the month of May there were some places available for emergency crisis accommodation. That is the area we are talking about, and that is the area Family and Children's Services funds. Places have been and are available, although some may have been gender specific and needed matching. Beds were definitely available for young people during that time. The vacancies related to the youth supported accommodation assistance program agencies, Anglicare, Teenshare and Family and Children's Services. Emergency crisis accommodation is funded to the tune of \$6m. Also Family and Children's Services has access to foster carers, and should a child not be able to find anywhere else to go we can place them in foster care. I have received that information from Family and Children's Services over the past month. I am concerned, and we must make sure that our efforts reach the people who need help.

Mr CARPENTER: The minister has conceded that some of the accommodation on offer might be unsuitable?

Mrs van de KLASHORST: In some cases it may be gender specific.

Mr CARPENTER: Does the minister think there might be reasons of unsuitability beyond gender specification?

Mrs van de KLASHORST: It must be remembered that other than gender specific accommodation is available. Emergency foster carers are available for these children to go to. We are looking at not just one area; there are other areas. Many of these young people are helped in other ways. They might be helped to go back home or perhaps meet with a group that can assist them. Family and Children's Services treats very seriously those under the age of 18 years who approach it. We make sure they are not left on the streets.

Mr CARPENTER: To get some understanding of what the minister thinks is the problem, given everything she has said, why does she think these young people are not being accommodated? Does the minister think they are not approaching Family and Children's Services, even though they know they will be given suitable accommodation by the department?

Mrs van de KLASHORST: The press release from the Youth Affairs Council says many of these people will not approach Family and Children's Services. My answer is that if they do not approach us, we cannot help them. How can we help someone who does not ask for help?

Mr CARPENTER: I have to do that all the time, and I am sure the minister does. Members must outreach, find the people who need help and make sure they know that help is available. The department cannot sit back and wait for people to turn up as if by magic on the doorstep.

Mrs van de KLASHORST: The police collect children and refer them to Family and Children's Services. Every child who comes to Family and Children's Services is assessed. The community in Western Australia wants us to return children to their families if at all possible. I am sure young people run away from home all the time and say they will not return. It would be remiss of Family and Children's Services in its statutory responsibility not to try to take them back to the safety of their families, if that is possible. We have services to do that. The Government's reconnect program, which is federally funded, is a means of helping young people to reconnect with their families. We link to other services we fund to try to get them back. If we cannot do that, the department works to provide them with crisis accommodation.

Mr CARPENTER: Do you accept the figures?

Mrs van de KLASHORST: I have never had them verified, but I will.

Mr FISHER: The press release is brilliant! It purports to 700 unsuccessful attempts by young people to find supported accommodation. Where did they get the figure of 700?

Ms ANWYL: That is clearly explained, if you read it.

Mr FISHER: They went to seven agencies out of 26, and then extrapolated. They did not indicate how many individual children were turned away from one agency and went to another. The department has kept records since 1 May. The accommodation services we fund in the metropolitan area have 54 crisis beds for young people. On every day in the month of May there have been surplus beds: Six, seven, 10, nine, seven, four, six, six, four, three, six, nine, six, seven, five, four, five, three, seven, five, four, five, eight, seven, seven, seven, nine, nine, and nine. These are vacant beds for youth accommodation - crisis beds for young people under 18 years of age. Through the services that we fund, we provide sufficient beds for these people. As the minister pointed out, if they approach us we will provide them with beds. We are funding more bed places than are being used.

Mr CARPENTER: Can that material be provided by way of supplementary information?

Mrs van de KLASHORST: Yes, it will be.

Mr CARPENTER: Does it explain where those beds are available?

Mr FISHER: Yes, by agency.

Mr TUBBY: Is it true that in some cases the behaviour of some of the young people seeking accommodation is so appalling that none of the providers will take them in? Should not the onus be on the young people seeking accommodation to show some responsibility and at least curb their behaviour so they can be taken in? Are some young people refusing to attend these facilities simply because they are provided with guidance and assistance and directed to programs which may help them to get back into their families or on the right track? Is it the case that some young people want to be aimless and loose and hang out where they want to and do not wish to be put back on the right track? Are some young people keeping away from the provision of facilities simply because they do not wish to be directed?

Mrs van de KLASHORST: I have spoken to some of the children who are on the streets or are seeking accommodation. One or two young women have said they do not want to go into Family and Children's Services hostels because, "They try to tell us what to do." I spoke at length with one young woman who had been helped several times during her four years on the streets by Family and Children's Services and I encouraged her to go back to Family and Children's Services for help. If we can get these young people to come into Family and Children's Services, our object is to help them. We have many other services besides accommodation that we fund to try to help them work out how they can move forward in their lives, and how they can fit in and perhaps get job-ready etc. Some of them are not prepared to approach us because we insist on some standards. However, if we are true to our statutory requirement we must try to assist these children to move forward in their lives. We can do that by interacting with them, but they need to come to us first.

[7.20 pm]

Mr TUBBY: How can Family and Children's Services possibly help those who do not want to be helped? They are quite happy to be footloose and fancy free and live on the streets. They do not want to be helped. They are a part of the homeless children figures.

Mrs van de KLASHORST: We cannot give up on them. We try to engage them. If we do not manage to engage them, move them forward and assist them when they come to us, we will try over and again until they work in with us and move forward.

Mr FISHER: The other reality is that some of these children are wards of the State and we have a statutory responsibility towards them. The minister and I are in effect the legal guardian of these children. We cannot turn our back on them because we have a legal responsibility. That legal responsibility includes the provision of a safe environment in which to

live. In many circumstances that revolves around the use of our own hostels to provide care and protection for these children. As difficult as these children are, the reality is that many of them were diabolically abused in their upbringing. They are very damaged children and we cannot and will not walk away from them.

Mr TUBBY: That is very laudable but the department seems to be copping a lot of criticism for cases where we can lead a horse to water but we cannot make it drink.

Mr FISHER: That is part of this business - we cop criticism.

Mrs van de KLASHORST: Age is often a major factor. We might not be able to engage them at one stage, but we might engage them at another stage. We must ensure that we are there for them if they need us, and that is what we are doing.

Ms ANWYL: On page 535 in the total cost of output there appears to have been a decrease of \$623 000. I know some explanation has been given for that, but I would like to hear it again. How much of the total budget which we are talking about is allocated to the 54 beds? Are they all in metropolitan areas? What is the country situation, because a number of the Youth Affairs Council of WA circular forms which come in are from country areas as well as from the metropolitan area?

Mrs van de KLASHORST: We are allocating \$6m in the budget for youth accommodation through the supported accommodation assistance program. That is an increase of \$2.9m in the term of our government. We are currently working with the Commonwealth Government, which has a pool of \$15m for SAAP funding. We are negotiating with the Commonwealth Government to get our share of that funding, and once that is finalised, it will go into the SAAP funding in Western Australia. I had the figure for how much we spend a year on emergency and crisis accommodation in Western Australia, but I cannot find it now. The member is talking about output 2, child and family safety?

Ms ANWYL: I am looking at the figure of \$55.85m, the total cost of output, which will drop to \$55.22m.

Mrs van de KLASHORST: This relates to money which was given to us when we applied for extra funding for the cyclones at Moora and Carnarvon and for emergencies which have occurred during the year because we had over-expended. That is not recurrent in this budget. If something else happens, we will apply to Treasury for it.

Ms ANWYL: The minister mentioned an amount of \$6m in relation to youth SAAP moneys.

Mrs van de KLASHORST: Yes, we are talking about youth.

Ms ANWYL: I am interested in the figure for the current financial year and the next, rather than over the term of government.

Mr FISHER: It has gone up from \$5.8m to \$6.1m from this year to next year, and the difference is due to the consumer price index increase. As the minister said, we are currently negotiating with the Commonwealth Government for a share of a pool of \$15m which it has available. We obviously want to maximise Western Australia's share of that pool which will be added to the total supported accommodation assistance program for the State.

Ms ANWYL: Is that the 54 beds the officer was talking about?

Mr FISHER: Yes, that is for "crisis-under 18" beds in the metropolitan area.

Ms ANWYL: Does the \$6.1m figure relate to those 54 beds?

Mrs BAGDONAVICIUS: The \$6.1m relates to the 54 crisis beds and 232 medium to long-term beds in the metropolitan area; and 47 crisis beds and 56 medium to long-term beds in the country.

Ms ANWYL: Can the minister provide a breakdown of those figures by way of supplementary information rather than going into them now?

Mrs van de KLASHORST: Yes, we will provide that as supplementary information.

Ms ANWYL: The service providers and peak bodies I talk to particularly pinpoint a lack of available support accommodation for young people who have either substance abuse or mental health problems. In the Drug Abuse Strategy Office estimates committee hearing last night it was made clear that there will be no additional funding. Some limited funding is available for services in Wanneroo and Swan in the budget but no additional funding. What is Family and Children's Services doing about those needs given that the SAAP responsibility falls on the minister's department?

Mrs BAGDONAVICIUS: Work has occurred nationally during the life of the current supported accommodation assistance program agreement. There has been a focus on staff developing better skills in case management of their clients. The issue of young people with mental health and substance abuse problems is not only a phenomenon in Western Australia, but also across Australia; therefore, work has been done. Locally, we have developed protocols with the WA Drug Abuse Strategy Office to ensure SAAP can access the support of community drug services and other funded non-government organisations. We have almost finalised those protocols with mental health, and have developed them with Homeswest and with our own crisis care unit, which protocols will apply across all age groups. A great deal of consolidation work needs to be done on the protocols project. However, that will occur over the life of the new agreement which will have a major focus in providing support to people in SAAP services from other agencies.

Mrs van de KLASHORST: I will ask Mr Fisher to answer the member's first question about the \$55m output figure for Moora in more detail.

Mr FISHER: The figures referred to on page 535 show the total cost of the output which appears to have reduced to \$55.2m from \$55.8m. I refer to the cash cost of that output on that page which indicates it will reduce to \$40m from \$40.5m. I read a comment in one of the parliamentary debates on this matter by the member for Willagee that there had been a reduction in our budget for this output. This is the output that covers the kinds of things we have been talking about. I remember spending some time on this issue last year when it appeared in all of our outputs that our expenditure had decreased; whereas we were trying to argue, uphill, that in fact the expenditure had increased. All departments have great difficulty trying to compare estimated actual expenditure; that is, what we will spend this year with our budget for next year. To be honest, that is comparing apples with pears. The reason for that is our actual expenditure for this year will be different from our budget allocation at the beginning of the year. We have overspent by more than \$2m what we received in our budget at the beginning of the current financial year. That happens in all departments. It happens in our department every year in every output. In this particular output a number of events occurred during 1999-2000 on which we spent more than we were originally allocated. We received an extra \$500 000 approximately because of the cyclones in Exmouth and the floods in Moora.

The other reason that we have spent more in 1999-2000 is that we carried forward funding from 1998-99 for things like Y2K and the costs that we knew would be associated with the GST. From a management point of view, in the old days we finished our budget and handed back any extra money, because we were not allowed to carry forward funding. Now it is simply a management issue where we need to manage our budget through time, so we do carry forward funding. In many cases that appears as an anomaly in that our estimated actual expenditure is inflated when compared with the budget that we get. Therefore, while it appears that our budget is lower, in fact our budget for this output this year has increased by \$1m. The reason that it appears to be lower is the one-off items that were added to our expenditure last year, such as the abnormal costs that we incurred as a result of cyclones and floods. If we get cyclones and floods this year, we will go to Treasury and it will give us more money. It shows up in our expenditure figures, but it obviously does not show up in our budget figures. Therefore, even though it appears that for this output we are \$500 000 down, in fact we are \$1m up on last year's figure.

[7.30 pm]

Mr MacLEAN: The outcome statement on page 540 is to improve the well-being and to promote the interests of Western Australian families and children. What is being done with the early intervention for families that was mooted earlier this year?

Mrs van de KLASHORST: The member knows that the department and I place a strong emphasis on early intervention for families. The recurrent funding for the early intervention program has increased from \$278 000 in 1993 to over \$8m in this budget. The early intervention for families looks at how we can strengthen families in Western Australia. We are putting money and services into parenting information centres. These centres can be found in major shopping centres, and I suggest that any member who has not visited one of those centres would enjoy doing so. We have 13 parent link services which go out into the community, 16 Best Start programs for Aboriginal communities, nine preventive family support services for the under-10s, family and parenting help lines, and community education programs. These have all been put in place to strengthen families.

We are also introducing what we call the Building Blocks program, which is a strategy in which we are working with the Health Department. This will be funded by \$1.3m from the Health budget in 2000-01, and this will increase to \$6.1m by 2008, which is \$9m over four years. We intend to put building blocks in place to provide early intervention so that we can stop young people from moving into crisis as they move on in life. As a Government we should not be looking just at short-term catch-ups and remedies. The member for Roleystone mentioned that sometimes we have difficulty engaging some of these children. We need to prevent them from getting into crisis situations in the first place. I have been overseas to look at some of the programs that are being run in other countries, such as the Perry program in Boston and some of the programs in England. We want to put in place long-term prevention programs so that we can help young mothers to support their children and have early development and family support services for families. The Building Blocks program is starting with zero to 2-year-old children and extending that up to eight-year-old children. There will be visits by the child health nurse and referral to early childhood and parenting services when it is necessary. The Government is also enhancing the Community Mothers' program and parenting information centres. Family and Children's Services' funding will be \$173 000 for a new mobile parenting information centre in the Gascoyne; \$141 000 for an intensive home visiting service in the lower great southern; \$199 525 for an intensive home visiting service in the Swan area; and \$380 000 for both Health and Family and Children's Services for Aboriginal specific services.

Although the department still looks after children who are in need, Family and Children's Services and the Health Department, in cooperation with each other, are moving towards setting in place a long-term early intervention program which we hope will help avoid these problems with children when they get older.

Mr MacLEAN: What other agencies are involved in the interagency intervention program? What areas, apart from home visits - although home visits are very important - will the department be moving into?

Mrs van de KLASHORST: I did answer some of those. The department is strengthening its parenting and information service and some of the help lines. It is making sure more home visiting is done through the Parent Link program. It is looking at the Best Start program for young Aboriginals. There are also many other programs. I will ask Mr Fisher to elaborate on some of those other programs the department is planning.

Mr FISHER: The department is very excited about the Building Blocks program. It has looked at a number of overseas



programs that have undertaken longitudinal studies of families over 30 to 40 years. There is no doubt that prevention and early intervention work. The sooner prevention measures are started, the better. The Building Blocks program starts with pregnant women. The department will be looking at the intensive end, where a child health nurse identifies that a pregnant woman and her baby are at extreme risk. The department will put into place an intensive home visiting program which will include 29 visits over the baby's first 24 months of life. It will also include plugging the mother and her baby into whatever support programs are necessary.

The home visiting program is very important. The department is looking at introducing a joint case management program in the Swan and the lower great southern areas. One of the big criticisms of government is that the various departments do not work together. It is hard to get government departments to work together because of the structure of government. In those two areas the department is looking at a joint program in which the Police Department, the Ministry of Justice, Homeswest, Family and Children's Services, Education, and Aboriginal Affairs will jointly manage cases. Instead of individual departments providing services and not necessarily knowing what other departments are doing, there will be one lead agency and all the other departments will work together with wraparound services for individual families. The department picks up cases when something has fallen off the rails, but it would prefer to put into place programs so that it does not have to apprehend kids and put them into its care. The department is looking at two significant programs in those two areas. The department would like the Government to provide funding in the future to provide building block programs throughout the State. We are looking at joint case management and very strong and intensive early intervention preventive programs.

[7.40 pm]

The CHAIRMAN: I had a polite suggestion that the answers from the minister and her staff could be a little shorter so we can squeeze in more questions. I appreciate that it is not easy to do.

Mrs van de KLASHORST: With respect, some of these are very complex issues.

The CHAIRMAN: Nevertheless, I feel obliged to make the comment.

Mr MacLEAN: I am concerned about confidentiality with these inter-agency agreements. How will the department protect the confidentiality of Family and Children's Services matters from the police, who will have an idea of what is taking place, but not know the confidential material?

Ms ANWYL: On a point of order: The question does not refer to a line item. How is that related to the estimates?

The CHAIRMAN: To which line item does it refer?

Mr TRENORDEN: It is under the first dot point under major initiatives for 2000-01 on page 542. I will ask a question on the same item.

Mrs van de KLASHORST: Protocols are put in place to ensure confidentiality is respected. We spend a lot of money to ensure that these are followed so we do not break confidentiality. I also mention that the intensive home visiting service has proved to improve child and parenting health outcomes, improve parenting skills, improve parents' confidence in parenting and management skills, and links families to existing services and resources. Research indicates that for every dollar we spend on early intervention programs, \$7 is saved on services not required. It is quite a saving to the community not only in money, but also in mental health and other areas.

Mr TRENORDEN: All the things the minister has outlined are good, but I have a concern. Up to one-third of children attending secondary school in the wheatbelt are considered to be at risk. Many of the things outlined I suggest with some gentleness are city orientated. We need these programs in rural Western Australia with a stronger community focus. A benefit in the country is that communities are strong and will become involved in such programs. There is a desperate need in my home town. I have attempted to get changes through Safer WA and other programs for a number of years. Are we able to develop those programs to make them more country user friendly?

Mrs van de KLASHORST: We are starting in two areas - one in the metropolitan area and one in the lower great southern. We are piloting programs in country areas, and we have other services in the areas.

Mr BUDISELIK: I do not have the list in the way the member seeks, but I can provide information on where the services are funded across the wheatbelt.

Mr TRENORDEN: I understand in any budget process that some communities win and some do not. The Northam community has been battling for some time through Safer WA, which is not a budget item, to get some of this activity. We desperately need it. We can make a difference with intervention if we work at the front end rather than the rear end of the problem. Many people in the community would like to assist children and to help them through the process. It need not cost a great deal of money, but the coordination is needed about which the director general just spoke.

Mr BUDISELIK: We propose a trial for a coordination project in different parts of the State. If there is adequate coordination, it will demonstrate to the regional managers the cost benefit. Agencies will use resources in a combined way to produce better coordinated services.

Mr TRENORDEN: It will also reduce the stress factor for a lot of outstanding public servants.

Mr BUDISELIK: That is true.

Mr CARPENTER: I will put a few questions and the answers can be provided as supplementary information.

Page 527 shows budget allocations for capital works of approximately \$10.4m, in 2001-02, \$8.5m in 2002-03 and \$9.9m in 2003-04. Can the minister provide a list of projects included in the estimates and the associated funding?

Mrs van de KLASHORST: I will provide that as supplementary information.

Mr CARPENTER: The statement of cash flows on page 551 shows the amount of GST paid and collected in each financial year. What is the cost of GST compliance for the department in the 1999-2000 and 2000-01 financial years?

Mr de MAMIEL: The figure on page 551 is the tax that the department will have to pay.

Mr CARPENTER: I know.

Mr de MAMIEL: We will get that back. The department has spent about \$200 000 gearing up for the tax. Most of that funding has gone into resourcing a project team to examine the GST issues. Very little has been spent on changing systems. It has cost \$12 000 to amend the financial management information system. Those amendments are now in place and we are training this month in preparation for 1 July.

The department expects some wholesale sales tax savings. Whether they offset the \$200 000 spent, only time will tell.

Mr CARPENTER: So, there are no ongoing compliance costs once it is up and running.

Mr de MAMIEL: That is correct. We are putting in place other systems that will improve our purchasing and payment efficiency, and that will offset some of those costs.

The minister announced recently that the department will increase subsidies for clothing by the full 10 per cent, although we do not believe it will cost foster parents that much. We also negotiated with the Foster Care Association and came to an agreement about increasing the fortnightly subsidy. Those involved will get a 4 per cent increase in line with the commonwealth pension increase.

Mr CARPENTER: So they will be shortchanged too.

Mr de MAMIEL: We will monitor the situation and, if the consumer price index rises above 4 per cent, we will make adjustments.

Mr CARPENTER: Foster carers' payments and assistance aside, what is the impact of the GST on grants? Will a recipient pay one-eleventh of what he receives?

Mrs van de KLASHORST: We have been involved in negotiations with the Commonwealth Government on this issue for some time, but we have not received a response about its handling of the GST.

[7.50 pm]

Mr FISHER: The Commonwealth Government has indicated that it will gross up for the charitable organisations it funds; in other words, it will not reduce their payments and in fact will add on top of them 10 per cent. At the same time the Federal Government has taken \$50m away from the State on the basis that there will be embedded wholesale sales tax savings accruing to each government department. We are still negotiating with the state Treasury, because obviously we cannot negotiate directly with the commonwealth Treasury. The state Treasury is still negotiating with the commonwealth Treasury on state-funded charities. We understand that the Commonwealth is playing very hard ball. The federal Treasurer's initial response is not favourable. I understand that discussions occurred in Sydney yesterday among all the States, which have adopted a unified position on this question. To the best of my knowledge the Commonwealth at this stage still has not given one inch. From our point of view as a department, we need the question of the non-government agencies that we are funding to be resolved by the end of June. Through our negotiations with Treasury we fully expect that matter to be resolved by the end of June.

Mr CARPENTER: I would have expected that you would hope that it be resolved well in advance of then. The non-government agencies are obviously in the firing line and need the certainty.

Mr FISHER: Obviously they need to know because their budgets will be impacted on from 1 July. We are obviously the meat in the sandwich. One could say that the non-government agencies are the meat in the sandwich. The issue is not whether we will give them the 10 per cent.

Mr CARPENTER: From when will they get the 10 per cent?

Mr FISHER: The non-government agencies will get 10 per cent from 1 July. That is not the issue, with respect. The issue is whether they will get the 10 per cent on their total funding or whether the embedded wholesale sales tax savings of around 1 to 1.5 per cent will be clawed back before they get the 10 per cent. I am sorry that I am taking a long time to explain this.

Mr CARPENTER: It is an important issue.

Mr FISHER: Imagine that we are funding a non-government agency with \$100 000 at the moment. If the Commonwealth Government funded that agency it would say that it would give the agency \$110 000, but the agency must give \$10 000 to the Australian Taxation Office and the Federal Government would get it back from the ATO. In other words, the

Commonwealth is grossing up and not clawing back anything, even though it would say that the agency's costs would be reduced because of the embedded wholesale sales tax savings. If we are funding an agency with \$100 000 at the moment, the issue for us is whether we claw back the 1 to 1.5 per cent; in other words, do we give the agency \$99 000 and then add the 10 per cent on top of that, or do we gross up the fund to \$100 000 and then give it 10 per cent on top of that? The agency will get the 10 per cent. The question is whether it gets the 10 per cent on a clawed back amount or on what it has traditionally been getting. Obviously the Commonwealth will say that the agencies it is funding will get a double benefit. They will get a little saving in the embedded wholesale sales tax savings and the Commonwealth Government will give them the 10 per cent, so they will be better off. For us to be cost neutral, unless we get some support, the State would have to claw back, which obviously would be difficult.

Mr CARPENTER: What is the level of funding from Family and Children's Services for non-government agencies?

Mr FISHER: It is \$51m.

Mr CARPENTER: Has the department calculated the 10 per cent increase in that funding for the coming year?

Mr de MAMIEL: The member is wondering how we will pay the \$10m. It is only a cashflow problem. We will get the money back before the next amount is due, so there is no need to give the department an extra \$10m.

Mr FISHER: It is a book transfer between us and the Commonwealth.

Mr CARPENTER: I am sorry, I am confused. I understand the situation with agencies which are funded by the Federal Government. For agencies that are funded by the State Government, there seems to be an uncertainty about what their financial position will be in relation to the grant. Is the department saying that, as with the Commonwealth, they will be paid an extra 10 per cent over and above what their grant has been for this financial year?

Mr FISHER: No, we are not saying that. We are saying that at the moment we are still negotiating to ascertain whether at the state level there will need to be a clawback of the embedded wholesale sales tax savings, which works out to around 1 to 1.5 per cent.

Mr CARPENTER: I am not worried about that part of it. The example was given of the Commonwealth funding an agency to \$100 000. To compensate it for the goods and services tax, the Commonwealth will simply provide it with an extra 10 per cent. Is the State doing the same?

Mr FISHER: That is exactly the answer I gave; that is, we will give the agency 10 per cent, but whether we will give it 10 per cent -

Mr CARPENTER: Please do not continue. I just need to clarify this point. The amount of state funding to non-government agencies by way of grant is \$51m in this financial year.

Mr FISHER: Yes.

Mr CARPENTER: Is it being increased by 10 per cent?

Mr FISHER: It will be increased by 10 per cent.

Mr CARPENTER: Plus or minus the -

Mr FISHER: The clawback, yes. The answer is yes.

Mr CARPENTER: Is that reflected in these budget papers?

Mr FISHER: The member should understand that we are giving it to the agencies. They immediately give it to the Australian Taxation Office, and we get it back again. Therefore, it is a transfer, and that is why it is not impacted in our budget.

The CHAIRMAN: In other words, it is not in the papers in front of us. Is that correct?

Mr de MAMIEL: It shows the cost to the department. At page 527 of the *Budget Statements*, there is an amount of \$161m in the department's budget. The \$9.8m is shown in there. It will also be noticed that the retained revenues have also increased \$9.8m, so what we pay out we get back.

Mr CARPENTER: That is the process in which it was said that no compliance costs were involved.

Mr de MAMIEL: There is no loss or no extra money that must be put into the department's budget for the GST, because the extra we spend in the year we get back from the ATO.

Mr CARPENTER: A month later or at the end of the year?

Mr de MAMIEL: No.

Mr CARPENTER: When does the department get it back?

Mr de MAMIEL: We recoup every month but we pay quarterly, so, as I said before, we will get our money back before the next amount is due.

The CHAIRMAN: The member asked about the compliance costs of transferring the 10 per cent GST to the Commonwealth by the agencies or by the community groups and then getting it back, but Mr de Mamiel is saying that the compliance cost is not a significant amount.

Mr CARPENTER: What the department is saying is that the non-government agencies will have to pay one-eleventh of what they receive as GST.

Mr de MAMIEL: That is correct, and they will have to pay for their own compliance costs.

Mr CARPENTER: Plus or minus that area of doubt.

Mr FISHER: We give them the money, they give it to the Federal Government, and we get it back.

Mr CARPENTER: It is quite an inefficient process.

Mr WATT: It probably sounds like a fairly cumbersome process to recoup the money, but the approach we have taken is that at the same time as we issue the payment to the agency, we will produce a tax invoice, so it is effectively the documentation that we need to submit to the Federal Government to get the recoup. All jurisdictions are doing the same sort of thing, which is a process that has been worked out to minimise what might otherwise appear to be pretty cumbersome and what could well have been a costly process.

[8.00 pm]

Mr MacLEAN: The major initiatives for 2000-01 on page 548 of the *Budget Statements* refer to reduction in domestic violence. How successful has the men's domestic violence help line been in helping to curb domestic violence and link people with the appropriate services? Is any evidence available about whether families are breaking down or being counselled through the problems through the help line?

Mrs van de KLASHORST: I am glad the member asked the question. The Freedom from Fear campaign, which is linked with the men's domestic violence help line, is the most successful program in Australia and encourages men to ask for help. It has won Australian and international awards. We have monitored the help line since its inception so that we know how many people are calling it and how many of those are referred to programs. People who see the Freedom from Fear advertisements contact the men's domestic violence help line as their first point of contact. During its first 20 months of operation, a total of 4 309 people made 6 233 calls to the help line, at an average of 75 calls a week. The number of new callers is not declining. From 2 January to 1 April of this year, there were 923 new callers to the help line, an average of 71 new calls a week. These people identify themselves as perpetrators; people who bash their wives or partners or who get angry enough to feel they might offend. More than 1 200 of these men have asked to be referred to programs. Some of them are still undertaking those programs. As a result, 1 200 Western Australian families are experiencing changes in the way the man treats his partner or wife. That is a huge result for this program. A survey of men referred to Relationships Australia or Centrecare found the men reported various positive changes in their behaviour and attitude. Of those who attended the counselling and behaviour modification sessions, 84 per cent felt they were in better control of their behaviour and that their anger management had improved. A longitudinal assessment should also be done. The domestic violence prevention unit, Family and Children's Services, and the Ministry of Justice are looking at the possible methods of such a study. The men's domestic violence help line has been an extremely successful program. When we investigated the program and did the empirical research, we discovered that the most effective way of getting men to change their behaviour is to make them look at the way it affects their children. That seems to be the key to getting men into counselling services. The Freedom from Fear campaign is a long-term program. When I wrote the domestic violence action plan six years ago, my aim was to change violent behaviour in Western Australia. When we began looking at a domestic violence campaign, we studied the Quit campaign. That campaign took 10 years before it started to bite. This campaign is biting earlier. I hope that if the Freedom from Fear campaign continues for 10 years or more, we can change violent behaviour in our society. That is what we really need to do to prevent domestic violence. It is an overall, overarching thing about violence - programs about bullying in schools and other programs that will link into the men's help line. In answer to the member's question I have to say that it has been very successful. It has been one of the most successful programs in assisting with the prevention of domestic violence in this State.

Mr MacLEAN: The minister said there was a proposal for a longitudinal study into the effects. Has there been any short-term correlation of the reasons given for violence, such as drug or alcohol abuse, financial worries and so on?

Mrs van de KLASHORST: I would have to refer that to the Women's Policy Development Office because I do not have those figures with me. Perhaps when we are dealing with Women's Interests we can answer that question.

Mr MacLEAN: The minister might like to supply them as supplementary information.

Mrs van de KLASHORST: We will provide the information when the director comes in.

Ms ANWYL: I have a few short questions and I hope that I can have some short answers because we are fast running out of time. I refer to page 540 and the output relating to the Family and Children's Policy Office. An amount of \$1 062 000 has been budgeted for this current year. Has that been spent?

Mrs BRAZIER: Yes. The money will be spent by the end of the financial year.

Ms ANWYL: How much of it has been spent? Has the bulk of it been spent?

Mrs BRAZIER: The bulk of it has been spent.

Ms ANWYL: I would like a detailed breakdown of how that has been spent, particularly the costs of advertising, pamphlets, consultation and the like. Can I have that information by way of supplementary information?

Mrs BRAZIER: I have some detail but perhaps not to the extent that the member wants. I will be happy to provide that.

Ms ANWYL: Can you give me some indication now and the balance of the information can then be provided by way of supplementary information?

Mrs BRAZIER: There was an amount of \$451 980 for salaries and we will be slightly underspent on that, and we will provide the member with details on that. There was an administration component of \$455 000, the bulk of which will be spent.

Ms ANWYL: What administration was that?

Mrs BRAZIER: The significant component of that would have been for the statewide consultation project, the costs of which were about \$123 000. That included some materials that were developed - pamphlets and a discussion paper. The breakdown of those costs can be provided to the member. An amount of \$38 000 relates to the funding for the advisory council and an amount of \$52 000 relates to our accommodation costs.

Ms ANWYL: The budget for next financial year is \$1 048 000. Can we expect a similar sort of breakdown?

Mrs BRAZIER: Yes; certainly in terms of the salary and administration breakdown it will be very similar. Obviously, we will not have statewide consultation nor those significant costs. Other projects have been identified and they will take up some of those costs.

[8.10 pm]

Ms ANWYL: In the budget papers last year it was forecast that the number of FTEs would rise from five to eight. At page 541 it says there are 384 FTEs. What is the accurate figure?

Mrs BRAZIER: It is a typographical error; the figure is eight.

Ms ANWYL: In last year's budget papers it was projected that 20 policy development coordination projects would be undertaken. However, at page 541 it shows there were 10. Can I have details of what those 10 projects are and why, as projected, 20 were not undertaken?

Mrs BRAZIER: Between 10 and 20 projects have been achieved. The reduction from 20 obviously relates to an establishment phase that we had to undergo. We appointed staff and established the office before we could be at optimum level of resourcing to take on the projects that were required.

Ms ANWYL: Can you provide the cost of market research consultants and advertising?

Mrs BRAZIER: Much of the research was done internally. We probably spent less than \$5 000 on external market research. I can provide detailed figures of the amount spent on advertising.

Mrs van de KLASHORST: We will provide those details as supplementary information.

Ms ANWYL: The output measures at page 541 indicate that 20 policy development coordination projects will be undertaken. Can we have some detail on what they will be, perhaps by way of supplementary information?

Mrs BRAZIER: Yes.

Ms ANWYL: Are you confident that 20 will be undertaken?

Mrs BRAZIER: Yes.

Ms ANWYL: Reference is made under "Quality" to satisfaction of policy development coordination project sponsors. I presume some form of survey has been done.

Mrs BRAZIER: Yes, we are about to undertake that. We have piloted the questionnaire that will give us the baseline data in order to make the assessment for the next financial year.

Ms ANWYL: Is the current financial year assessment of 80 per cent satisfaction a guess?

Mrs BRAZIER: That is a best guess at this time, because as a new agency we did not have a benchmark. We are ascertaining what it should be.

Ms ANWYL: The best guess is 80 per cent for this year, but it is hoped to achieve 95 per cent.

Mrs BRAZIER: Yes.

The CHAIRMAN: Is the minister prepared to provide the extra supplementary information?

Mrs van de KLASHORST: Yes.

Ms ANWYL: When the development of the Family and Children's Policy Office was mooted, at the cost of more than \$1m - a significant amount of money - it was partly in response to calls from across the community for a form of children's commission. All I have seen is a very large advertising campaign in which a pamphlet was sent to each household and about 90-odd consultations have occurred, some of which I attended, as did the minister.

There was some tokenism by the previous minister that there was a role for people to advocate for young people who cannot advocate for themselves; namely, children and underage teenagers. Is that a function of this children's policy office, or is it not simply a vehicle for the minister and the department?

Mrs van de KLASHORST: It is not the children's policy office; it is the Family and Children's Policy Office. The aim of this office is to study the way families are structured and to work with families. Children cannot be dealt with in isolation; we need to work with the child and the family. As we have said before, many of the services involving these young people overlap. We intend to produce a five-year plan to strengthen the family. We will use that plan to get the results the community wants. I see this as a ground-up exercise. We have consulted with the community and it has told us what it wants. We need to build that up and strengthen families. In strengthening families we are looking at a long-term plan. Perhaps what we will do now will reduce the incidence of homelessness among children, as well as some of the other issues that affect children in the long run. The Family and Children's policy office is an integral part in helping and strengthening families in Western Australia - it is a preventive measure - which are a major part of our community.

Ms ANWYL: Where does the Office of Youths Affairs sit in all that?

Mrs van de KLASHORST: I cannot answer that as that office is not part of my portfolio.

Ms ANWYL: The minister has set this policy unit up to play a coordinating role. The Office of Youth Affairs also claims to have a coordinating role. Does the minister have any contact with that office?

Mrs van de KLASHORST: I have not, but Jane Brazier may have and the department does.

Mrs BRAZIER: I have frequent contact with the Office of Youth Affairs. We involved young people in the consultation. We ensured young people had a voice about what was important to them from a family perspective. Opportunity exists to work closely with the Youth Affairs Advisory Councils, so that we get input from those bodies in the development of policies and the coordination of the plan that emanates from my office.

Mrs van de KLASHORST: I have spoken to the Minister for Youth. I have not spoken directly to that office.

Mr BUDISELIK: We are involved in coordination mechanisms with the Office of Youth Affairs. Since the Auditor General's report a few years ago on children in care, we have worked closely with that office, as one of the departments responsible for providing services to youth. We were clear that we were not the hub with responsibility for all services. One of our middle management officers is represented on OYA meetings regularly.

In regard to the strategy responding to the needs of children, the Family and Children's Services Policy Office, the Child Protection Council and the child protection services register are all viewed as part of the strategy in responding, particularly, to protect the interests of children.

Mr TRENORDEN: The minister will not be surprised at my question as I have had an interest in this area for a long time. A reference is made on page 532 of the budget papers to the provision of information about families of origin of Aboriginal people. How much was spent on this area in last year's budget? How much is allocated in this year's budget, and how much is proposed in next year's budget to put Aboriginal families back in contact with their family of origin? From memory, the allocation last year was \$650 000 and I am keen to have a break down of that expenditure. How does Family and Children's Services aim to meet this considerable demand? I am aware of an individual who has got that information, and negotiations have occurred with the agency, but not at a level that person is happy with. It concerns me that considerable money is spent by the Western Australian Government and the Federal Government but the information does not seem to be based on sound historical data.

[8.20 pm]

Mr WATT: The service we provide is through what is known as the family information records bureau. It was set up two years ago with an initial budget of \$800 000 to establish the facility, including a database. Compiling a database has proved to be a challenge, given the extent to which the records are dispersed not only within government but also within the many agencies across the State. That database is now coming together, but the annual budget for the ongoing service is \$312 000. The essence of that service is to provide information, on application, to families to the extent that we can indicate what records on those families are held by either government or non-government agencies, when we have been able to get cooperation from the non-government agencies. I make that point because when people receive, for the first time, some of the information about their families which is held on various records, it can be very distressing. A front-line counselling service is provided at the point of the provision of the information as well. I trust that answers the question about the budget.

Mr TRENORDEN: It only just starts. What is the basis of the database? What is in the database? What are you trying to put together?

Mr WATT: In essence there is a plethora of records which are literally falling apart, unless there is some intervention. The paper records are simply turning to powder in some cases, and many of them have been eaten by rats and were located in

sheds all over the place. The task is to gather the information we have about families and link that information in a way which can lead to the provision of some -

Mr TRENORDEN: That confirms my worst fears. I think that the agency is wasting hundreds of thousands of dollars in this area. That database is already in existence, and the duplication of it is outrageous. I will take this up with more gusto in another area. Can the minister provide me with a breakdown of the \$800 000, and what was done with the \$312 000? I am pretty annoyed about this. This is a waste of hundreds of thousands of dollars in an area of very high concern, considering that the database substantially exists already. I will be taking this further. I would appreciate that information being given to me so I can follow it through.

Mr FISHER: The reality is that the information within our department on all our Aboriginal clients which we have had for decades is very important. It is not information that is stored or held by any other individual. All of our offices around the State - I am talking about sheds in Halls Creek, Kununurra, Fitzroy Crossing and all over the State - have been trying to gather the records which have been kept in paper form.

Mr TRENORDEN: By whom?

Mr FISHER: By the department. These are official records of Aboriginal clients held by the department, including children who were removed from their parents by our department for decades. This information is very important to those individuals and to the Government. The information is in an unusable format at the moment. We are converting all of that information into electronic form. It is an expensive exercise. We happen to think it is a very worthwhile exercise. We believe that a lot of the information we have is the only information on many of these families which is available anywhere. It is important to us to get that information into a proper format. That is what we are doing, and we make no apology for it.

Mr TRENORDEN: I make no apology for pursuing it because I think you are wrong. I will be keen to pursue it.

The CHAIRMAN: Is the member saying that this information is already available elsewhere?

Mr TRENORDEN: Yes, but that is not an issue for this debate. I just request that the minister provide me with the information I asked for so I can do further research.

The CHAIRMAN: Is the member seeking supplementary information?

Mr TRENORDEN: Yes, I am.

Mrs van de KLASHORST: Can the member reiterate what he is seeking?

Mr TRENORDEN: How was the initial funding of \$800 000 spent? How has the current \$312 000 been expended? What is anticipated to be spent in future budgets, if it is extended?

Mrs van de KLASHORST: We will supply that, but does the member realise that some of that information also relates to child migrants, not just Aboriginal families?

Mr TRENORDEN: I am interested only in the Aboriginal families.

Mrs van de KLASHORST: We will make sure we clarify that in the information.

Mr TRENORDEN: I would not want the minister to supply me with information which was not related to Aboriginal families.

Mr MacLEAN: I am interested in the record keeping of Family and Children's Services over a decade. If the written notes are being eaten by rats, as has been mentioned, I would like a little more information on the record keeping policies of the department. I do not care what colour the individuals are; I want to know how the department is maintaining a record of families.

Mr WATT: It is a product of the recognition of the importance of record keeping, which has become a much higher focus in everybody's minds over the past 10 years than it was in previous periods. We are talking about records which are about 40 years old. The record keeping practices of those days were not what they are today. We have discovered that many of those files were just kept in boxes, for example, and recorded in a proper way within an office - Mr Fisher gave the example of Halls Creek, Fitzroy Crossing and the like - but without due consideration for the atmospheric impacts that have been taking place over time. We have learnt from the experience of the past, and in hindsight proper attention should have been given to them decades ago. However, it is not too late. I do not want to give the impression that the whole lot has been eaten by rats.

The CHAIRMAN: Will the minister supply that supplementary information to the member for Wanneroo?

Mr MacLEAN: I am interested in the cost of the record keeping and the recovery of the records.

Mrs van de KLASHORST: We will supply that as supplementary information.

Mr CARPENTER: I want to ask the minister about two specific areas of both recurrent and capital expenditure. Some answers may have to be provided as supplementary information. The minister will be very familiar with one area - Tudor Lodge in Mt Lawley - and will know of the issue surrounding its current usage and so on. What is the value of the Tudor Lodge property? How much money is being spent on the refurbishment or extension, whatever those capital works are at

the moment? What are the recurrent costs of maintaining the facility at Tudor Lodge? Are the staff at Tudor Lodge trained or untrained? Who is accountable ultimately for the behaviour of the people who stay at Tudor Lodge? How is that accountability recognised and acted upon? The minister may be able to comment generally on those questions as she will know of the concern of residents around Tudor Lodge, and that the local council wants it closed and replaced. Can she give us her view on that? Will those questions have to be answered by supplementary information?

Mrs van de KLASHORST: No, we can provide some of it now. Firstly, the member knows I have met with residents in the area who have concerns about Tudor Lodge. He also knows that I met with the mayor, the deputy mayor and the chief executive officer of the Town of Vincent regarding Tudor Lodge. Tudor Lodge has been used for 22 years as a hostel for children for whom Family and Children's Services needs to find placements. Because Family and Children's Services is reallocating its resources to upgrade various hostels, it is being used currently by children at risk and in crisis whom we have spent the first half of this estimates committee talking about. In the past several months the type of children entering Tudor Lodge has changed; we have been placing children at risk and in need - sometimes called street kids - in Tudor Lodge. We have a program of refurbishment throughout many of our hostels. Children at risk will not now be accommodated in Tudor Lodge, but will be moved to other crisis accommodation. In future we will be using Tudor Lodge for children who have gone through the Kath French Assessment Centre in Parkerville. The Government has spent over \$2m on that assessment centre, which is a state-of-the-art building with specially trained staff to deal with young children - our clients - who have been in a foster or hostel situation where the relationship has broken down. These children will go through an intensive six-week program at this centre, with a high ratio of staff, who will try to find out why the placement has broken down and what we can do to assist these children to get into another placement or lodge. We will then use Tudor Lodge as a placement for some of these children. If we were to just put those children into Tudor Lodge as it is now, we would not be moving very far forward. Therefore, we are planning to upgrade Tudor Lodge to the standard that these children deserve. I have not seen Tudor Lodge, and I believe the member for Willagee has not seen it either, but it is in pretty sad condition. These children are severely damaged, and we need to build the ethos of Tudor Lodge as a nice place to live and give them surroundings that are conducive to helping them overcome their problems and feel valued. Therefore, we are refurbishing Tudor Lodge, because if we put these children into a place that is 22 years old and is not valued, we cannot expect them to value themselves. We will also change the staff who are there.

[8.30 pm]

Mr CARPENTER: Are trained staff there now?

Mrs van de KLASHORST: Yes, but they are not trained for the Equip program that we intend to run at Tudor Lodge so we are training new staff to go into Tudor Lodge to run that program. These children will go into the Kath French Assessment Centre and then to Tudor Lodge, and the children who will go into Tudor Lodge when it has been refurbished will be different from the children who are there now.

Mr FISHER: This is a very difficult area. The member for Roleystone talked earlier about difficult kids. Many of the children who go to our hostels are wards, so we cannot walk away from them. We have persuaded the Government to provide a lot of the money to establish Stoneville and to refurbish three hostels in the metropolitan area: Tudor Lodge, Kyewong Hostel in South Perth and Bedford Hostel in Grand Promenade, Bedford. The department has stirred up a hornet's nest among the local people because it is turning buildings which were below par into buildings people would like to see young kids stay at. The kids will each have their own bedroom with an ensuite. The buildings are very good. They are more internally focused than externally focused. By the department making changes, the local residents have seen an opportunity to try to persuade the department to move out of their area into another area. I commend the member for Perth. I have read some of her statements about the need to continue the service that is provided at Tudor Lodge. Many of the kids who use the hostels have been physically and sexually abused as very young children. They have been in and out of foster placements. If they are not in the hostels they are living on the streets. The department has one last shot at these kids. That is why the department is investing a heap of money. I ask the Opposition members to visit Stoneville and look at the hostel up there. The department is more than happy to show them around to compare it to the other hostels and see what the department is trying to achieve.

The department understands that what it is doing is not popular with a lot of residents. It is a difficult and emotional issue that people in the department feel very strongly about because they have a responsibility to these kids. In terms of the costs, the department has not had evaluations done on Tudor Lodge. Local residents have provided the department with all sorts of figures as to what it is worth and have indicated it should be sold and another property bought somewhere up in the hills or somewhere else. The reality is that these kids need to be somewhere in the metropolitan area. They must be close to services and supports. I will get Lex McCulloch to explain more about the programs. In terms of the staff, the department is recruiting more specialised staff and pouring heaps of money into that area because it is important.

Mr CHAIRMAN: I invite the assistants to provide short answers because I suspect the member may have more questions.

Mr McCULLOCH: The staff at Tudor Lodge are qualified; two of the staff have social work degrees and the direct-care staff have residential child care certificates. The department is revamping all of the programs at all of the hostels. It has taken a hard look at the resources the department has in what used to be called McCall Community Services, which is now called the Adolescent Child Support Service. The department is putting extra staffing resources into that service. It is going through an intensive program to train staff around those new programs. The department is trying to make a difference in the lives of those kids when they are in the hostels.

*Sitting suspended from 8.38 to 8.51 pm.*



Mr CARPENTER: We had a debate during the suspension about the provision of information regarding Tudor Lodge. The minister and the department must bear in mind not the lack of desirability of what is being done, but the suitability of the location and the relationship with the neighbours. The department has developed a major problem there, which we have agreed to discuss another time.

The minister is aware of a letter written by the South West Emergency Care Inc group indicating that, as a result of a lack of finance, it is unable to assist 15 families, including 28 children, in the south west from January to April 2000. Much more information is provided about their situation in the letter. Will Family and Children's Services provide the South West Emergency Care group with the funds required to perform the functions it wants and needs to perform?

Mrs van de KLASHORST: We will take that question on notice as I do not have the detail with me.

Mr CARPENTER: Could the minister provide a response on the level of funding provided, and that committed for the future?

Mrs van de KLASHORST: We will provide that as supplementary information.

Ms WARNOCK: I turn to the Office of Seniors Interests: Has a funding allocation been made as part of the budget for the International Federation on Ageing conference to be held in Perth in 2002 for Western Australian representatives to attend the conference in Argentina this year?

Ms HOGBEN: As the member well knows, Western Australia, through the State Government and the Council on the Ageing, was successful in its bid for the 2002 conference to be held in Perth. As part of that process, it is important that some members of the local organising committee, and people directly involved with the 2002 conference, attend the conference in Argentina this year. The budget for 2002 includes provision for two people to attend the conference in Argentina.

Ms WARNOCK: The budget includes funding for two people to go to Argentina this year. Who will those representatives be?

Ms HOGBEN: The representatives have not been chosen as yet. They will be people directly involved in ensuring the conference is very successful.

Mrs van de KLASHORST: I will be going. As we are hosting the next conference, I believe it is important to attend.

Ms WARNOCK: So the delegation will include the minister and two officers who will be organising the conference.

Ms HOGBEN: Yes.

Mrs van de KLASHORST: They will be departmental policy officers.

Ms WARNOCK: What has been the total expenditure over the past two financial years to participate in the International Year of Older Persons 1999?

Ms HOGBEN: The budget of \$1.4m has been allocated over three years, and \$600 000 has been spent this financial year. It has been a very successful year. It has involved grassroots activities in a number of areas. Grants have been made to approximately 115 organisations and groups, including a large number in country areas. We have had alliances with a number of organisations and departments to promote the message in Western Australia for all ages. The aim has been to increase understanding and awareness of the value of our seniors and the contribution they make to our society.

Ms WARNOCK: Has the total estimated allocation for three years been used?

Ms HOGBEN: Yes.

Ms WARNOCK: Is there any surplus that can be used for other purposes?

Ms HOGBEN: That is a difficult question to answer in that the messages will be ongoing. The funds are finite, and the budget papers indicate that. However, some of the activities could well be funded from different sources.

Ms WARNOCK: Is the minister aware of the expected inflationary impact of the GST in this area? I mention this because the Premier claimed yesterday that the total inflation rate will be 6 per cent in 2000-01, and that 3 per cent of that will be directly associated with the GST. Does the minister believe the 4 per cent pension increase will be sufficient compensation for the impact of the GST? I am aware that this is a federal matter, but it obviously concerns a state Minister for Seniors.

[9.00 pm]

Mrs van de KLASHORST: As the member says, this is a federal issue. However, the Federal Government has announced that should inflation rise by more than 4 per cent it will increase the amount to ensure that these people are not disadvantaged. Another aspect is that age pensioners will get money up front to assist with the first changeover to the goods and services tax, which has a one-off effect. The Federal Government has indicated in its advertising and the papers that I have received that it will make sure the 4 per cent is enough and that if it is not it will raise the amount of money it gives to cover any extra inflationary effect.

Ms WARNOCK: Seniors with culturally and linguistically diverse backgrounds are mentioned as an area of concern in looking ahead in this portfolio. We all know that the community is ageing, and it has become a cliché to say so. It is

obviously a particular problem for people with culturally and linguistically diverse backgrounds, even for people who have lived here for a long time. What is the State doing through this portfolio for those people with different ethnic backgrounds?

Mrs van de KLASHORST: This is an extremely important question. The member will know that I am a migrant and I am married to someone who was born in another country, who did not speak English initially. I met with the Dutch community three weeks ago to discuss some of the issues connected with being an older person in Western Australia from another country.

Ms HOGGEN: The Government through the Office of Seniors Interests does a number of things for our seniors with culturally and linguistically diverse backgrounds. Approximately 40 per cent of our seniors were born overseas, so they represent a large part of the population and have a variety of backgrounds. We have a program for volunteer speakers who work with groups to look at seniors' needs and to talk to seniors about their options. We have circulated some fact sheets to agencies to help them understand the diversity of our seniors. We have our seniors directory, which contains translation services. We work with the Ministry of Citizenship and Multicultural Interests to look at the needs of senior migrants. The office carries out a number of activities and is in contact with major agencies. One of our ambassadors for the International Year of Older Persons was Edie Hoy Poi, from the Chung Wah Association. A number of the grants that we had for that international year went to our migrant and ethnic communities. We carry out a number of projects.

Ms WARNOCK: Perhaps the rest of the information could be provided by way of supplementary information to give me some details of the programs, so that I can circulate them to people who have asked me to ask the questions.

Mrs van de KLASHORST: We will do that.

Ms WARNOCK: I note that the budget for Women's Interests has been reduced because of the extra \$1m which was provided in the last financial year for the Freedom from Fear campaign, which was discussed earlier this evening. What does that mean for the Government's follow-up, evaluation and extension of the campaign? Is there to be no follow-up or further extension, because that is quite a drop in funding?

Mrs van de KLASHORST: We asked Treasury for a budget allocation for the follow-up and continuation of the program. As the member will know, I am very supportive of its being long term. If the program is not long term, we will lose the impetus we have gathered. We gained \$500 000 this year for that funding. I will pass over to the Acting Executive Director of the Women's Policy Office for the rest of the answer.

Ms van SOELEN: There will be no reduction in what goes into the Freedom from Fear campaign, because the money from last year also comprised carryovers from the previous year which were attributed to Freedom from Fear. Therefore, in addition to the \$0.5m that was received from the family foundation, savings that were part of the carryover also went towards the Freedom from Fear campaign. Given that this is a priority area for the Women's Policy Office, other dollars within the office will go towards the campaign, so there will be no reduction.

Ms WARNOCK: There will be no reduction in this area, notwithstanding that there is a reduction in the allocation for the portfolio. The budget refers to the fact that there is less in the portfolio this year, and it mentions the Freedom from Fear campaign.

The CHAIRMAN: Would the member give a page reference?

Ms WARNOCK: I refer to the output measures on page 547 of the *Budget Statements*. Under the reason for significant variation, it states that the decrease from 1999-2000 is mainly due to funding of \$1m provided for the Freedom from Fear campaign. It concerned me when I saw that. I understand that when a campaign is launched it costs a bit more than it does when the campaign is being run, but having launched it, and its having won all those prizes, I was genuinely concerned that it should not fall over backwards and not be followed up.

Mrs van de KLASHORST: While I am minister, I will do everything in my power to make sure it does not fall over backwards. Mr Fisher can explain the actual figures.

Mr FISHER: As Ms van Soelen indicated and as I think I mentioned earlier - I do not know whether the member was here - comparing an estimated actual expenditure with a budget is like comparing apples with pears. Therefore, we must make adjustments, and the big adjustment that has been made in the area of the Women's Policy Office is that in 1998-99 it had \$0.75m allocated for the Freedom from Fear campaign that it did not spend. That money carried forward into the current financial year, so it increased the office's budget by \$0.75m in this financial year on a one-off basis. The office has been given an allocation for next financial year for the Freedom from Fear campaign. To the best of my understanding - Ms van Soelen will correct me - the Freedom from Fear campaign will continue unabated. The Government has a commitment to that, and it has provided funding. The anomaly is the result of the carry forward of unspent money from 1998-99 into the current financial year.

Ms WARNOCK: I have had a lot of discussion in my regular general conversations with various women's groups about the fact that they are impressed that so many people have called the line, but they are concerned that the counselling, which is not mandatory, might very well be attended by someone on one occasion and not attended again. They are pleased that it has attracted a lot of attention, but they are concerned that it may not have changed any views. I mention this because of the recently published study done by Griffith University and Edith Cowan University, involving interviews with people from Western Australia which showed that a disturbingly large number of men still think that it is okay to use violence

against their wife or partner sometimes. That suggests to me that we have a large amount of work to do. It was for that reason that I was concerned about the follow-up, and the nature of the follow-up, on that campaign.

[9.10 pm]

Mrs van de KLASHORST: The program has been extremely successful.

Ms WARNOCK: I am aware of that.

Mrs van de KLASHORST: Part of its success is that we did not put in place a program without supports. The supports link in from the men's domestic violence help line. The member knows as well as I do that mandatory follow-up programs are less successful than if men attend voluntarily. One of the problems in Australia - even worldwide - is that it is difficult to encourage men to access these services. Women have accessed similar services for many years. It is more natural for them to get involved in the communication area. This campaign encourages men to enter into the service voluntarily. Someone entering into a service voluntarily has more interest in continuing with it. I said earlier that I want to do more follow up on a longitudinal basis. The domestic violence prevention unit, Family and Children's Services and the Ministry of Justice are investigating the best ways to do that. The success of the program is that men initially ring the help line and say they are one of the perpetrators and need help.

Ms Van SOELEN: I was also concerned about the study to which the member referred that showed that a substantial proportion of men are perpetrators of domestic violence and condone it. I obtained a copy of that study and was relieved to learn that the study was done two years before the Freedom from Fear campaign started. The survey of those men was done in 1996 and the Freedom from Fear campaign started in 1998. The very information uncovered by the study was the reason for implementing the Freedom from Fear campaign. The sample of men in the study was skewed as it consisted of a telephone response from men who were at the point of separating from their wives and were very angry.

Ms WARNOCK: I noticed that.

Ms Van SOELEN: The study was done prior to the start of the Freedom from Fear campaign. No research indicates that services to voluntary clients have lower success rates. The issue is to make sure that the service is in contact with not only the perpetrator of the violence, but also the victim. There should be a double check. Our programs are structured so that we also have contact with the victims. There has not been time to conduct a longitudinal study, but the anecdotal information on a case-by-case basis is extremely encouraging.

Mr TUBBY: The Freedom from Fear campaign has been successful and I congratulate the minister and the Government for that. Has it had similar success with Aboriginal families, particularly in remote areas? Domestic and family violence is a significant problem in those areas. If the program has not had a great deal of success, has an alternative program been considered?

Mrs van de KLASHORST: In my first address to the staff of Family and Children's Services, I said that we must concentrate on Aboriginal family violence. Research of the problem in Western Australia shows that Aboriginal families experience family violence at a much higher rate than non-Aboriginal families. This has been known for quite some time. Aboriginal families do not want to talk about domestic violence; they want to talk about family violence. Family and Children's Services has a major responsibility to ensure that services that enhance the wellbeing of the community are strengthened. That is part of what we are doing in the Family and Children's Policy Office. A lot of early intervention programs aimed at young Aboriginal people are being implemented, such as the Best Start program.

When I went up north I did a three day tour of the Kimberley and a two day tour of the Pilbara. We looked at some of the circumstances there and one of the encouraging things that we are finding there is that the women in the Aboriginal communities realise that family violence cannot go on the way it has been going on and they have taken steps to do something about it. I was thrilled, when in Roebourne, to open a domestic violence house which has been designed by the women of the community and built through funds from Family and Children's Services and Homeswest. It was designed and built by them for their own people and they staff it completely. The enthusiasm and keenness of the women to start to solve their own problems is starting to come through. There is still a lot to be done, but I was heartened by visiting places like Halls Creek where an Aboriginal group that realised they needed a child care centre managed to get Homeswest to give them an old house. The men and women in the community painted it. They raised money for air conditioning and we funded the running of the centre. They painted the outside with lovely dot designs. They have decided that they want to run the family centre for themselves. There are a lot of things happening up there but there are a lot more things that we need to do. We have eight funded women's refuges in: Derby, Kununurra, Wyndham, Fitzroy Crossing, Broome, Newman, Halls Creek and Roebourne. There is one funded Aboriginal refuge in the metropolitan area in Coolbellup. The Women's Policy Development Office is now working on a domestic violence action plan for Aboriginals.

Ms Van SOELEN: I am happy to answer the question about the Freedom from Fear campaign and Aboriginal family violence. Underpinning the success of the "Freedom from Fear campaign has been the extensive research that went into identifying the issues and how to get the message across. Aboriginal families do respond to the Freedom from Fear campaign. When we talk about remote communities and family violence in families that are not traditional nuclear families of a man with a spouse or partner, we are talking about a different range of dynamics. We are in the process of undertaking the underlying research that will enable us to have a look at what is going to be successful. It will need to be a very different sort of campaign. For example, a media campaign on television which asks people to call a help line is not suitable for remote Aboriginal communities. We have undertaken and published research and we are funding community education

campaigns within Aboriginal communities. The initial indications are that it needs to be on the basis of individual communities because people want to see models from within their own communities. We are picking up information about what is going to be effective.

Mrs van de KLASHORST: After returning from my visit I brought to the attention of Family and Children's Services that many of the parent information centres and Family and Children's Services offices throughout the regions had non-Aboriginal literature. I spoke with some of the elders and some of the women in those areas to see what they needed. I have asked Family and Children's Services to have a look at distributing culturally appropriate information booklets to those communities. Booklets showing a white grandmother sitting with two grandchildren and instructing them on how they can get along are not culturally appropriate for Aboriginals. The department is looking at ways that they can make the information culturally appropriate for all those areas because, as members know, there are different types of families in the areas. Regional staff are working to try and do something that is more culturally appropriate for those families. I have also been informed that, in partnership with the State Government, the Federal Government will provide \$230 000 a year for three years to establish services to address family violence in those areas. Six services are to be established in the remote Pilbara and Kimberley regions. We must tackle this area and we are working as quickly as possible. We must put in culturally appropriate services rather than the service that was implemented for domestic violence in the non-Aboriginal community, because it will not work.

[9.20 pm]

Ms WARNOCK: Your predecessor set up a series of regional committees to deal with domestic violence. I assume that, even though the minister has occupied the portfolio for only a while, she has assessed how successful they are.

Mr TRENORDEN: Some have been very successful.

Ms WARNOCK: I am sure they have been. Are those committees working well in their separate areas? Some are in country areas and some are in very remote areas.

Mrs van de KLASHORST: Is the member for Perth referring to the regional committees connected with the police regions?

Ms WARNOCK: Yes.

Mrs van de KLASHORST: In the domestic violence action plan I wrote six years ago I suggested we use the police regions to establish these committees. I have met with one or two up north, but I will ask Ms van Soelen to give details because I have not had sufficient time in my portfolio to visit all of them.

Ms van SOELEN: We have 16 regional domestic violence committees. Approximately \$551 000 is allocated for regional coordination. Some committees work extremely well, some struggle with distance and some struggle with the demographics of an area in which they work. Plans are in place this year to examine an evaluation of the extent to which the committees are achieving the regional coordination and what other steps we can take to support those that are struggling. Our staff visit the committees and we meet regularly with their coordinators and chairpersons. We certainly provide them with support. Obviously some have more difficulties than others, but some are extremely successful.

Mr MacLEAN: I refer to major initiatives at page 534 for 2000-01. In the first dot point reference is made to achieving greater access to Family and Children's Services. How does the department intend to do that?

Mrs van de KLASHORST: The method is multifaceted. We cannot make changes or help people by using only one method. One of the successful programs is the Aboriginal strong men, strong families program in Halls Creek. We are looking at extending that type of program throughout the Kimberley. There are also the building blocks and strengthening families programs.

Mr BUDISELIK: That statement emphasises the complementary nature of programs in working with other departments to develop cross-departmental initiatives. The strengthening families program involves trying to adopt some of the lessons learnt in New Zealand where they use strengthening family conferences to bring together a number of core agencies. The New Zealanders put a lot of work into developing protocols between the health, education and welfare sectors to bring about complementary approaches between departments to address the needs of families. It is predicated on voluntary participation by families to overcome some of the privacy issues surrounding the sharing of information. That sort of initiative has a complementary arrangement with other government departments.

Another example is the work we have done with the Police Service on joint interviewing. Last year we established a collocated team at Warwick, bringing together police officers and Family and Children's Services officers so we can respond in a more coordinated way. The building blocks program is a close liaison between the Health Department and Family and Children's Services. Some of the other programs mentioned are in the commonwealth's stronger families and communities strategies; our intent is to work more closely with the Federal Government through its Department of Family and Community Services.

Mr MacLEAN: When I read that the department was ensuring greater access to a range of services for families and communities, I assumed it meant someone with a problem could come in off the street to a shopfront at Joondalup to access the services or be sent in the right direction. I did not assume it meant greater interagency cooperation.

Mr BUDISELIK: It is about bringing about a complementary approach and breaking away from the silos we have been working in departmentally and at different levels of government. It is more of a one-stop shop approach.

Mr MacLEAN: Now we have this whole-of-government approach with interagency agreements etc, how do the people access this new approach, and how can we increase that access?

Mrs van de KLASHORST: Family and Children's Services has offices all around WA. It is extending its parent information centres. The one in Cannington is wonderful, as are those in Midland and Mirrabooka; they are all over the place. People can come into these centres off the streets; dads are coming in as well. People come in and talk to the staff. We have volunteers and trained staff. The officers talk about the programs and then people are linked into the services they need. For instance, they could be linked into a domestic violence management program or a parent-teen conflict management program. We are putting these centres in accessible places. When a mum walks in on her own or with her kids, they can be linked into the services they need.

We also have mobile parent information centres, which are fantastic. I saw one operating from a caravan and another in a van. These mobile facilities make regular visits to different areas - one operates from Bunbury. They park in a central location outside such places as child care centres or hospitals and make visits to towns on a regular basis. Mums can visit them when they come into town to do their shopping, and can borrow books and videos, and the staff can talk to them. We are increasing the number of mobile PICs around the State. People who walk off the street into Family and Children's Services offices can get help.

Mr MacLEAN: I would like to clarify my question. My electorate has 30 suburbs. The minister referred to the department's shopfront office in Joondalup. That is not easily accessible to two-thirds of my constituents. The offices in Jenolan Way, Gumblossom Way and Banksia Grove are service centres and are not as user-friendly as the Joondalup shopfront. When will the metropolitan area have access to what my country cousins have in the mobile centres in which people can access these services? I am particularly interested in how Family and Children's Services will link in with the new Online WA web site that was announced this week. That sounds like someone could browse in, access information on something he is concerned about and get out without being identified. That is what 99 per cent of people want from a government agency these days and for them to establish the link. Then the department can have all the nice, fuzzy, interagency stuff to attack them with. How will these people get in there at the start without their being targeted first off?

[9.30 pm]

Mr FISHER: I understand exactly where the member is coming from. Traditionally, we are "the welfare" and people did not want to have a lot to do with the welfare, because if they did, the welfare would whip their kids away from them. For our organisation to become customer friendly has been a huge revolution because, traditionally, our natural clients have been scared of us. As indicated at the bottom of page 532 of the budget papers, we know that 186 000 people will access our parent information centres in 1999-2000. That is a huge number of people voluntarily approaching our parent information centres for parenting information. Obviously it would be ideal to have a parent information centre in every shopping centre in Western Australia. Unfortunately, that would cost a lot of money. We have a helpline, a web page and a mobile PIC in the metropolitan area which moves from shopping centre to shopping centre. The PIC in the Joondalup shopping centre in the northern suburbs is the most frequented one in the State. I will not rattle off the names of where they are located all over the State.

In terms of our being more accessible, we have gone outside the normal parameters. No other welfare department in Australia is doing this. They all have their traditional offices. We have 55 offices around the State. We have gone outside that; we are taking our service to customers. The minister talked about mobile PICs in the country. We also have the PICs in the shopping centres and the parent link home visiting service. We are taking services out to where people are living. Obviously we are not everywhere, but compared with what we were doing five years ago, it has been a great improvement.

The CHAIRMAN: I am not sure whether the member will be satisfied with that answer, but I think the challenge has been presented to make use of those services.

Mrs van de KLASHORST: We will continue to improve the outer metropolitan services.

The CHAIRMAN: Is the helpline also a 1800 number for country people to use?

Mrs van de KLASHORST: Yes.

The CHAIRMAN: Unlike some government agencies, do Family and Children's Services put that number in the country telephone book? Some agencies do not tell people they have a 1800 number.

Mrs van de KLASHORST: I could not be absolutely certain of it, but I think we already do that. If we do not, we will make sure we do.

Mr CARPENTER: Can the minister provide supplementary information on the details of the funding from the department to women's refuges in Western Australia, including funding to the peak body, with as much breakdown as possible over a five to six-year period and the way in which that funding is provided?

Mrs BAGDONAVICIUS: Tracking back through a five-year period, in 1995-96 we had 29 women's refuges funded to a value of \$6.4m. In the current financial year funding is allocated for 33 women's refuges to a value of \$9.7m. I am sorry, I did not catch the other part of the question.

The CHAIRMAN: Is the member for Willagee seeking further information other than those numbers?

Mr CARPENTER: It is unfortunate that the budget papers do not provide this information. How much money was provided to women's refugees in Western Australia last year? Can we have the figures from 1996 until now? I want to see how it has been trending.

Mrs BAGDONAVICIUS: In 1995-96 there were 29 refugees funded to a value of \$5.8m; 1996-97, 30, \$6.4m; 1997-98, 33, \$7.3m; 1998-99, 33, \$8.97m; 1999-2000, 33, \$9.7m.

Mr CARPENTER: There has been virtually no increase for about three years?

Mrs BAGDONAVICIUS: No, there has been an increase because of the crisis assistance supported housing award with which we made adjustments to a significant number of women's refugees. We finalised increases for 25 women's refugees with the introduction of the CASH award.

Mr CARPENTER: I might be asking a question out of ignorance: The figures for the budget allocations for the past three years were about the same, therefore the funding provided for recurrent expenditure for women's refugees has not changed for three years.

Mrs BAGDONAVICIUS: No, that is incorrect. I said in 1997-98 it was \$7.3m; in 1999-2000, it is \$9.7m.

Mr CARPENTER: If we could have the piece of paper the officer is referring to, it would obviate the necessity to remember the figures.

Mrs van de KLASHORST: We will provide that by way of supplementary information.

Mr CARPENTER: Can we have a breakdown of costs for the other side of the domestic violence coin, the Freedom from Fear campaign, in which the offender is targeted?

Mrs van de KLASHORST: For this year?

Mr CARPENTER: When did it start?

Ms Van SOELEN: September 1998.

Mr CARPENTER: Can we have that information from the commencement of the campaign until now and the projected spending next year?

Mrs van de KLASHORST: That will be provided by way of supplementary information. Ms van Soelen can provide some information now.

Ms Van SOELEN: The cost of media production in 1997-98 was \$12 000. In 1998-99 it was more than \$171 000, which was our big year of developing the advertisements and testing them. This year the cost was \$57 000. Our greatest cost is media scheduling, which was \$435 000 for 1998-99; for 1999-2000, \$475 000; and we anticipate a similar amount for 2000-01.

Mr CARPENTER: What is meant by media scheduling?

Ms Van SOELEN: It is the cost of placing ads on TV and radio.

Mr CARPENTER: How does that differ from the expenditure of \$171 000 mentioned previously?

Ms Van SOELEN: That is the cost of making the adverts.

Mr CARPENTER: Therefore the \$171 000 last year, when added to the cost of putting the ads to air, amounted to more than \$600 000?

Ms Van SOELEN: That is right.

Mr CARPENTER: In which way is the success of the campaign measured? Are there figures to show a decline in domestic violence as a result of it?

Ms Van SOELEN: It is a 10-year campaign and initially we are looking for changes in attitude and behaviour.

Mr CARPENTER: I am sorry; I understand that as it was explained.

Mrs van de KLASHORST: Those figures do not include the men's help line, which is additional to that.

Ms Van SOELEN: I can provide a full table of those costs.

Mr CARPENTER: That would be handy. Basically I want to see how much is being spent on men and the amount of money being allocated to victims.

Ms Van SOELEN: One important aspect is that it is not money being spent only on men. It is a prevention campaign to stop men from offending and a protection for women and children. It is a most effective way of achieving safety for women and children. It is incorrect to say it is men versus women.

Mrs van de KLASHORST: One of the most important things we must do is look after the victims. As the member can see from the figures, we have not diminished the allocation of money to them.

Mr CARPENTER: I understand.

Mrs van de KLASHORST: This is extra. One of the most basic things we must do is change men's behaviour. If we do not do that, there will continue to be victims. There must be a balance. We must spend money on changing men's behaviour and provide money for the victims of domestic violence. I have mentioned several times this evening in this Chamber that the long-term position is as important as the time of crisis when these events occur. This is a long-term preventive program that will take some time to really bite, but it is starting to bite.

[9.40 pm]

Mr CARPENTER: This is not a significant issue, but I challenge a point that is made on page 530 about the Women's Policy Office; namely, that the Government's commitment to the full participation of women and mainstreaming of women's issues is showing positive results. Women comprise only 21 per cent of all members in State Parliament. How can the Women's Policy Office possibly claim any credit for increasing the number of women in State Parliament? How many women are in Cabinet today compared with eight years ago?

Mrs van de KLASHORST: I do not know about eight years ago, but there are two women in Cabinet now.

Mr CARPENTER: Eight years ago there were six or seven. The minister is going backwards at 100 miles an hour. The minister should look to her immediate right and left and tell us about the gender of the people who are being promoted through her department.

Mrs van de KLASHORST: There are five women and six men here.

Mr CARPENTER: The women here are on the extremities. The minister is flanked by men - all her senior and higher paid officers are men - yet she has the audacity to put this rubbish in the budget papers.

Mrs van de KLASHORST: There are five women here, who are heads of departments; and one woman is worth two men, anyway. I am working very hard to try to make some changes, and the two women who are sitting each side of the member are also working very hard. It is a long-term thing, and we all need to keep trying. The Women's Policy Office is working very hard to increase the representation of women, and I have had meetings with Sandie to do this, and we will keep going because we will win in the end.

Mr FISHER: On our executive we have three women, one Aboriginal male, three other males and a senior, and that is me, so we have a pretty good blend. I do not think the same blend can be found on the executives of other government departments.

Mr CARPENTER: It is certainly not found in Cabinet.

Mrs van de KLASHORST: In order to make Family and Children's Services more woman-friendly and man-friendly, on Monday morning I opened a family room that people can use, with their children or an elderly member of their family, or whatever, in times of need.

Mr MacLEAN: One of the major achievements for 1999-2000 on page 534 is that substantial progress has been made towards drafting the new family and children's services Bill. What are the major changes in that Bill that differentiate it from the current Act?

Mr BUDISELIK: The department has been working through the Bill for a long time. Currently when an officer from the department apprehends a child, it takes the child before a Children's Court for a magistrate to determine a care and protection application. One of the things the department will propose - of course, it would come before Parliament - is that before an apprehension occurs, it would present the prima facie evidence before a Children's Court magistrate to initiate the apprehension. There would be such a safeguard. The department would also propose increasing the role of its consumer advocate so that for every child in its care, an obligation would be placed on the department to make contact with the child and take on board complaints, grievances or concerns. That is another example of the directional change the department would propose.

Currently in Western Australia, there is only one form of committal order - a care and protection outcome from a Children's Court hearing. The department is proposing that there would be a range of orders such as limited care orders and orders which would allow the department to work with parents in a voluntary way to bring about changes for their children without the department necessarily assuming guardianship for the child. Currently, it tends to be very black and white under the legislation, which goes back to 1947, even though it has been serially amended since. The department is at the stage where it thinks there is a need for a fundamental re-examination of the legislation. The issues are fundamental and will provoke a lot of debate when the Bill is finally debated as to the role the State Government should play in relation to families. Also, there needs to be clearer definitions about what constitutes allegations of maltreatment. Currently, when an issue is referred to the department, the referrer almost needs to form the view that there is an instance of child maltreatment, whereas the department believes there should be a broader entry point so it can assess whether it is maltreatment or some other call for assistance for a family.

Mr MacLEAN: You are saying that the department wants a broader entry point. Currently there must be an allegation that there is child maltreatment. It must be substantiated in some way. It cannot just be a telephone call.

Mr BUDISELIK: It can be -

Mr MacLEAN: It cannot be an anonymous telephone call.

Mr BUDISELIK: It can be.

Mr MacLEAN: But it must be backed up in some other way.

Mr BUDISELIK: The department currently works under a number of different pieces of legislation, such as the Community Services Act 1972, the Child Welfare Act 1947, and the Welfare and Assistance Act, which is from a different era again. Currently it is fragmented in terms of the mandatory responsibility of the department to respond to calls for help. One of the dangers in child welfare is to impose a child protection gaze on every referral that is made rather than viewing it as a request for family support. Traditionally, child welfare legislation tends to bring about a response that looks for child abuse.

Mr MacLEAN: Instead of having a focus on child protection, which currently happens with unlimited entry, so that someone can ring the department and harass it by referring a parent to Family and Children's Services and having officers from the department accuse that parent of child abuse, would it not be better if the department opened it up so that the first contact that the department had was a drop-in to talk to the family so the department can gauge what the next step should be, instead of making it a confrontation?

Mr BUDISELIK: The member is right. The department wants a better balance. If the referral is from the police and on the face of it, it is an allegation of serious abuse, the department's response would be dictated by the way the referral was made. Generally, however, it would approach a family through family support and attempt to work positively with the family rather than investigate the referral in a more aggressive manner.

[9.50 pm]

Mr MacLEAN: Over the last few years we have heard stories and allegations in court cases of people who were wards of the State in the past. Allegations have been proved that child and sex abuse occurred while these people were wards of the State. What process of checks and balances are in place to ensure wards of the State, particularly those going out into the community in family groups, are protected from abuse? In the days when children first went out into care, it was not thought that they would be subject to abuse. However, 10 years later we find that they were abused. What checks and balances do we have in place to ensure we will not have the same situation in another 10 years?

Mr BUDISELIK: The question is very good. It indicates how we need to be careful. How much any legislation can protect children in care is debateable. The mechanisms we have in place require that wards of the State have conferences and are reviewed regularly; and we place increased emphasis on putting officers directly in touch with young persons in care, rather than always taking information from carers. Our figures indicate that the rate of abuse of children in care is low, although no rate is acceptable and we aim at nil abuse obviously. We are trying to develop a quality of life indicator for children in care which will be important.

Mr McCULLOCH: The most important thing we can do is screen our foster carers. We conduct vigorous checks, including referee and police checks. Some of the processes we have in place are the best in Australia upon which other systems model themselves. We are in the process of piloting the "Looking After Children" initiative, which is a range of indicators for various age groups concerning their development when in care. I guess it is a little like the department file debate: The way children were managed 40 years ago is very different from how they are managed and monitored today. We assess the carers thoroughly, but ultimately no-one can ever guarantee that there will be no abuse in care.

Mrs van de KLASHORST: I met with the Western Australian Young Persons in Care group, which is funded by the Government, involving young adults who move out of care. They have a referral. These people get together. They came to morning tea in my office, and we talked about the difficulty of moving out of foster care into the wider community. They help these young people, apart from the help they receive from Family and Children's Services and foster carers. Foster caring has some brilliant successes: I have presented scholarships to foster children in long-term care. They started battered and at risk; nevertheless, they have begun tertiary level education. We pay the fees and pay for the books for the first half of the year, and we then give them top-up funding. We had a morning tea to present awards and to praise them. The problem with something like this is that we cannot publicise it because these are young people in care. It was a very moving ceremony because these children had been to hell and back before they were placed with foster carers. The foster carers have nurtured them such that their lives are moving forward. Often people who do not know this area take these opportunities for granted - their child will go to university or to TAFE. These children do not have a chance without this support. We recognise that, encourage this program and fund it. It is a marvellous achievement.

Mr CARPENTER: We think it is a great program.

Ms ANWYL: We support WAYPIC and recognise the very good job that it does.

I refer to page 534 and the initiatives for next year. Reference is made to the report of the committee of review into the department's service for men. Have funds been allocated for this work? Can we have access to the report? When will the minister be making this announcement - no doubt there will be a launch of some kind?

Mr BUDISELIK: We are committed to a \$300 000 small grants program for services funded by the department to attempt to facilitate greater accessibility and more frequent access by men. We are also talking about investing in our own staff. Mr Carpenter pointed out the predominance of males in the department. However, the department is not seen as accessible by men.



Ms ANWYL: The point my colleague made was that the men are only at the top level.

Mr BUDISELIK: That is not true; we have men working across the department.

The male clients feel uncomfortable coming into the department and to our funded services. We are looking at working with Aboriginal communities, further researching how services can be made more accessible to men and the development of a guide - computer-based or hard copy - to assist men in accessing services. We do not see ourselves developing many gender-specific services, but encouraging more males to access our mainstream services. Most of the figures indicate a 70:30 female to male ratio, but the figures for our youth services are far more even. We will work our way through categories of service. We will work with family support services in the first instance and increase the number of male volunteers. We are anticipating a major focus in this area over the next couple of years.

Ms ANWYL: What is the time frame for an announcement, or has it been announced?

Mr BUDISELIK: The \$300 000 is in the budget.

Ms ANWYL: When will it become available to these agencies?

Mr BUDISELIK: I am not sure.

Ms ANWYL: Is the report of the review available?

Mrs van de KLASHORST: It has not gone to Cabinet yet. We are working through what we can do before we take it to Cabinet.

The CHAIRMAN: Will it be made public in due course?

Mrs van de KLASHORST: It will be tabled in the Parliament eventually.

*Committee adjourned at 9.59 pm*

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