Tuesday 28 August 2018

The Speaker, **Ms Hickey**, took the Chair at 10 a.m. and read Prayers.

QUESTIONS

Health Services - Elective Surgery

Ms WHITE question to MINISTER for HEALTH, Mr FERGUSON

[10.02 a.m.]

Yesterday your absolute failings as Health minister were exposed by your own clinical staff. Dr Frank O'Keeffe, a staff specialist and also the college counsellor for Obstetrics and Gynaecology in Tasmania had the courage to speak out at your press announcement telling you the health system was akin to a car without wheels sitting on blocks. He told you in no uncertain terms that while you were announcing increased elective surgeries there are no beds for patients and a lack of training for staff. Do you agree with Dr O'Keeffe?

ANSWER

Madam Speaker, I was very pleased to speak with Dr O'Keeffe yesterday. I know the Labor Party would prefer to have sport and fun on a serious subject and that is Labor's behaviour in opposition. They only want to seek to deride the Government that has been working very hard to restore health services.

I was delighted to join you yesterday, Madam Speaker, at the Royal Hobart Hospital Wellington Clinic for a very important announcement of an extra investment of $7.2 million for more surgeries and more important procedures for women in Tasmania who are experiencing the waiting list. That should have been the first question from Ms White last week. She should have asked me last week, 'What are you doing to help more women get their elective surgery procedures in our hospitals?' But they did not do that. They waited for the Government to make a very positive announcement that has been supported by everybody on this side of the House and has been warmly welcomed also by the AMA, as well as key clinicians at the Royal Hobart Hospital.

I will pick up on the point that the learned gentleman, the doctor, who raised that issue with me yesterday. I had not previously met him or know him personally, but I respect the concern and it was important to make sure that the right people - I see what Mr O'Byrne is doing - we all know what the O'Byrnes did to the health system and police as well, while we are at it.

Mr O'Byrne - So you do not engage in personality politics. That is your only sort of play.

Mr FERGUSON - It was important that the right people understand the concerns and respond to them, and that is happening. Also, for good sport, the Leader of the Opposition has raised the analogy of the car upon blocks. Let us be very clear about this: under Labor the car was going very fast in reverse. The Government has reversed all of the O'Byrne cuts, and all of the White cuts. We understand - we get it - that the health system is under pressure with increasing demand.

What is the Government doing about it? This package will provide 900 more procedures targeting those who have been on the waiting list the longest. That is 900 life changing surgeries for 900 families.

Members interjecting.

Madam SPEAKER - Order. I ask Ms O'Byrne and Mr O'Byrne to be a little calmer, please, in their outrage. Thank you.

Mr FERGUSON - I do not want to see this trivialised. This is going to be life changing for 900 Tasmanian women. It also means that for other women who are referred for surgery they will experience shorter waiting times as well. Every member of this House should be welcoming that.

The final point before I take my seat is that the concerns that have been expressed to me by the doctor do not embarrass or concern me and I am not angry. What was said is fine and the Government will respond to those concerns. To illustrate that, I have had a further discussion with Dr O'Keeffe and I have made a commitment to him, and I make it to members of this House, that we will take those concerns on board just as we have done for four-and-a-half years. All our health reforms, all our health investments are informed and have the support of our clinical community.

Health Services - Discussions between Minister for Health and Dr O'Keeffe

Ms WHITE question to MINISTER for HEALTH, Mr FERGUSON

[10.06 a.m.]

Dr Frank O'Keeffe publicly raised very serious issues about the crisis in the health and hospital system yesterday. You indicated that you have spoken again to him. What have you indicated you are going to do to fix the very important issues raised by Dr O'Keeffe?

ANSWER

Madam Speaker, I thank the Leader of the Opposition for her question. This is the risk of coming into parliament, treating it like a toy, treating health like a game as Labor will do. They are going to stick to their script of questions. I have already answered. I am happy to repeat the answer. This is what happens when you stick to your political plan, where you treat health as a political game.

I am happy to again inform the Leader of the Opposition, who was not listening, that I have had a very good discussion with Dr O'Keeffe. I spoke with him yesterday after the press conference.

Members interjecting.

Madam SPEAKER - Order. Allow the minister to answer this question.

Mr FERGUSON - Madam Speaker, this side of the House takes this seriously. We care about fixing the health system and giving Tasmanians the health system that they rightly deserve. Members opposite who continue to interject and treat this as a political game are sending their message to Tasmanians that they do not care about health at all.

Ms WHITE - Point of order, Madam Speaker. It goes to standing order 45 which is relevance. It was a very straightforward question. I asked the minister what he is going to do given that those issues have now been brought to his attention by Dr O'Keeffe. I ask you to draw his attention to that question.

Madam SPEAKER - I did hear the minister say he was going to repeat his answer. Could he stand and please repeat it?

Mr FERGUSON - I will be delighted to repeat my answer for Ms White, who does not really care and walked away from health after claiming it was her first priority. For the member opposite, what we are going to do, and what I have done, is I have had a discussion with Dr O'Keeffe in person. That was the important thing to do.

Ms O'Connor - Is his job safe?

Mr FERGUSON - Of course it is. Totally. In fact more than that, Dr O'Keeffe will be providing great support to his north-west colleagues in supporting that service. That should be welcomed and applauded. I have also discussed the matter with senior THS executives. In particular I have discussed it with Professor Skinner, head of Surgical and Perioperative Services at the Royal, because we are interested in solutions. Solutions are important to this Government.

In my previous answer I also gave a commitment that the Government has no concern or embarrassment or anger at this. We are interested in listening to, engaging with, hearing those concerns, and importantly, providing solutions.

Here is what I did not say in my first answer, which I will be saying for the first time. The answer to the concerns regarding beds is the redeveloped Royal Hobart Hospital K block. That is a project that is vitally important. It was wrecked by the O'Byrnes and run off the rails by the Giddings government. It is now in its final year.

Madam SPEAKER - Minister, I think you have had enough time.

Mr FERGUSON - I will conclude, if I may. That is going to be part of the solution as we get that completed.

Recognition of Visitors

Madam SPEAKER - Honourable members, I welcome students from the School of Legal Studies 3 from Oatlands District High School. Welcome to parliament.

Members - Hear, hear.

Health Services - Numbers of Beds

Dr WOODRUFF question to MINISTER for HEALTH, Mr FERGUSON

[10.10 a.m.]

Dr Frank O'Keeffe is a highly regarded specialist who at your press conference yesterday expressed the intense frustrations of clinicians and staff when he said, 'If we don't have the beds for

our major cases, we can't do the major cases and at the moment we don't have the beds.' Minister, setting aside your obfuscation and self-promotion, Dr O'Keeffe is correct, isn't he?

ANSWER

Madam Speaker, I thank Dr Woodruff for the question. Dr O'Keeffe is correct when he refers to bed pressures. I have acknowledged that many times but am happy to repeat for you today. The proof that the Government, my colleagues on this side of the House, recognise the same issue is that we are providing a new building for the Royal Hobart Hospital which will include vital new women's and children's areas not currently available.

I have visited the Royal Hobart Hospital women's ward. It is one of the poorest areas in the whole campus and is part of the exciting new redevelopment. We are now in the final year of that and this Government has committed to staffing and opening those beds. We are providing nearly 300 additional beds over the next six years and, importantly, the women's and children's wards are a key part of that.

I will say it for Mr O'Byrne, who is not listening. Dr O'Keeffe is legitimately raising the concern, and I agree. We do not want to see cancellations and we acknowledge that. I hope that has answered your question.

To come back to the main point, it is incumbent on anybody who raises these issue to tell us what they would do better. Members opposite cannot do that. Members opposite have no plan. Even the White plan mark 7 did not have a solution for Dr O'Keeffe's concerns. Even version 7 of her health policy had no plan. There were no concrete commitments in Labor's plan for health. That is why they were rubbished at the election and why the White Opposition got the third-lowest vote in the Labor Party's history.

This side of the House is investing in health, reversing Labor's cuts and helping Tasmanians get the health care they deserve.

Minister for Health - Actions towards Dr O'Keeffe

Ms WHITE question to MINISTER for HEALTH, Mr FERGUSON

[10.13 a.m.]

You have form on targeting critics of this Government by discussing their jobs with their bosses. Yesterday, when you were questioned by Dr O'Keeffe, who was brave enough to stand up to you in a public forum, you typically fobbed him off and instructed him twice to take it up with the gentleman on his left. That gentleman was his boss. Given your recent known history of speaking to people's employers if they criticise the Government -

Government members interjecting.

Madam SPEAKER - Order.

Ms WHITE - It is true, Madam Speaker. Given the recent known history of this minister speaking to people's employers if they criticise the Government and given he was captured on

camera referring Dr O'Keeffe to his boss, how can we be sure he will not punish him for speaking out?

ANSWER

Madam Speaker, that is a fatuous question from this flailing Leader of the Opposition. I cannot be clearer that I welcomed the conversation with Dr O'Keeffe. I was keen to see clinicians working together to -

Ms White - You didn't seem to.

Mr FERGUSON - Madam Speaker, Labor is not interested. They should listen for a change. They asked the question and I would like to answer it and be understood.

I asked the right people to speak to each other so there could be a complete and shared understanding for Dr O'Keeffe's concerns. I made it clear in my answer to the question from Dr Woodruff that Dr O'Keeffe's job is completely safe and any suggestion to the contrary is more muckraking from the Labor Party, which wants to distract from the leadership woes of Ms White, who is avoiding her post-election report being made public and is desperately worried about the upcoming state conference.

On the issue, it is valuable that in a situation where I was caught a bit on the hop, I was not expecting the question and was not aware of his specific concern, I took advice afterwards and am pleased that Professor Skinner was able to spend time with Dr O'Keeffe and understand the issues.

Dr O'Keeffe's key concern was regarding when the hospital is very busy and elective surgery is postponed. This Government and I share that concern. Despite the fact that we have postponements of surgeries lower than they were under the previous government, we always want to improve. I do not want to see any postponements. I do not want to see any people waiting for their surgery longer than is required. That is why this $7.2 million package we have just announced, which Ms White still has not mentioned, will fund 900 surgeries for women in Tasmania. It is a great credit to you, Madam Speaker, and a credit to this Government for acting in response to the need to give people their surgeries on time.

Importantly, we are going to be providing more funding, which should be welcomed. The feedback from Dr O'Keeffe is further welcomed, and I have given a commitment that not only is his job safe, but it should not have even been brought into question by the mischievous Leader of the Opposition.

Safe Homes, Safe Families Family Violence Action Plan - Update

Mr SHELTON question to PREMIER, Mr HODGMAN

[10.16 a.m.]

Can the Premier please update the House on progress under the Government's Safe Homes, Safe Families Family Violence Action Plan?

ANSWER

Madam Speaker, I thank the member for his question. I welcome the opportunity to speak further about our very strong commitment to this top priority of my Government which is to

eliminate family violence. I am able to make two important announcements in relation to our action and progress on that and affirm our ongoing commitment.

Today we will table legislation which will allow a court to terminate a residential tenancy agreement when making a Family Violence Order. Currently, victims of family violence can be forced to face the cost and burden of taking over a lease alone. Not only can this lead to financial hardship for the victim, but it can also make it more difficult for someone in that situation to seek help, knowing they are likely to have to pay all the rent alone. Furthermore, there can be circumstances where a victim needs to break the lease and move to a new residence that is unknown by the perpetrator, for their safety, rather than staying in the property known to the perpetrator.

The Residential Tenancy Amendment Bill being tabled today will address this by providing the option for a lease to be terminated by a court without penalty when making a Family Violence Order.

The Safe Homes, Safe Families Family Violence Action Plan released in August 2015 committed an additional $26 million to fund new and direct actions to address family violence in Tasmania. We have continued to make very strong progress against the implementation of each of the 23 actions under the plan. Today I am releasing our latest update on that.

The progress report finds that the Safe Homes, Safe Families action plan has enabled 971 additional clients to be provided legal assistance; 2474 additional hours of counselling and service provision for children and young people; 1283 additional hours of adult counselling services; 3752 recommendations provided by the Safe Families Coordination Unit to better support victims of family violence and hold perpetrators to account; and 400 clients provided with support counselling and referral options by the new Safe Choices service. These are some of the achievements and progress that has been reached under the plan and the progress report we release today will be available, including online at the DPAC website.

It reminds us that there is still much more that needs to be done and more significant action will be undertaken. Whilst considerable progress has been made, these are startling statistics that involve women, children and, on occasion, men. It reminds us that we need to be ever vigilant, constantly improving our effort and working with our community to address the issue of family violence and how we can best respond.

Later on this year we will also be introducing legislation to create the new offence of persistent family violence to provide courts with further tools to deal with offenders. We will continue to monitor progress and respond to emerging family violence trends and issues. We will continue to work closely with key community stakeholders.

The 2018-19 Budget commits an additional $20.2 million towards family violence initiatives, including funding for the employment of an additional legal practitioner in the north-west, an additional police prosecutor, additional court support and liaison officer, and additional resources for the Safe at Home Coordination Unit. We have commenced a comprehensive cross-agency family violence service system review, including evaluation of all Tasmanian Government family violence services.

The Government will continue to work very closely with all key stakeholders to deliver evidence-based best-practice responses during the next stage of the Safe Homes, Safe Families: Tasmania's Family Violence Action Plan that this Government is delivering.

Health Services - Access to Reproductive Health Services

Ms WHITE question to MINISTER for HEALTH, Mr FERGUSON

[10.21 a.m.]

Yesterday you announced funding for elective surgery for Tasmanian women, but again deliberately avoided talking about the elephant in the room. You know one of the most important issues for Tasmanian women is knowing there is access to safe and legal surgical terminations of pregnancy in their home state. You also know that for the past nine months women have had to travel to Melbourne to access this service. Why have you allowed your extreme right wing views to influence the issue of access to terminations? Why did you stand in front of cameras yesterday to talk about women's health issues and avoid addressing this important issue? Why do you remain opposed to providing surgical terminations in the public health system?

ANSWER

Madam Speaker, I thank the Leader of the Opposition for her question. I refute the suggestion that there was an elephant in the room. That is politicking around an important subject. I will answer the question comprehensively, but what is offensive about the question is that it has ridden roughshod over the needs of women who are on the elective surgery waiting list, waiting for life-changing surgeries, which they are entitled to.

The Leader of the Opposition has made light of the very serious fact that we do not want to see people waiting too long for surgery. Good people have worked together to bring this package to fruition yet it still has not been welcomed by the Leader of the Opposition. That is a shame. That is what Tasmanians expect of us. It is what Tasmanians also deserve from their Opposition.

I do not want to see people playing politics with the important package that was announced yesterday. It is a worthy and deserved package for the Tasmanian community. It should be welcomed.

We recognise that it is a deeply difficult decision for a woman considering an unwanted pregnancy. We provide extensive support and assistance at this time, through both public and community health services, whatever her final decision may be. In the event that a termination is wanted and required the Department of Health has now entered into a five-year agreement with a new private provider to deliver low-cost surgical termination of pregnancy services in Tasmania.

The record is clear that that is what the Labor Party has been calling for. The Labor Party does not want to be happy on this. It just wants to play politics.

The service will commence in October. It is only contingent on licensing and accreditation requirements -

Members interjecting.

Madam SPEAKER - Order.

Mr FERGUSON - and the finalisation of an arrangement between the provider and the local licensed surgical facility. The disrespect being shown by members opposite to an answer to their own question is obvious. This is a service that was not available ever before -

Ms O'Byrne - I beg your pardon?

Mr FERGUSON - If you would just listen I will finish the sentence. A service that was not available ever before is Patient Travel Assistance Scheme - PTAS - which has not been available and we have made it available, including -

Ms White - So you can travel with assistance.

Mr O'Byrne - You did not need to fly to Melbourne.

Madam SPEAKER - Order. We are going to hear the minister finish his statement in silence.

Mr FERGUSON - This is a sensitive matter that should be sensitively and respectfully addressed. That is what I am seeking to do. PTAS has not been available previously and it now is.

Members interjecting.

Madam SPEAKER - Order. In silence.

Mr FERGUSON - Thank you, Madam Speaker. When the new service commences in October, the Government extends PTAS for intrastate travel also. I do not want to see these politics continuing.

Ms O'Byrne - You do not want to see terminations, let's be honest.

Mr FERGUSON - You have a lot to say but you do not ever want to listen. I am trying to explain a point. We understand and we respect that there are different points of view on this issue, but that is not at issue. What is at issue is what the Government is doing. Labor does not want solutions, it just wants politics.

Royal Hobart Hospital - Teaching Accreditation

Dr WOODRUFF question to MINISTER for HEALTH, Mr FERGUSON

[10.26 a.m.]

Do you have concerns about the Royal Hobart Hospital's teaching accreditation? Last August the Royal Australian and New Zealand College of Psychiatrists withdrew accreditation of psychiatric training at the Royal. At the time you promised to resolve some very serious issues but is it a fact that we still do not have that accreditation? Yesterday Dr Frank O'Keeffe also said:

> Too few major surgeries are happening at the Royal because the hospital simply does not have the beds and it is affecting training requirements.

Can you confirm that the Royal's teaching hospital accreditation is at risk?

ANSWER

Madam Speaker, I thank Dr Woodruff for her question. The secretary and I both outlined to the Estimates Committee of the Legislative Council - because I was not asked it in the House of

Assembly Estimates Committee - that the psych accreditation for the Royal Hobart Hospital has been restored - and to qualify just to be sure - or is in the process of being restored. My advice is that it is restored. That is in large part due to the excellent work of our clinicians who worked very closely with this Government.

I beg the member to not even bring into question the nature of the Royal Hobart Hospital as a teaching hospital. It is our teaching hospital. It is the highest level tertiary training hospital in Tasmania. There is not just one accreditation for training at the Royal Hobart Hospital. There are dozens of them. There are many of them and -

Ms O'Connor - The National Safety and Quality Health Service Standards?

Mr FERGUSON - That is not what I was asked. I hear the interjection. If I may, Madam Speaker, I will take that interjection.

Madam SPEAKER - Yes.

Mr FERGUSON - That was not addressed in the question, Ms O'Connor. I was asked about training accreditation. Since the Speaker is permitting me to now address your interjection, I have also now been asked about the quality and safety accreditation of the Royal Hobart Hospital. Is that what she said?

Dr Woodruff - Minister, is any training accreditation at risk at the Royal Hobart Hospital?

Mr FERGUSON - I am advised that very good feedback has been received in relation to the recent audit. It is not public yet, it is in due process. My feedback has been very positive and it is another opportunity to pay credit -

Dr Woodruff - So there is no truth in what Dr O'Keeffe said yesterday?

Mr FERGUSON - If I can just be permitted.

Madam SPEAKER - Through the Chair, please.

Mr FERGUSON - It is another opportunity for me to send a message of credit to our clinicians and our senior managers who have worked so hard on that. They should be thanked. I can assure Dr Woodruff that my advice is that there is no risk on that.

Crime Statistics - Update

Mr BROOKS question to MINISTER for POLICE, FIRE and EMERGENCY MANAGEMENT, Mr FERGUSON

[10.29 a.m.]

Can the minister outline the progress that the Hodgman majority Liberal Government has made towards tackling crime and can the minister provide the House with an update -

Mr Bacon - How about cybercrime? Emails? How is the murder rate?

Madam SPEAKER - Mr Bacon, were you being rude?

Mr Bacon - I do not believe so.

Mr BROOKS - Can the minister provide the House with an update on key crime statistics in Tasmania?

ANSWER

Madam Speaker, I thank the member for Braddon for his question. On this side of the House we believe that every Tasmanian deserves to live in peace and safety. That is why this Government has a 'tough on crime' approach which Tasmanians voted for. We will not be making any apologies for taking continued steps to make it clear that criminal activity in Tasmania will not be tolerated. We will deal with it through changes to the law. We have a plan to make Tasmania the safest state in our country. We have set a target - the only good target - to have the lowest serious crime rate.

I am pleased to announce today that the crime statistics supplement for 2017-18 is being released today by Tasmania Police. It shows that Tasmania's crime rate has dropped and clearance rates for total offences exceed 50 per cent for the first time in 45 years.

Crime statistics highlights of the 2017-18 year include that total offences reduced by 5 per cent and were below the previous three-year average. Stolen motor vehicle offences fell by 21 per cent and were significantly below the previous three-year average; and sexual assaults also reduced by 26 per cent. These are important improvements in public safety in Tasmania. I and this Government thank Tasmania Police for everything they are doing to keep Tasmanians safe. The job does not stop there; we have to keep working and supporting Tasmania Police in those efforts. While we have seen a drop in the overall crime rate, there is a continuing long-term upwards trend in assault and offences against a person. That is why we must keep up our strong effort.

Last week, we progressed another important part of our plan, taking the prohibited insignia bill through this House. It is being considered in the other place this week. I hope it will be supported on the floor in that place by the Labor Party, but only the Leader of the Opposition holds the key on that. That bill in this House was a chance for Labor to drop their 'soft on crime' approach and instead support Tasmania Police to protect Tasmanians, but no, just like that, they blew it and put politics over public safety and sided with organised crime gangs not just to oppose the bill but they tried to have it thrown out.

Madam Speaker, this week we will be debating legislation to amend the law to support the use of body-worn cameras by Tasmania Police. This is another important tool that will be rolled out around Tasmania in the coming months and perhaps, most importantly of all, we are recruiting more police to do the work.

Mr O'Byrne interjecting.

Mr FERGUSON - It is true that the member who continues to interject sacked more than 100 police. That is his record. This Government, this Premier, this side of the House restored those numbers and we are investing in more, with 125 more recruits on top of that. This is a big contrast between the two sides of this House - soft on crime on that side; tough on crime on this side. It is not just about more police, it is supporting our police. It is not Labor's approach of sacking police

and depriving them of the tools they need to deal with criminals. It is about resourcing them, supporting them, and giving them the tools they need in their toolkit.

Madam Speaker, this majority Hodgman Liberal Government is delivering results for Tasmania and the statistics point to that. We should be grateful for that. In closing, while Labor is focused on whingeing and personal attacks like we see again today, we are delivering and working to make Tasmania the safest state to live, work and raise a family. The Labor Party should get on side.

Health Services - Elective Surgery Waiting Lists

Ms WHITE question to MINISTER for HEALTH, Mr FERGUSON

[10.33 a.m.]

You have ignored critical women's health issues in the past four-and-a-half years you have been a minister. The move to perform more elective surgery for women is important and welcome, but it is also a clear admission of its failure -

Members interjecting.

Madam SPEAKER - Order; I would like to hear the rest of the question, please.

Ms WHITE - Thank you, Madam Speaker. This funding is an acknowledgement that women have been waiting for far longer than clinically recommended for procedures in the health system on your watch. Considering the valid and serious concerns raised by Dr O'Keeffe yesterday in relation to the lack of beds and staff training, can you guarantee that the waiting list will reduce to zero in two years, as promised as part of your announcement yesterday?

ANSWER

Madam Speaker, I thank the member for Lyons for her question. I am so glad that at 10.34 a.m., the Leader of the Opposition, nearly 24 hours later, has finally welcomed $7.2 million additional investment into Tasmania's health system. Thank you for acknowledging that. The AMA has also welcomed it. The support has been very positive and should be acknowledged.

We are all for extra investment because we have reversed all of Ms White's and Mr O'Byrne's cuts and have opened the wards that were previously closed. The work we are doing here is about providing 900 women with their surgeries. It is also important that we get the waiting list down, and I give a commitment that the waiting list will come down by 900 because that is how many extra surgeries we are funding. I give a further commitment that we will always do what we need to do to improve our health services. If the member opposite is suggesting that we have a zero waiting list, just have a look at their history. They had people waiting for 10 years for surgery. They had just over 50 per cent of patients treated on time.

Members interjecting.

Madam SPEAKER - Order. Please calm down. This is disruptive and unruly behaviour. Let the minister speak.

Mr FERGUSON - Madam Speaker, this Government has reduced the waiting list. We are very proud of that and are thankful to the clinicians who have delivered those surgeries. We are also very pleased that waiting times have come down. The Labor Party had people waiting a decade for their surgeries.

Ms WHITE - Point of order, Madam Speaker, going to standing order 45. I ask you to draw the attention of the minister to the question as to whether the waiting list will reduce to zero in 24 months, as promised yesterday.

Madam SPEAKER - Thank you. Minister, could you address that question?

Mr FERGUSON - Madam Speaker, we did not say that yesterday. Nobody can say that. It is a strange tactic by the Labor Party. We understand that clinicians triage and look after patients in order of priority, which is why they use a waiting list. Tasmanians will not respect this kind of treatment by the Labor Party of what is a very good announcement for Tasmanian women and families. That was a very short-lived welcoming of our package by the Labor Party.

I want to make an important point here: what matters to people is how long they wait for a surgery that they are entitled to. When we came into government the surgery on time statistic was just 50 per cent. We have got that up to 74 per cent and we have a target to reach 90 per cent. We want to improve, improve, improve. I am disappointed that Ms White, in her desperate game to treat health as a sport instead of the serious business of helping people get their treatment, that her welcoming of our $7.2 million package was so short-lived. It is embarrassing enough for you that you had to rewrite your health policy seven times and you did not make the commitments that we are making.

Pay Rise for Members of Parliament

Mr BROOKS question to TREASURER, Mr GUTWEIN

[10.37 a.m.]

Can the Treasurer please update the House on the response to his announcement that Liberal MPs will only take a 2 per cent wage rise, in line with Government policy? Is he aware of any other views?

ANSWER

Madam Speaker, I thank the member for Braddon, Mr Brooks, for that question and his interest in this very important matter. Budget discipline is the hallmark of this Government. We set ourselves a very simple goal: that we will spend less than we earn. It is common sense and the same goal that thousands of Tasmanian households and small businesses have. This simple goal means that we can afford to invest more into vital frontline services such as health, education and public safety. We have already employed more nurses, doctors, teachers and police. It also helps support business confidence. Businesses around Tasmania know that the Government is disciplined and responsible and we will deliver on our commitments. Importantly, it also ensures that the budget is flexible enough to deal with unexpected events such as natural disasters.

Our wages policy is fair and affordable. It puts more money in the pockets of public servants which, combined with increments, means a significant number of public servants will, on average,

receive wage growth well in excess of 2 per cent. In fact over the course of last year, as I explained last week, the public sector wages in Tasmania grew by around 2.6 per cent.

As members of parliament, we know that need to take the lead on matters like this, so Liberal MPs last week committed to receiving a 2 per cent pay rise rather than the higher pay rise recommended by the Industrial Commission.

On this side of the House we are budget managers. On that side of the House they are budget wreckers.

Last week when I announced our decision to limit our own pay rise to 2 per cent, those opposite indicated support for our position. The Leader of the Opposition said that is what we have been doing. Imagine my surprise when, by the afternoon, Labor, which has made an art form out of whingeing as a policy and complaining as a platform, landed on a policy and that policy was to give themselves a pay rise in excess of Government wages policy.

Sarah Lovell was sent out last Thursday to announce their new policy. What we want to know is, who told the Labor Party to do it? What happened between question time that morning, when very clearly the Leader of the Opposition indicated that they were agreed to 2 per cent and by mid-afternoon they agreed to accept the wage price index? The Leader of the Opposition needs to explain which union called them and demanded that they do not take a 2 per cent wage increase because that would not suit the union's position. I was very surprised that their first real policy since the election was to award themselves a bigger pay rise than Government wages policy.

The Leader of the Opposition must explain why she changed her wages policy last Thursday morning and which union told her to do it. I will give her a chance to do it now. Which union told you to do it?

Members interjecting.

Madam SPEAKER - Order.

Mr GUTWEIN - Who was on the phone saying you cannot accept 2 per cent? The Leader of the Opposition needs to explain who rang her and who told her to take a higher wage increase than the Government wages policy. Quite clearly, last Thursday the Leader of the Opposition indicated that they were at 2 per cent. Listen to the tape to make certain. They were at 2 per cent. That is what they were doing, but by the afternoon they were at wage price index: an increase of 2.5 per cent.

Members interjecting.

Madam SPEAKER - Order. For goodness sake.

Mr GUTWEIN - The only conclusion that you can draw is that between question time and the time that Sarah Lovell went out last week to explain that the Opposition was going to take a higher wage increase than Government wages policy is that the unions were on the phone and they said to Ms White, 'You cannot accept Government wages policy at 2 per cent because that does not suit our political aims'.

This side of the House cannot be bought. We will not be bullied by the unions. We have a very sensible 2 per cent.

Members interjecting.

Madam SPEAKER - An official warning for the frontbench over here, for being particularly unruly today. You are great contributors to the debate of the parliament but I am asking you to behave so that you can stay and participate in the debate. This is the first warning. The second one is out.

Mr GUTWEIN - You would think, on the basis they have awarded themselves a higher wage increase than Government wages policy than that which is offered to public servants, that they might start to earn their money.

As I have said over again, understand that whingeing is not a policy, complaining is not a platform and when Ms White goes out today, she should explain to the media what happened between question time last week and Sarah Lovell going out to front the press. Why did they decide to take a higher wage increase than Government wages policy?

Health Services - Access to Reproductive Health Services

Ms WHITE question to MINISTER for HEALTH, Mr FERGUSON

[10.44 a.m.]

You have told the House today that you signed a five-year agreement to provide termination services in Tasmania. Can you detail this agreement? Will it be provided statewide? How often will the service be provided and how much will it cost to access?

ANSWER

Madam Speaker, it is the case that the Department of Health has entered into that five-year agreement with the new provider. As I have already outlined earlier today, the only things that remain to be resolved are licensing and accreditation requirements. It will be for the private provider who has given an undertaking to ensure health providers, referral services and GPs will be provided with all the necessary information as to how the service can be accessed and how it will work. That is something the private provider will be doing in due course.

Unexplained Wealth Legislation - Update

Mr SHELTON question to ATTORNEY-GENERAL, Ms ARCHER

[10.46 a.m.]

Can the Attorney-General please update the House on the effectiveness of Tasmania's unexplained wealth legislation and its impact on targeting and disrupting serious organised crime?

ANSWER

Madam Speaker, I thank the member for Lyons for his question and his interest in this Government's commitment to addressing organised crime in Tasmania.

The Hodgman Liberal Government is committed to doing what is needed to ensure Tasmanians are safe from crime. Following the savage cuts to Tasmania Police by the former Labor-Greens government, the number of frontline police officers is steadily increasing under our Government. A strong police service is essential in tackling crime and so too is ensuring they have the tools to fight crime.

We recognise no one reform can tackle the complex issues of organised crime and that is why, in the face of a lot of opposition from the those opposite, we are committed to providing law enforcement with a range of tools they need to disrupt organised crime in this state.

Labor claims we need anti-clubhouse laws. They must have missed the memo because in 2017, this Government introduced a range of effective tools in the Removal of Fortifications Act that allowed Tasmania Police to disrupt attempts by organised crime groups to conceal their criminal activities in fortified clubhouses. Labor also says we need strengthened asset freezing laws. It seems they also missed our existing legislative framework as well as the specialist confiscation profits unit within the office of the Director of Public Prosecutions. This was established following funding from this Government and supported by detectives based in the Serious Organised Crime Unit of Tasmania Police, also set up by this Government.

With the support of Tasmania Police, the unit's specialist prosecutor and forensic accountant are focused on disrupting criminal activity by reducing the profitability of crime in this state and removing the financial means to commit crime from criminals and their associates. From comments made by some members opposite and particularly last week, it would seem, in Labor's cheap attempts to criticise this Government for not providing police with specialist skills to catch criminals and take away the profits of their crimes, they have overlooked the fact that is what we have already done.

A recent independent review of Tasmania's unexplained wealth laws found the improved investigative and forensic accounting capacity -

Members interjecting.

Madam SPEAKER - Order.

Ms ARCHER - It is important to come in here and correct the record because in the debate last week, members opposite claimed this Government has not provided the police with the tools they need to fight serious organised crime. What I am doing is clarifying that we have provided a number of significant tools.

A recent independent review of Tasmania's unexplained wealth laws found the improved investigative and forensic accounting capacity, made possible by this Government's funding commitment, has seen a significant increase in the forfeiture of the profits of crime. Since the unit's establishment by our Government in October 2015, in excess of $3 million has been seized from criminals and criminal organisations. This means less money in the pockets of criminals and confirms the unit is a crucial tool in the fight against serious and organised crime.

It is clear that our support of these laws and the confiscation of profits unit is well placed. In the coming months and following recommendations made in the independent review to which I have already referred, I will soon be introducing into parliament a bill to further refine Tasmania's

Crime (Confiscation of Profits) Act so as to ensure that our laws provide the tools needed to combat organised crime.

This Government is taking action and getting results. These figures show our methods are working and we look forward to further strengthening the tools available to see more results into the future.

Health Services - Access to Reproductive Health Services

Ms WHITE question to MINISTER for HEALTH, Mr FERGUSON

[10.50 a.m.]

How regularly will this fly-in fly-out service for surgical terminations be available for Tasmanian women once it begins?

ANSWER

Madam Speaker, I am not avoiding the question; I have actually answered this. There are some final details being worked through but there is a five-year agreement that has been reached with the Health department. I have made it clear as well that the provider has given an undertaking to share information about how to access the service.

One of the issues is that the provider has asked for a little bit of sensitivity around the subject and that has been understood. They want to be able to have discussions with health services, GPs and referral agencies in Tasmania. I can say, and am happy to indicate, that the agreement reached between the Health department and the provider, who is from interstate, is consistent with the recommendations of the secretary which have been tabled in this House.

Minister for Health - Actions

Ms O'CONNOR question to PREMIER, Mr HODGMAN

[10.52 a.m.]

Your Health minister lurches from one self-inflicted crisis to the next. Yesterday we saw on full display his arrogance as he dismissed Frank O'Keeffe with a wave of his hand. Do you agree this mess in the health system and erosion of public confidence is in significant part because your minister does not listen and has ignored the voices of clinicians and hospital staff ever since you gave him the job?

ANSWER

Absolutely not. Madam Speaker, I reject each and every one of the assertions made and the claims put by the member who asked the question and commend the minister, Mr Ferguson, for the exceptional job he is doing in a difficult portfolio that was in an absolute mess when we came into government just four years ago, but which has been substantially improved in the four years we have been in government. It is a result of -

Opposition members interjecting.

Member suspended

Member for Franklin - Mr O'Byrne

Madam SPEAKER - Order. I made a ruling before that if anyone breached my last ruling they would be spending some time outside. Mr O'Byrne, you have the honour of being the first person to take a coffee break and you can come back into the House at the end of question time.

Mr O'Byrne withdrew.

Mr HODGMAN - Thank you, Madam Speaker. I want to put some facts out there for members in this place and anyone else who may be unaware of the progress that has been made in just four-and-a-half years.

We have opened over 120 hospital beds, put on more than 600 extra FTE frontline health staff, and delivered record low elective surgery waiting lists, the lowest in Tasmania's history. We also have the Royal Hobart Hospital redevelopment back on track, on schedule to open on time. Labor talked about this project for 10 years and could not even lay a brick on. We are now progressing the redevelopment that will in many respects alleviate the strains our health system experiences and provide what many in our community are asking for: more investment into beds, more health professionals to work and support the health system, and more capacity for our health system to treat Tasmanians sooner. That is exactly what we are endeavouring to do.

The other side of the coin, which should not be forgotten is, that under Labor and the Greens, hospital beds - in fact entire wards - were closed, 900 nurses lost their jobs, $50 million was pruned from the elective surgery budget, and $500 million was cut from the Health budget. That was instigated by the former health minister, aided and abetted by the Leader of the Opposition, Ms White, and the budget cuts committee. They promised a new Royal Hobart Hospital. They talked about it and spent millions trying to come up with a plan to build a new Royal Hobart Hospital. They said it would be delivered by 2016 under them, but they failed to even start the rebuild that we actually commenced in 2014, which is on track.

Madam Speaker, this is the progress we have made and it is the result of a Health minister who does, in fact, listen to clinical experts and specialists. It was this minister who commenced the most extensive consultation process around our health system back when we came into government in 2014, developing the white paper, which was the result of extensive consultation right across the state, dealing with difficult issues, listening to what clinicians, nurses and health professionals had to say and, as a result, we have developed a comprehensive plan to get our health system back up on its feet and performing well.

Since then, not only have we redeveloped the Royal Hobart Hospital but we have also saved the Mersey, which was at risk under Labor and the Greens. They wanted to give it away but we have taken responsibility for it and with the support of the federal government we have been able to save that hospital. We have invested more into it and the North-West Regional and Launceston General Hospital, opening some of those wards that the member for Bass and former health minister, Michelle O'Byrne, shut down. They are some of the things that we have done in addition to appointing more staff and opening more beds. During the election campaign and this year's

Budget, we are going to deliver the most significant investment, the biggest injection into our health system ever, to make sure Tasmanians can get the health system they deserve.

Opposition members interjecting.

Mr HODGMAN - It was the Leader of the Opposition who expressed no confidence in herself by dropping the Health portfolio.

Member suspended

Member for Bass - Ms O'Byrne

Madam SPEAKER - Order. I suggest that Ms O'Byrne also has a coffee and a deep reflection until the end of question time. Thank you.

Ms O'Byrne withdrew.

Mr HODGMAN - Thank you, Madam Speaker. It should not be comfortable for the former health minister to listen to the facts about what happened to our health system when Labor and the Greens were in government, and what we have done to repair it ever since.

When you talk about confidence in people to run Tasmania's health system, Mr Ferguson embraces the challenge and is prepared to listen, make tough decisions and argue hard and strongly for more investment by this Government and the Commonwealth, which we are doing.

The Deputy Leader of the Opposition declared no confidence in herself by giving up the portfolio which she said was the most important thing for Tasmania. I am not surprised, after the embarrassing spectacle we saw that really demonstrated how out of their depth they were when they had seven versions of a health policy, during just one election campaign, that did not stack up. It did not add up. Tasmanians voted no confidence in Labor and we will not be distracted by those who have had their time and failed. We will get on with the job of delivering.

Tasmanian Senators - Support for Change of Prime Minister

Ms O'CONNOR question to PREMIER, Mr HODGMAN

[10.58 a.m.]

Your federal colleagues Senators Abetz, Duniam and Bushby were central to the chaos that unfolded in Canberra last week and there are now questions marks over Tasmania's GST share and a moratorium on fracking. What do you have to say to your federal colleagues who brought the nation's politics to its knees last week?

ANSWER

Mr Deputy Speaker, I thank the member for Denison for her question. I can point to what is, in my humble opinion, a very good example of strong, stable government that we are providing

here in Tasmania to serve Tasmanians, to deliver on our plan and to deliver positive results and that was reflected in a very strong vote for a second term of a majority Liberal government.

Ms O'CONNOR - Point of order, Mr Deputy Speaker, going to relevance under 45. I asked the Premier whether or not he will condemn Senators Abetz, Duniam and Bushby for the chaos they caused last week.

Mr DEPUTY SPEAKER - Ms O'Connor, you know it is not an opportunity to repeat the question. The Premier has the call and he is responding to the question.

Mr HODGMAN - Mr Deputy Speaker, I accept that many people would be discomfited by what occurred last week. Tasmanians want to see good strong, stable, majority government getting on with the job of delivering and focusing on the people we serve and not on ourselves. That is what we are about.

Ms O'Connor - Abetz, Duniam - that is exactly what happened last week. Your self-indulgent, disgraceful colleagues.

Mr DEPUTY SPEAKER - Order, Ms O'Connor.

Mr HODGMAN - All last week and again today it has been personal, petty attacks by opposition members not focusing on matters of substance. That is what we have seen again today. It is what Tasmanians do not like.

They want to see us focusing on things that are important to them, such as improving our health system, investing in education, keeping cost of living pressures down, and fixing our budget so that we can do those things: supporting Tasmania's strong economic growth and keeping Tasmania's business community as confident as it is and the best way we can do that for them is delivering on our plan, providing political stability and -

Ms O'CONNOR - Point of order, Mr Deputy Speaker. I ask you to draw the Premier's attention to the question, which related to the actions of his federal colleagues, Senators Abetz, Duniam and Bushby.

Mr DEPUTY SPEAKER - It is not a point of order. I draw your attention to the Standing Order that says you should not interject. You cannot have it both ways. Premier, please continue.

Mr HODGMAN - Thank you, Mr Deputy Speaker. We are providing strong, stable government that is delivering. We have a lot more to do and we are focusing on that.

I congratulate the new Prime Minister with whom I have had a good conversation about what are important issues for our state. I congratulate the new assistant minister, Senator Richard Colbeck. It is a positive development for Tasmania to have Senator Colbeck back in the ministry, which will allow Tasmania to not only continue to have a strong voice among the Coalition Government but will allow him to focus on areas with which we have shared objectives, improving the output in our agricultural sector most notably.

I congratulate and thank Malcolm Turnbull for the excellent job he did as our nation's Prime Minister. I look forward to working with the new Government.

Time expired.

TRAFFIC AND RELATED LEGISLATION AMENDMENT BILL 2018 (No. 30)

First Reading

Bill presented by **Mr Rockliff** and read the first time.

RESIDENTIAL TENANCY AMENDMENT BILL 2018 (No. 32)

First Reading

Bill presented by **Mr Barnett** and read the first time.

AUSTRALIAN CRIME COMMISSION LEGISLATION (MISCELLANEOUS AMENDMENTS) BILL 2018 (No. 31)

First Reading

Bill presented by **Mr Ferguson** and read the first time.

MATTER OF PUBLIC IMPORTANCE

Health

[11.06 a.m.]

Ms WHITE (Lyons - Leader of the Opposition - Motion) - Madam Speaker, I move -

That the House take note of the following matter: health.

This is of deep interest to me and the Labor Party. We want to ensure that people across Tasmania can access the health services they need when they need them. Yesterday, at a very interesting press conference, the Minister for Health was asked a sensible question from a senior clinician at the Royal Hobart Hospital, who is also part of the college of obstetrics and gynaecology in Tasmania. It was a straightforward question regarding how the Royal Hobart Hospital was expected to perform elective surgeries when there are not enough beds to look after patients. We are well aware of this.

Data shows that the Royal Hobart Hospital waiting list for elective surgery has peaked under this minister. It is at record high levels. The minister claims that elective surgery levels have decreased under him, and if you look at it across the state you might be fooled into thinking that is the case. However, at the Royal Hobart Hospital that is not the case. At the Royal Hobart Hospital the elective surgery waiting list is extremely high. Dr O'Keeffe, the doctor who yesterday raised concerns with the minister, was well within his rights to ask the minister to address that. The hospital is expected to perform more elective surgeries, which we welcome; however the question remains how can that happen when there are not enough beds?

I was stunned when I watched the video of yesterday's conference held by the Minister for Health. When the minister was asked a very sensible question by Dr O'Keeffe he did not

acknowledge the question, did not thank the doctor for his question, but instead said to him, 'Have you spoken to the gentleman on your left?' The doctor continued to ask a question, saying that the hospital system is like putting petrol into a car that is up on blocks - you can put as much in as you like and it still will not go anywhere. This is a clear demonstration of how dire circumstances are. Despite sharing that thought with the Minister for Health, the minister did not say, 'Thank you, doctor, for sharing your concerns - I would like to talk to you about that, let us discuss that further'. He said, 'Have you spoken to the gentleman on your left?' again. Twice he fobbed him off to the person next to him.

Worst of all, after the interview had concluded, after the good doctor had stepped back further from the press pack, with the cameras still rolling, we saw a minister who demonstrates arrogance, rudeness and complete contempt for clinicians at the frontline who are legitimately raising concerns they have about operations at the hospital. The minister rudely pointed his finger at this gentleman and said, 'Attend to that would you', and screwed his face up like he could not be bothered giving it two more seconds thought. It was the most appalling demonstration by any government official I have seen in a long time. That is saying a lot given what we have just seen for the last week in Canberra.

Doctors are fed up. They are going to extreme lengths now to raise their concerns directly with the minister because they are being fobbed off. They are not being listened to. They are not being heard when they raise concerns. This was demonstrated clearly for everybody who watched that video yesterday. When the doctor raised concerns he was not listened to, let alone given the time of day by the minister.

The minister might say that he caught up with that gentleman afterwards but common decency, polite behaviour, would suggest that any minister worth his salt would have spoken to that person in the room at the time and not fobbed him off and then walked straight past him out of the room without even saying hello, shaking his hand or catching his eye. He brushed past him, walked out the door and walked down the corridor, getting away from that situation as quickly as possible because he knows that the doctor spoke the truth: there are not enough beds. The doctor spoke the truth because there is not enough support for training at the hospital and it is a serious concern. We have lost accreditation under you, Mr Ferguson. There are still serious hurdles for the hospitals to overcome, particularly the Launceston General Hospital. That has had a whole of hospital accreditation review where 10 key areas were not adequately met. They are up for reassessment and that is a couple of months away. Those matters need to be resolved by then.

Further, the minster comes in here today and tells us there has been an agreement reached with a private provider to perform surgical terminations in Tasmania. An agreement reached, which would indicate to any reasonable person that there are details that have been agreed upon, including things such as when the service commences; how regularly the service will be provided; and how much it will cost to access that service. These are reasonable questions that should have been able to be answered by the minister. We do not even know where the service will operate from. Is it going to be statewide? Will it be based in Hobart, Launceston, Burnie? The minister could not detail answers and yet he claims an agreement has been reached.

How can it be that public funds are being expended here? Presumably if the department is involved, the Government is involved and an agreement has been reached, so surely there is some kind of procurement or contractual arrangement here. There are taxpayer funds involved in this and you cannot detail how they are being spent or what is being purchased.

The minister has an obligation today to update the House on the details of this agreement and he will be asked many questions about it, I have no doubt, because people do not trust him. We saw that yesterday when the good doctor asked a question. We saw it with the comments that have been shared by people across the state, who have seen that footage for themselves. We see it on the front page of the paper today - 'Health Revolt', it says. 'It doesn't matter how much money is put into this … we do not have the beds to do the surgery and it often gets cancelled'. That is what Dr O'Keeffe said. 'Senior doctor blows whistle on health crisis - in public - and to the minister's face.' He sure did. The minister was so embarrassed he fled the room, fobbed the poor doctor off, and did not bother to shake his hand or talk to him at the time he was there.

I did not expect the minister would tell us there is an update on the private service provider today. I did not expect that news to be revealed. But when he did reveal that, I expected there to be more detail. We have a number of other questions that have arisen as a consequence of his contribution at question time today, all demonstrating his lack of interest and engagement in his portfolio and with the clinicians who support our staff.

Time expired.

[11.12 a.m.]

Mr FERGUSON (Bass - Minister for Health) - Mr Deputy Speaker, the Leader of the Opposition is full of hot air and hypocrisy. She failed at the election; voters rejected her and her party and her policies.

Ms White - Make it personal.

Mr DEPUTY SPEAKER - Order. Whilst I accept the MPI can be a wide-ranging and vocal debate, the Leader of the Opposition was heard without one interjection whatsoever. Given the importance of this matter, I ask the same courtesy be afforded to the minister.

Mr FERGUSON - The Leader of the Opposition has very thin skin if she feels that is personal. That is one of the most personal behaviours of the Leader of the Opposition to always play the man, as the idiom goes. It is illustrative of the fact Labor has no policies. They do not even have a health policy at the moment. Labor is all hot air, bluster and personal attacks. Even with seven revisions of their health policy during the election, it was rejected by the voters with the third lowest vote for Rebecca White, Leader of the Opposition and the Labor Party, in their history. Having told Tasmanians at the election it was their first priority, as soon as the election was done and run, the Leader of the Opposition ran away from the health portfolio with no care.

I am realistic and humble about my own abilities and realise we have a lot of work yet to do. I am not going to walk away from the achievements this Government has realised in the health system in Tasmania because I inherited a basket case. It was the subject of ridicule from the joint Commonwealth Tasmania Commission on Delivery of Health Services in Tasmania. We were the laughing-stock health system of the nation. That is what I inherited from Labor and the Greens. What you had done to the Royal Hobart Hospital development was disastrous and the first report of the task force told me it would not be able to go ahead without significant intervention. That is how far it had run of the rails.

I inherited a health system where beds had been put into storage. I cannot believe the Leader of the Opposition has the gall to come in here and make representations about not enough beds. Labor closed beds and sent them into warehouses to be locked up. I have taken them out of

warehouses; we have opened and restored beds. We are now maxed-out to open more beds. The one thing the Leader of the Opposition is unwilling to ever say if you want more beds, as we do, we need to build more buildings. That is never admitted by the Leader of the Opposition. We recognise and understand better than anyone over there that we need more health services but to do so in a safe and proper way we need the physical infrastructure. Labor had dormant wards, empty, no staff, no beds. They had shut them. We reopened them. If you want to make a claim on more beds, fair enough, but at least be honest about it. Where would you want those extra beds, Ms White?

Ms White - I have been told not to interject, to be fair, Mr Deputy Speaker.

Mr FERGUSON - Nothing, because there is nothing but vacuous empty politics. You have the interjections when you feel like it but you have no plan, no policies, and I am being rhetorical here, Mr Deputy Speaker.

We are making great gains. I will assert this: the Leader of the Opposition has not ever, today or any other time, indicated where the Government should open more beds. I will tell you what we have done though: we have opened 120 with permanent funding. We got the Repat up and running last month, 22 extra beds. The staff think that is terrific and it is working. It is assisting the Royal Hobart Hospital main campus with its bed flow issues. We know that there is more to be done which is why at the election we promised 298 more beds. How many more beds did Ms White promise? Silence. I am representing the policy. The policy was silent on it. Completely silent.

Mr DEPUTY SPEAKER - Rhetorical, minister. I have ruled that they are not to interject. You cannot have it both ways.

Mr FERGUSON - We are getting on with the job and the personal attacks and the fact that I have, and always will listen to clinicians: not just doctors by the way; also nurses, midwives and allied health professionals. I have frequent chats with them and as the Premier outlined this morning this Government has been completely listening posture on this. In fact the white paper that the Premier referred to is our health plan. It is supported universally across the clinical community because we listened and we took it on board.

We admitted to ourselves and to the public that we know that there are some services that we inherited that were not safe and we put in place interventions and plans to make them safe. We took difficult decisions to discontinue some services that were not safe and sustainable. I was ridiculed for that by the Labor Party through their opportunism. Publicly, it was, 'Oh, we support what the Government is doing', but down in weeds they were playing merry hell with it. That is what I have been dealing with but we have a plan that is unmatched by any member opposite.

I want to address the point about the media conference yesterday which again shows just how petty Labor has become that they would base an MPI on that. I respect what was said, handled it delicately and appropriately, ensured that the right clinicians were involved. We are not going to be indulging those kinds of proper conversations in media conferences. To not do so professionally would not be my way. They are good conversations and I welcome them because I am interested in solutions. I know that this Government does not have all the answers but we do have a listening ear and we are committed to continuing to listen. When parliament is subjected to these kinds of juvenile debates I ask that we focus on what Tasmanians need from us. I am always learning, always listening, and always willing to adapt and as our record shows through yesterday's extra funding announcement for 900 surgeries demonstrates, we are always willing to do more when required.

[11.19 a.m.]

Dr WOODRUFF (Franklin) - Mr Deputy Speaker, Tasmanians would have been gobsmacked with the news that was reported last night about the gatecrashing by a highly-respected specialist from the Royal Hobart Hospital, Dr Frank O'Keeffe. It was reported on the news and I understand the clip of that press conference has gone viral because of the response of the minister to the comments of Dr O'Keeffe.

I understand Dr O'Keeffe is a much-loved senior specialist in a range of women's health areas, including gynaecology and obstetrics. He also has an interest in specialist trainee education through the Royal Australian and New Zealand College on a voluntary basis, is involved in teaching current UTAS medical students who do placements in ob/gyn at Hobart and has performed accreditation for training positions to ensure trainees are getting the appropriate training experiences. Dr O'Keeffe is well placed, therefore, to make the comments he made yesterday and the context clearly is that such a senior person feels he has no other recourse to be heard except to gatecrash a press conference.

I am sure Dr O'Keeffe did not wake up in the morning and wish that was part of his day's work, but all credit to that man for standing up and speaking for all the other specialists and clinicians in the Royal Hobart Hospital, the Launceston General Hospital and the North West Regional Hospital who have not been listened to by this Health minister. That is the context of today's conversation. We can talk on a political level about four-and-a-half years ago, which is where the minister is still pointing back to with previous government, but he is still trying to pretend that he does not take responsibility for the situation in the Health portfolio.

As Ms O'Connor said before, the Health portfolio is, to a degree, a poisoned chalice. It is a massive behemoth. It is highly complex and is always going to have a tsunami, an increasing volume, of people who need care. The only way through that space is for a minister to be trusted by the people in Tasmania and respected by the staff he is there to represent and to do the right thing. What we are hearing from Dr O'Keeffe is the tip of the iceberg of what we have been hearing for years now, and it is not only about the beds or the lack of appropriate requirements, major surgeries and the number of major operations which Dr O'Keeffe talked about yesterday that are not occurring at the Royal Hobart Hospital and he said therefore put in jeopardy accreditation and training for registrars and students.

It is about the whole way this Health portfolio is being mismanaged by the Health minister. He has a defensive reaction and, as we saw yesterday by his body language, a dismissive reaction when clinicians, specialists, nurses and staff at all levels in the hospital have raised concerns. Surely the one thing you can contribute as a minister in this portfolio is to listen and be trusted. There is a place for a person to take a leadership role like that in Tasmania. It is not an impossible task.

The challenge for this Health minister is to repair the trust he has broken in staff and to provide a truly open door that is not about flicking people off during a press conference to their boss, a senior member of staff, but stopping, acknowledging, being open and unafraid. If you are open to hearing people's criticisms, that is the first and most important step to moving on and finding solutions.

In the 2017 and 2018 budgets there were promises of new beds but what we have found a number of times is that those promises are not based on anything credible. Many of the new beds promised are not new at all. Some of them have been in operation and are being reannounced for the umpteenth time; others are reopened beds that have come from a previous round of budget cuts.

Let us not forget that $210 million was gouged out by this Government in their first year and $110 million has never come back. This was a deliberate choice by the Liberals coming into government to address an issue to manage a tiny and very sustainable budget deficit at the expense of people's lives, their health, and the hospital staff who work in the hospitals.

We now have a situation where this minister still refuses to listen. We have worse bed block, if possible, than we did last year. A leaked email was read into parliament in April last year which made very clear amongst senior staff in the THS that the access block at the Royal Hobart Hospital had been worsening over the last five years - most of the time of this minister - and it had been particularly marked over the last quarter. This was in April last year, and a year later it is worse than it was at that time in the early part of the year. We have a situation where they point to risks to patients coming from that mismanagement -

Time expired.

[11.27 a.m.]

Ms DOW (Braddon) - Mr Deputy Speaker, I rise today to speak on this matter of public importance on health, but in particular access to gynaecological services in Tasmania. We can stand up here every day and speak about the crisis in our health system. A very important part of our job in opposition is holding the Government to account and advocating for the needs of Tasmanians and those who work in our health system each and every day and I give a commitment to the House that we will continue to do that each and every day. Nothing speaks louder, however, than a clear and direct comment from a clinician about the state of our health system and the pressures of providing elective surgery, and the simple fact that there are not enough beds available to do the procedures.

It takes incredible courage to stand up and speak out at a media conference about your concerns and yesterday this commanded a great deal of respect and attention, as it should have. I have worked as a nurse in our health system, albeit some time ago, and I admit I am not afraid to speak up when I feel strongly about an issue, particularly when it is about the services or funding being provided to people in our communities and the real ability of that to make a difference, but for some clinicians this may be difficult, particularly if there is a culture that does not support such actions.

I acknowledge the comments made yesterday about the importance of our major tertiary hospital being active in training and offering an opportunity for training and how this links back to our accreditation of our major tertiary hospital, and the importance of our ability to extract staff to work in our tertiary hospital system, but also around the importance of planning for a future workforce development in Tasmania. As we know and talk about a lot, we have an ageing population in Tasmania, which has consequences around workforce shortages and workforce development, and health is no exception to that. If we look at the sectors of our economy and key industries where our employment growth is and our skills gaps are, health is one of those really important areas that we need to be considering and planning for in the future.

I am a passionate advocate for both men's and women's health and having worked in palliative care I have witnessed first-hand the suffering of people and their families around gynaecological cancers in particular. I know the importance of early detection and access to surgical intervention for these cancers and the importance for people, particularly from rural and regional Tasmania, having access to these services.

I draw the minister's attention to one of the important points that was raised in the gynaecological services' response to the green paper put out a number of years ago. It talks about the ageing population and the increased need for access to gynaecological services and surgery and how that links to the lifestyle diseases in Tasmania. It also mentions obesity, its consequences on reproductive health and the need for access to surgical intervention, particularly for women.

Gynaecological surgery is an integral part of the training of the RANZCOG, of which the doctor who spoke up yesterday is a member. He obviously participates in the training of our practitioners in our hospitals through that auspice. It says:

> … where there are specialists employed, it is expected that there would be provisions for major elective gynaecological procedures to be performed. However, various degrees of specialisation of services exist and there needs to be an expectation that appropriate levels of service be available at the right location but also be accessible for the population from the more remote areas.

This was a response to the green paper put together by clinicians. It also highlights a recommendation that gets to the heart of the issue of clinical and service re-design in our public health system and the need to develop gynaecological out-patient and short-stay facilities in all four of our major hospitals. Recommendation seven says:

> Hospitals review current bed and theatre capacity, recognising that the shift towards laparoscopic procedures that take more theatre time, yet allows for high volume short stays for gynaecological patients.

That was a key recommendation put forward by clinicians in response to the green paper and the white paper that has been talked about by the Premier today, regarding the consultation that was done with our health service and our clinicians. Minister, what progress has been made against that key recommendation, which addresses bed shortages and which is at the heart of the issue raised by the clinician yesterday?

I also highlight the role Madam Speaker, the honourable Sue Hickey and member for Denison, had in bringing to the Government's attention the importance of bringing forward this announcement and investment in gynaecological services in Tasmania. I commend her advocacy as a member of the Hodgman Liberal Government for the improved provision and access to gynaecological surgery.

I have had a number of representations from women in my community in regional Tasmania about better access to gynaecological services. I am pleased we are discussing it in this place today. I am pleased to see there are clinicians within our public sector health service who are willing to raise their concerns with the minister directly. Having been an RN I was amazed when in Launceston a couple of weeks ago we stood with those RNs from the emergency department who were talking about-

Time expired.

[11.34 a.m.]

Mr HIDDING (Lyons) - Mr Deputy Speaker, our Health minister is an outstanding Health minister - he has been now for nearly five years. After the election he offered to keep the health portfolio. The first time I saw the health portfolio granted to somebody by a Labor premier that

person collapsed in tears in front of all of us, in anger at having been given that portfolio. It is not an easy portfolio, as we saw yesterday. A $7.2 million announcement on women's health - it is what it is. People have views and people have concerns. Under construction right now is a building that will be the tallest building in Hobart - the Royal Hobart Hospital. When we came to office five years ago it was not a project. It was not a hospital that could be built. There was not a builder that would build it. I think a 10-storey building had 11 stories. It did not have a helicopter pad. It was not even a hospital project. The first thing we did was talk about rescuing the Royal, in Cabinet meeting after Cabinet meeting. It was rescued. It is under construction. It is a massive project and in its final year. We are less than a year away from seeing the tallest building in Hobart become a showpiece hospital. How many extra beds compared to what there were before - 250-plus extra beds than there were when we first rescued that project. That is an extraordinary outcome. Thinking Tasmanians understand what is happening in the health portfolio.

In contrast, the previous health minister, who is not with us at the moment, completely lost control of that project. Prior to that $10 million had been torn up, $5 note by $5 note, on an idea to build a new hospital down on Macquarie Point. It wasted years that could have gone into rebuilding the Royal Hobart Hospital on its existing site. We rescued the project, it is under construction and it is only a year away from being opened. I am so looking forward to being on the shoulder of Tasmania's best ever health minister, for the opening of the Royal Hobart Hospital.

We have made great gains since coming to Government in 2014. We have provided 120 new beds, 600 full time equivalents of frontline health staff to support our health system and more than $100 million of additional funding for elective surgery. It is all about providing better care for Tasmanians.

We have acknowledged and we continue to acknowledge there are challenges posed by increasing demand. People are coming back to Tasmania to work and to live because we have switched this state on. These extra people put pressure on our services. There is increasing demand on our hospitals, increasing acuity as well in our health system. That is not something we are responsible for, but we work with it. This increasing acuity is being experienced by jurisdictions nationally and internationally. We are determined to make the necessary investments to ensure that the Tasmanian community continues to access world class health care.

The Government is committed to our strong plan for health. The three-fold plan invests more into front line services over the short and longer term, addresses the health infrastructure constraints that our system is presently confronting following decades of underinvestment under Labor and in the face of these demographic challenges and planning for the future of our health system to ensure it is aligning with our community's needs.

The Government is getting on with the job of rolling out our six-year $757 million plan to boost health services in the north, south and north west as committed to in the 2018 state election. Once rolled out, this plan will see a significant uplift in capacity with almost 300 new hospital beds.

There will be a greater range of services right across the state and more than 1300 full-time equivalents extra frontline staff. That is an extraordinary commitment. We are delivering it and we will deliver it. This is exactly what our system needs. We know it and members on the other side know it but they will not acknowledge it. We acknowledge there are some Tasmanians who continue to wait too long in our system. We never do not acknowledge the fact that there are challenges and pressures in our system but we deal with them as soon as we can, as strongly as we can. From when I was in Cabinet I know the arguments on health got the warm approval of all

other ministers every time because they know this minister is onto this massive issue of dealing with a modern health service in a growing state such as this. Considering what was he was left with, we are in an extraordinary position already. We are only one year away from completion of the tallest building in Tasmania, the Royal Hobart Hospital.

Time expired.

Matter noted.

NATIONAL REDRESS SCHEME FOR INSTITUTIONAL CHILD SEXUAL ABUSE (COMMONWEALTH POWERS) BILL 2018 (No. 28)

Second Reading

[11.41 a.m.]

Ms ARCHER (Denison - Minister for Justice - 2R) - Mr Deputy Speaker, I move -

That the bill be now read the second time.

I am pleased to introduce the National Redress Scheme for Institutional Child Sexual Abuse (Commonwealth Powers) Bill 2018. This bill delivers on the Tasmanian Government's commitment to participate in the National Redress Scheme and will provide an avenue for justice for those people who are affected by institutional child sexual abuse.

The National Redress Scheme is a key recommendation of the Royal Commission into Institutional Responses to Child Sexual Abuse and reflects the commitment of the many people who have worked towards the provision of an alternative avenue for justice for those who have been affected by sexual abuse as children in institutions. The royal commission exposed the prevalence of institutional child sexual abuse, the failure of institutions to respond and the lifelong impact of abuse on people's lives.

In December of last year, the royal commission released 409 recommendations which will impact many areas of institutional governance, regulation and practice. In June 2018, the Government announced it had accepted the overwhelming majority of recommendations in the royal commission's final report. The Government's response to the recommendations of the royal commission is available on the Department of Justice website and I encourage all Tasmanians to read the response.

Shortly, the Government will release an implementation plan outlining actions that will be taken over the next 12 months. The National Redress Scheme is but one of a number of significant steps the Government will take to provide support and justice for people impacted by abuse. In line with the royal commission recommendations, the Government will continue to introduce measures to protect children from institutional sexual abuse, hold perpetrators to account and ensure that victims can achieve justice, including measures to assist people to participate in the criminal justice system.

Shortly the Government intends to introduce legislative amendments that will:

- create a new criminal offence for failing to report serious crimes;

- strengthen existing criminal offences;

- strengthen alternative processes for the taking of evidence of vulnerable witnesses to reduce re-traumatisation;

- make changes to sentencing law and practice, including requiring courts to apply current sentencing standards for historic child sexual offences; and

- introduce changes to criminal procedure, such as retrospectively repealing a limitation period that is preventing some people from accessing justice for summary sexual crimes.

The long-term impacts of child sexual abuse can make it difficult for people to call institutions to account through the legal system. The risk of re-traumatisation is a significant barrier for people to engage with justice processes. Disclosure of child sexual abuse often occurs years, even decades, after the abuse occurred.

The Australian Government has undertaken significant consultation and negotiation with stakeholders to develop the National Redress Scheme. This has involved negotiating with the states, territories and non-government institutions, as well as working closely with people affected by child abuse, advocacy groups and experts. Tasmania has been working closely with the Commonwealth and all other state and territory governments to develop a scheme that is survivor-focused, and guided by what is known about the nature and impact of child sexual abuse.

The royal commission's data tells us that, on average, people affected by abuse may take in excess of 20 years to disclose. For this reason, among others, civil litigation is not always an effective mechanism for all people to obtain adequate redress. Society's failure to adequately protect children has created a clear need for avenues through which survivors can access appropriate redress for past abuse. This was the rationale for the royal commission's recommendation that the Australian Government establish a single national redress scheme for survivors of institutional child sexual abuse.

The National Redress Scheme commenced on 1 July 2018 and will run for 10 years. Since July, Tasmanian applicants have been able to access support services and submit applications to the scheme. The enactment of this legislation will enable those applications to be assessed by independent decision-makers and offers of redress made to Tasmanian claimants.

To date, the Australian Government and the governments of New South Wales, Victoria and the ACT have commenced participation in the scheme. All other governments have announced their intention to participate in the scheme and will complete the formal requirements over the coming months. For states, this means they must enact laws to refer legislative powers to the Commonwealth. This bill achieves that.

Redress includes three components:

- a monetary payment which, under this scheme, will be up to $150 000;

- access to counselling and psychological support, the delivery of which will depend on where the person resides; and

- a direct personal response from the participating institution or institutions responsible to the extent requested.

An intergovernmental agreement underpins the National Redress Scheme and has been signed by states and territories participating in the scheme, as well as by the Commonwealth. The Tasmanian Premier signed the intergovernmental agreement on 31 May 2018. The intergovernmental agreement sets out the governance arrangements for the National Redress Scheme and the respective roles and responsibilities of the Commonwealth, state and territory governments.

I now turn to the detail of the bill. The bill adopts the National Redress Scheme for Institutional Child Sexual Abuse Act 2018 of the Commonwealth, known as the National Redress Act. The bill also includes an amendment reference to enable the Commonwealth to make amendments to the National Redress Act relating to redress for institutional child sexual abuse.

The amendment reference is subject to specific limitations to ensure that the Commonwealth cannot make any amendments that inadvertently affect state redress mechanisms (clause 7), such as the Tasmanian Victims of Crime Assistance Scheme. It also includes the jurisdiction of a court to grant compensation or support to victims of crime, including crime relating to institutional child sexual abuse. This means that the limitation to the amendment reference prevents any changes to the National Redress Act that would impinge on the jurisdiction of courts concerning institutional child sexual abuse. The bill will commence on 1 November 2018.

The National Redress Act provides the legislative basis for entitlement, participation, offers and acceptance, provision of redress, funding liability, funder of last resort and other administrative matters. The National Redress Act was explained in detail when it was introduced in the Commonwealth Parliament, therefore I will be brief in my account of the key elements.

The National Redress Act provides that abuse within the scope of the scheme is sexual and related non-sexual abuse that occurred before the start of the scheme on 1 July 2018, when the person was a child and in a participating state or territory. A person is eligible for redress if they have been sexually abused within the scope of the scheme, one or more participating institutions are responsible for the abuse, and the person is an Australian citizen or permanent resident.

If an application for redress identifies a participating institution as being involved in the abuse, the scheme operator must request that the institution provide any information that may be relevant. Independent decision-makers consider whether there is a reasonable likelihood, as defined in the National Redress Act, that the person is eligible for redress under the scheme. 'Reasonable likelihood' was the test recommended by the royal commission as the standard of proof for determining applications for redress.

After approving an application, the amount of the redress payment and the share of costs attributable to each liable institution is determined. The process for working out the amounts, including the application of an assessment framework, is prescribed. This includes deducting any relevant prior payments, such as payments made under the Tasmanian Abuse in State Care Ex Gratia Scheme. A determination made by the scheme is an administrative decision, not a finding of law or fact.

A person who has applied for redress may apply for internal review of a determination. If a person is entitled to redress and wishes to access the counselling and psychological component,

they will be referred to the participating jurisdiction where they live. If a person wishes to receive a direct personal response, the participating institution must take reasonable steps to give one. Guiding principles are included in the National Redress Act and a direct personal response framework sets out the arrangements under which institutions will provide those responses.

If a person accepts the offer of redress, they must release particular institutions from all civil liability for the abuse. Applicants are supported to access legal advice, which is funded by the responsible institutions. This is consistent with the royal commission's recommendations. By agreeing to participate, Tasmanian government institutions including state agencies, schools and service providers of child-related services, among others, are participating institutions.

Because Tasmania has opted into the scheme, non-government institutions in our state, including churches, charities, independent schools and other organisations, are able to participate. Already a number of these institutions have committed to participate, and I strongly encourage the remaining non-government institutions to join so that Tasmanians can have, as far as possible, equal access to redress.

For the purposes of the scheme, a participating institution is deemed to be responsible for the abuse of a person if the abuse occurred in circumstances where the participating institution is primarily or equally responsible for the abuser having contact with the person. A number of circumstances are relevant to determining that question, such as whether the institution was responsible for the day-to-day care of the person when the abuse occurred, or whether the abuser was an official of the institution when the abuse occurred.

Participating institutions that are determined to be responsible for the abuse of a person are liable for the costs of providing redress. Those institutions are also liable for contributing to the cost of counselling, independent legal advice, and the administration of the scheme.

Some institutions where child sexual abuse has occurred may no longer exist. The National Redress Act provides that a 'defunct' institution can participate in the scheme if it has a representative that acts on its behalf and assumes its obligations and liabilities under the scheme.

Participating government institutions may be the funder of last resort for a non-government institution that no longer exists. This applies only where the government institution is equally responsible for the abuse.

This is an important day for many Tasmanians. I would like to take this opportunity to again acknowledge those people affected by institutional child sexual abuse, many of whom were not previously listened to, believed or acknowledged. Their extraordinary bravery has ensured that we will learn from the mistakes of the past, acknowledge the harm and suffering experienced, and work towards prioritising the safety of children above all else.

I commend the bill to the House.

[11.54 a.m.]

Ms HADDAD (Denison) - Mr Deputy Speaker, I begin my contribution today by also recognising survivors of child sexual abuse in institutional settings and elsewhere. I put on the record that Tasmanian Labor recognises your suffering and your pain and the trauma that you should never have been subjected to, or had to endure. We join with the Government in recognising your

strength in dealing with this and your strength in involving yourselves with the work of the Royal Commission.

It is important to put those views on the record. It has been acknowledged by the Attorney-General that these processes can re-traumatise people who have been subjected to abhorrent crimes. Those who involved themselves with the work of the royal commission, and since, ought to be congratulated for their strength in sharing their stories. I have had the honour of meeting with a number of people who gave evidence to the royal commission and heard some of those very harrowing stories firsthand. Those people are incredibly brave to share their stories and they do that so often through an altruistic sense of making sure those kinds of crimes are never perpetrated against future generations.

I recognise the Government and the Attorney-General in signing up Tasmania to the scheme and in joining New South Wales, Victoria and the ACT in participating in the scheme. I encourage the other states to do the same.

I also join in the Attorney-General's recognition of those non-government institutions and churches within Tasmania that have already indicated they will participate in the scheme and join those calls for others to do so now Tasmania is signed up to the scheme. Those institutions have the opportunity now to participate in the scheme.

I am pleased Tasmania is a part of that and Tasmanian survivors of child sex abuse will now have the opportunity to claim compensation through the redress scheme.

In recognising this, I want to share some of my views and some of the things I have heard about the structure of the scheme. These things very much go to the detail of how the Commonwealth has structured the scheme against the backdrop of the recommendations of the royal commission. There are a number of exemptions of people who will not be eligible to claim compensation under the redress scheme or for whom it would be much more difficult in claiming under the scheme. These include people who are non-citizens who may have been citizens at the time or permanent residents at the time of their abuse.

One of the decisions of the Commonwealth that concerns me - and that was not a recommendation of the royal commission - was the potential exemption of people who have served prison sentences of more than five years in being able to access redress under the scheme. In making these comments I reiterate the fact - and the Attorney-General has addressed this in her remarks on this bill and also in her ministerial statement earlier in the year - that redress is about much more than financial compensation. The redress scheme will have the capacity to provide counselling and psychological support to survivors of child sex abuse, and direct the personal responses from institutions involved with those heinous offences. It is potentially a great disadvantage to people who have been serving sentences of more than five years, regardless of those crimes.

Anyone in this House who has had experience in the criminal justice system or working with people who have had experience in the criminal justice system, would know trauma in childhood and trauma throughout your life can and often does impact on life choices and can lead people to enter a life of crime.

The CEO of knowmore, which is the organisation that has been funded by the Commonwealth to provide referrals and other support, is concerned that excluding criminal offenders from accessing the scheme might have an unintended consequence of the institutions that were

responsible for their abuse not being held liable or accountable for what happened to those people as children. He gave some examples he believed, on the face of it, might exclude young people who have been dealt with by police for offences that are nowadays called 'sexting', or sending nude photographs to another young person. That is technically a criminal offence and would also potentially exclude anyone who has a conviction for an offence of homosexuality, and while this state has acted on expunging those offences, some states have not.

He recognised also that many prisoners were subjected to sexual abuse as children and many of those people experienced child sex abuse in institutions. He said that the royal commission, in their work, which interviewed thousands of prisoners around Australia, shared those experiences with him and other people who worked on the royal commission. He explained that of the many people who had experienced child sex abuse in institutions, the royal commission found that the majority of survivors of child sex abuse do not go on to commit crimes, so it is not correct that they are over-represented amongst those who are offenders compared to the general population. Some estimations say they are up to five times more likely, based on research, to end up in trouble with the police.

A fellow called Tony shared his story with ABC journalist Erica Vowles. He explained to her that he was about seven when he was put into a Salvation Army boys' home by his mum after fleeing his father in Queensland. He said he lived in that home between the age of seven and 10 where he was horrifically abused in ways that I will not read into *Hansard.* He left that institution at about 13 and stole a car to travel to New South Wales. That was his first instance of being involved with police and petty crime. The reason he stole a car was to try to get back to Queensland to find his father because, in his words, his mum 'didn't want him' and he wanted to try to reconnect with him father. After that, he ended up falling into a bit of a spiral and decline with drug abuse and petty crime and was eventually sent to prison for armed robbery. He explained he started robbing banks to fund a serious drug habit. He was sentenced to 12 years in prison for armed robbery with a six-year non-parole period. He explained that his time in prison set him on the right path and he has been clean ever since his release. When he was asked for his views on excluding people like him from the scheme, he said:

> … those are the people that were hurt the most. They are the ones who have suffered the most because that's how we turned out to be those types of people, because the system let us down and we got abused, beaten, bashed, flogged. It was ridiculous. Now they're saying, 'hey, because we did that to you, unlucky, because you did this we are not giving you anything'. They've got to do what's right.

Redress is not just about financial payment, it is also about accessing services like counselling and psychiatric support, because and it has been shown that counselling and psychological support can be enormously helpful to people who have experienced any kind of trauma.

People who worked on the royal commission explained that for some of the prisoners they spoke to who came forward to them during their interviews, often that was the very first time in their lives they had disclosed their experience of childhood sex abuse. Indeed, just that experience of sharing their story and being able to access some support during that royal commission phase of this work was life-changing for many of those people.

Mr Deputy Speaker, it was important for me to put these thoughts on the record, simply because this was not a recommendation of the royal commission and yet it has formed part of the scheme.

Nobody would argue that experiencing child sexual abuse is an excuse for adult offending but it sometimes provides insights into why people have ended up in the situations that lead to offending.

Some other concerns have been raised with the Opposition regarding the structure of the scheme. First of all, it is important to recognise that Tasmania signing up to the scheme allows choice in ways for survivors of child sex abuse to pursue claims for compensation and adds to common law avenues for survivors of child sex abuse. I recognise that earlier in the year the Attorney-General also made the decision to remove the limitation periods for people seeking common law damages and that is very positive. However there has been much public criticism, and I will put it on the record in *Hansard* today, of the decision of the Commonwealth to index former payments that people have received through other schemes for compensation. This might have the ability to be quite damaging for some clients who go through the process of applying for redress and potentially might miss out on redress if their payments, including for small sums, are indexed. The announcement is that they will be indexed at 1.9 per cent and then deducted from any amount payable under the redress scheme.

It is important to recognise that while redress is not the only option, those who apply who have accepted payments of compensation through previous styles of compensation schemes may well miss out. Some lawyers have described that as potentially dangerous because of the potential for re-traumatisation of those people in going through the process.

I thank the department for the briefing they provided to me last week and to the office of the Attorney-General for facilitating that briefing, as well as recognising the work of the Department of Justice which has led the work on behalf of the Tasmanian Government and all the other departments I know have played a key role in addressing the recommendations of the royal commission and the royal commission work itself, including health and communities, education, police and others for the work they did in bringing this important piece of law to fruition for Tasmanian survivors of child sex abuse.

[12.07 a.m.]

Ms O'CONNOR (Denison - Leader of the Greens) - Mr Deputy Speaker, it has been a long, traumatic and painful journey to this point where we are debating the National Redress Scheme for Institutional Child Sexual Abuse (Commonwealth Powers) Bill 2018. No-one has felt this more than the survivors of child sexual abuse, their families and the people who love them. I also acknowledge what a painful journey it has been to this point to acknowledge that for decades survivors could not tell their story. If they could, they were not sure they would be heard or listened to but they were quite sure there would be no measure of justice for them.

We have come to this place today where the Tasmanian Parliament is debating redress legislation because in 2013 we had a prime minister who listened to the survivors. Julia Gillard established the royal commission when it became very clear that revelations of a massive cover-up on the part of numerous churches and charitable institutions had not been resolved or explored.

I also acknowledge the courage of the survivors of child sexual abuse and to acknowledge that for decades they have suffered in silence. I acknowledge that there are people who did not survive to this point to see a measure of justice being passed through Australian parliaments. For some people who experienced traumatic sexual abuse as children, the pain was too much, and we need to acknowledge that.

We are here at this point today because of an appalling failure of institutions that were entrusted with children to deliver on that trust and the generations of harm that has been caused as a result, because childhood trauma, like when you throw a stone into a pond, has intergenerational consequences. It is not just the people who survive the abuse who have suffered. It is their families, their children, their loved ones, their partners. While this legislation will not heal all the wounds it does provide a measure of justice.

One of the most important things that the royal commission achieved was to give survivors a voice, a safe space to tell their stories knowing that they would be heard, they would be listened to and that a measure of justice would be delivered. What Australia allowed to happen for decades was a massive cover-up of criminal activity inflicted on children by churches and charitable institutions including state run institutions. A massive cover-up.

We do not know exactly how many survivors of child sexual abuse will be eligible for this scheme. There are some people who to this day will not have told their story, for whom the shame that they carry is too much; they cannot tell their story. On behalf of the Tasmanian Greens, it is my hope that all survivors find a measure of justice in this. For those survivors who have not felt safe to tell their stories or to seek compensation through civil means it is our hope that this legislation and the redress scheme will bring them some relief at last.

The royal commission undertook its hearings over a four-year time span in Australian states and territories. It heard evidence from survivors, from people who worked in the institutions and from perpetrators. In December last year it handed down the final recommendations, 409 recommendations in all, of which this redress scheme is a most significant part.

The Tasmanian report of case study number 20, the response of the Hutchins School and the Anglican Diocese of Tasmania to allegations of child sexual abuse at the school, is a telling example of why so little action was taken for survivors for so long. There is a case study in here of abuse that was perpetrated at that school between 1964 and 1965 by teachers, a principal, by people to whom parents had entrusted their boys. It took 50 years for the school to apologise to that one victim - 50 years. The apology came through in 2014 and these events happened in 1964. When you read this case study you will see a cover-up at the time. People being moved on or fleeing the country, perpetrators, and then when a survivor went to the school seeking acknowledgement and an apology over the course of about 15 years he was fobbed off, he was ignored, he was denied and he was shut out. His suffering was not acknowledged until 50 years after that harm had been inflicted and he was just one example of a young person who had suffered in that school during that period of time.

When communities understandably express concern about the loss of their churches, places of worship, places they love that are of value to their parish, their congregation, I say to them I understand why a place that is so significant to you, to your faith, is something that you want to hold on to. I also understand that the Anglican Church has a profound moral responsibility to step up, to take responsibility for the harm that was caused and to take whatever steps are necessary to look out for the survivors in acknowledgement of the wrong and the harm that they suffered.

As we know, the Anglican Church quite rightly was the first institution in Tasmania to step up and take responsibility and say it would participate in the redress scheme. Not long after, the Catholic Diocese of Tasmania said it too would acknowledge that children had suffered in institutions that ran in the past and that it would participate in the redress scheme.

Could the Attorney-General please update the House in your second reading response on other institutions in Tasmania, whether they be church or charitable institutions, and the progress of their agreement to participate in the scheme?

Given Ms Haddad's very nuanced and insightful contribution on this legislation, the House should understand whether or not the Salvation Army has agreed to participate in the redress scheme. We know that there were children placed with Salvation Army institutions right around the country who still bear the scars of what happened to them to this day.

I acknowledge the persistence and the compassion of CLAN, the Care Leaders Action Network of Australia, which for years and years gave survivors a voice, heard them, listened to them, believed in them and pushed for change. It is in significant part because of the courage of survivors and the CLAN that a royal commission was established in Australia. That has delivered a package of reforms that should ensure we never have this debate in this House again where we are seeking to provide a measure of justice for harm that was inflicted on children when they were placed in the care of adults that they should have been able to trust.

I have some concerns about the narrowing of eligibility that excludes people who have served time in correctional facilities. Ms Haddad is right. If a person has experienced brutalisation; had their dignity taken away from them; had their trust not just abused but destroyed, and leave an institution a bundle of trauma without support, there is a reasonable likelihood that they will go on to commit crimes. We heard the story of 'Tony' from the Salvation Army Institution in New South Wales.

Could the Attorney-General please explain what justification there is for excluding that cohort of survivors from eligibility for the scheme? I do not believe that is what the royal commission intended. Survivors are survivors are survivors, whatever their life's journey after they escaped the abuses. It strikes me that there is something harsh, punitive and wholly unjustified about a redress scheme that excludes people who experienced huge trauma and then went on to create further chaos in their lives. All they knew was pain and chaos and that winds them up in correctional institutions. It does not pass the fairness test.

Could the Attorney-General detail to the House some of the terms of the intergovernmental agreement signed by the Premier on 31 May 2018? We need some clarity for Tasmanian survivors who may have received some compensation through the program for compensation for people who were abused in state care. My understanding is that they will still be eligible for redress if they received compensation under the state scheme, which will be taken into account in determining what compensation might be available. That would be important, Attorney-General, to clarify to those Tasmanian survivors.

Is the Attorney-General confident that the funds allocated through the state Budget for redress sufficient, given we are talking about a scheme which will span a decade?

Ms Archer - I have already said, if they were not, there is no way we would not fund this. I said that at Estimates.

Ms O'CONNOR - That is good. The royal commission estimated somewhere in the vicinity of 1700 to 2000 Tasmanian survivors may be eligible for redress under this scheme. Can the Attorney-General provide clarity on the number of Tasmanian survivors who may be eligible?

It is important this House understands which institutions have accepted responsibility in the way the Anglican Church and Catholic Church have. It is the very least they could do.

I acknowledge this bill confers powers to the Commonwealth. Section 51 of the Australian Constitution enables state parliaments to refer matters to the Commonwealth Parliament and operates to refer matters in relation to institutional child sexual abuses as follows: the adoption of the National Redress Scheme for Institutional Child Sexual Abuse Act 2018 of the Commonwealth.

Some survivors who have followed this debate will now be seeking to access therapeutic services, counselling and support services. I have spoken to survivors who have never received professional help or support. It will be a most welcome development to be able to access those services.

I acknowledge this legislation provides the mechanism for compensation. It is important the House acknowledges that no amount of money will heal these wounds, that the compensation is an acknowledgement and only a measure of justice. For survivors a life of pain cannot be quantified into a dollar figure. We need to acknowledge that.

I acknowledge that for some survivors it will be particularly significant and meaningful to be able to obtain a personal response from the institution under whose dubious care they suffered. For some survivors the notion of having any contact with the place of their childhood horrors will be too much to bear but it is important those institutions which still exist and are able to make the personal response, apologise. Do not let it take 50 years, as it did in the case of the Tasmanian example. As was clear when you study the Tasmanian case study 20, more than anything else, what the survivor wanted was for the school to say, 'Yes, we believe you; yes, it happened; yes, our response at the time was appalling and it compounded your suffering; yes, we failed you miserably; we did not just fail you, we failed other students in our care; we accept responsibility for that and we are so sorry'.

For some survivors it is those words that will matter the most because it will mean these people have been heard for the first time in decades, that their suffering is acknowledged by the institution that harmed them. I urge all Tasmanian churches and charitable organisations that know that in the past children suffered in their care, if a survivor approaches you and seeks a personal acknowledgement make it unreservedly, make it with heart and know that in doing so it will be the first time for survivors that their suffering really has been acknowledged. That will be of more value to many survivors than the compensation, which is regrettably capped. It is regrettable that it is being capped and it will never be enough to repair the damage that was caused. It will never compensate for in some cases decades of suffering and internalising trauma, but it is something.

This House today will pass legislation that at last provides a real mechanism for redress and compensation for people whose suffering we can only begin to imagine. I urge those members who have not read any of the royal commission's work, or the transcripts of evidence, or the case study from Tasmania to do so. By doing that we will have some understanding of what these children experienced.

The Greens will be supporting this legislation.

[12.26 p.m.]

Mr JAENSCH (Braddon - Minister for Human Services) - I rise today to make a contribution on this bill as the minister responsible for the protection of children. I acknowledge in doing so the

survivors, those who did not survive, those who brought about and conducted this royal commission and who proposed this redress scheme, my colleague, the Attorney-General, for preparing this bill, other members who have spoken today, and anyone listening.

The work of the Royal Commission into Institutional Responses to Child Sexual Abuse shone a bright light into dark corners of our society and our history. They made it plain to all Tasmanians not just the scale of abuse that occurred in institutional settings, but through the evidence of brave survivors we gained a greater understanding of the life-long catastrophic impacts of such abuse. The Chair of the royal commission, the honourable Justice Peter McClellan AM, said at one point,

> What many may consider to be low levels of abuse of boys and girls can have catastrophic consequences for them, leading to a life which is seriously compromised from what might otherwise have been.

He goes on to say,

> This can result in lifelong difficulty in relationships which can cause problems in other aspects of their lives. Although the impact on the lives of abused persons has been reported within the academic literature I have no doubt that it is not well understood by the general community.

I believe the personal stories shared and the discussions that have ensued because of them have helped that understanding in our broader community and shone that light into those dark corners once and for all.

In an interim report the royal commission also noted that there are both short-term and long-term effects of childhood sexual abuse and many effects that may be lifelong, that children and adolescents face emotional, physical and social impacts and those impacts often extend into adulthood, affect life choices and mental health and may lead to victims committing suicide. The nature and severity of the impact vary between survivors and the impacts extend beyond the immediate victim, affecting parents, colleagues, friends, family and the broader community, as other speakers today have mentioned. A 2016 report to the Australian Institute of Family Studies outlined the ways that child sexual abuse can negatively impact on victims and their relationships with others. It found that it impacts mental and physical health, levels of tension, anxiety and conflict in families, long-term relationships with family members, including with extended families such as in laws and cousins, marriage and partnerships, victims' and survivors' education and employment opportunities as a result of traumatic stress and their social connectedness.

In December last year the royal commission presented a final report detailing the culmination of a five-year enquiry into institutional responses to child sexual abuse and related matters. The royal commission's final report comprised a total of 409 recommendations covering a broad range of areas, including previous recommendations of the commission. Most critically, it reflects the courage of survivors of sexual abuse who shared their stories with the commission. I thank them for sharing their stories, as torturous as that must be, and I hope the exercise of doing that can also contribute to a healing experience for them, through the knowledge that they are not alone in what they have experienced. Society wants to hear their stories now and they must not feel they need to hide them away. While we can never share their pain, we can and do share their outrage at the unforgivable betrayal of them by those who were meant to care for them.

Further, I hope that the redress scheme offers them meaningful redress and practical assistance to help them repair their lives. Beyond that, I believe it is very important and we owe it to the survivors that every government does everything in its power to prevent future abuse and where that is tragically not possible, at the very least to identify it early and improve the way that perpetrators are investigated, prosecuted and sentenced, and to improve survivors' access to justice and ongoing support.

This Government has been steadfast in its commitment to protect our most vulnerable people, our children, and it is satisfying to some level that many of the commission's recommendations are consistent with reforms already underway across relevant portfolios, including the Strong Families, Safe Kids reforms, the related out-of-home care foundations project and actions under the strategic plan for out-of-home care in Tasmania and our Youth at Risk strategy.

I would like to outline for context to this redress some of the Tasmanian responses to key recommendations from the report. The royal commission's recommendations recognise that government institutions in the broader community share responsibility for keeping children safe. That is why it is important that the vast majority of the recommendations in the royal commission's final report that apply to Tasmania have been accepted or accepted in principle already by this Government, though some will require further consideration before action can be taken. This includes looking at changes to the Tasmanian Children, Young Persons and Their Families Act 1997 on mandatory reporting to include persons in religious ministry, including in religious confession.

When the Attorney-General announced this, Tasmania was one of a number of jurisdictions in taking the lead in accepting in principle the need to include priests as mandatory reporters and, importantly, to lift the veil from the confessional for the purpose of such reporting. As the Attorney-General said at the time, the Government recognises that this is a contentious area of law reform and represents a huge change to centuries of canon law. I am proud to be part of a government that, faced with the royal commission's findings, without hesitation put the interests of children in the future ahead of traditions from the past. The royal commission shone a light into some of those darkest corners of our history. We must learn from that and be prepared to make the right decisions that put the safety of our children above all else, because nothing is more important.

Currently, mandatory reporters in Tasmania are persons prescribed by the Tasmanian Children, Young Persons and Their Families Act and include people employed in a range of occupations, including law enforcement and health care. The royal commission's recommendations will provide for national consistency as to what persons these laws apply to. It also includes further work to look at protecting individuals from civil and criminal liability for making a report or complaint.

The Government also accepts in principle the need for a specific criminal offence targeting the failure to report child sexual abuse and criminalising such behaviour. As this may pertain to information gained through the confessional, we have formed the view that further consideration is warranted, primarily in the context of technical evidentiary matters regarding the specific criminal offence, as recommended in the final report.

The Government will continue in its unwavering support of Tasmania's most vulnerable and Tasmania's participation with the Australian Government in national initiatives such as the development of a national strategy to prevent child sexual abuse and a national framework for child safety, which will further address a number of the commission's recommendations.

The appointment of Tasmania's first Child Advocate is a key response to the Children's Commissioner's recommendations to ensure that mechanisms are in place to seek out and listen to the individual voices of children and young people in the out-of-home care system in Tasmania. Sonya Pringle-Jones is our first Child Advocate for Tasmania and has been working hard since her appointment, giving children a voice. The wellbeing and safety of all children is of the utmost importance to our government and the Child Advocate will provide a greater voice to children in out-of-home care regarding the quality of and decisions made about their care.

The Tasmanian Government also funds two community sector organisations to provide sexual assault support services. These organisations are the Sexual Assault Support Service in southern Tasmania and Laurel House in the north and north-west.

The Government has committed $200 000 to comprehensively research and develop a whole-of-government action plan against sexual violence, which will include a review of multi-disciplinary models operating across Australia and provide recommendations regarding the best approach for Tasmania.

Consistent with the need to put children first, the Government also accepts in principle the Child Safe Standards recommended by the royal commission. These standards will see child safety embedded in the leadership, governance and culture of institutions and allow children to participate in decisions affecting them. From 2016 the Tasmanian Government committed to a comprehensive reform of services to children called Strong Families, Safe Kids through the creation of a collaborative service system that can respond swiftly to ensure the safety and wellbeing of children.

Every Tasmanian is part of the community of care for our children and we are focused on generational change for children and families and the services that support them. We are getting on with the job of closing the gap for these children, young people and their families, to give them the positive future they deserve.

Early intervention and a whole-of-government approach to helping at-risk young Tasmanians are the key drivers of a new strategy we have launched. The Hodgman Liberal Government is able to invest more in services to help those in need, including young people aged between the ages of 10 and 17 who can be amongst our most vulnerable.

Our Youth at Risk strategy also aligns with and builds on our other important initiatives, including the redesign of the Child Safety Service, our nation-leading Family Violence Action Plan, our Joined-Up Human Services approach, Tasmania's Affordable Housing Strategy and our Youth Suicide Prevention Plan.

By taking a collaborative approach across government and non-government services, we can do better in responding to their safety and rehabilitative needs. We know that young people at risk are more likely to become involved in the youth justice system and from there, have poor outcomes in life, which is why early intervention is so critical.

The strategy has seven key areas:

- to build a strong foundation for the youth at risk service system through the development of a vulnerability assessment tool and the formation of agreed outcomes based on the child and youth wellbeing framework;

- to provide timely and appropriate safety and supports for young people in out-of-home care and those engaged in the youth justice system;

- to increase awareness and create alternative pathways within the homelessness and housing system for young people at risk;

- to improve education and employment opportunities by providing flexible learning alternatives for vulnerable young Tasmanians;

- to improve the health and wellbeing of our most vulnerable young people through youth-focused drug, alcohol and mental health services; and

- to create safe and inclusive communities for young people and a system of system-wide overarching supports in the youth services sector.

Youth at Risk Strategy is about doing all we can to address the complex needs of young people who may have experienced abuse or neglect or who are struggling with homelessness, mental health or drug and alcohol issues which, we acknowledge, can be a result of that abuse.

One of the key actions of the Strong Families - Safe Kids redesign, which also aligns to many of the recommendations of the Royal Commission, is a new service to feed the single point of entry for people seeking information, advice and service referral in regard to significant concerns for the safety and wellbeing of children.

The model for the Children's Advice and Referral Alliance - CARA - has been built on the principle that effective services for children and young people at significant risk requires an integrated service system that seamlessly provides advice and access to support services based around the needs of the child or the young person. CARA has been developed to meet these needs and enables safety and wellbeing concerns for children to be assessed and responded to within clear timeframes by the most appropriate service. It provides easy access to information, advice and referral pathways for professionals and others in the community who may have concerns for the safety and wellbeing of children. It builds on the collaborative base established by the gateway service through a partnership approach and enables flexibility and the allocation of staffing resources depending on the needs and the situation of any particular young person or family. CARA will maintain a focus in identifying the needs of the child and their family and on supporting them to access the supports they need.

The CARA model provides a contact point for individuals at significant risk and agencies with concerns about child safety and wellbeing, an information source in regard to service options and, if appropriate, a referral to the available services that best meets the needs of children.

This earlier and broader approach to intervention is made possible through the implementation of a new children's advice and referral service. This service will improve the state's ability to provide timely information, advice and assistance to better support children and families, especially vulnerable children and families, before harm, abuse or neglect occurs.

Preparing for the new services involved extensive consultation with staff, unions, the child safety sector, experts in these fields and many of our mandatory notifier groups, many of which also participate in the oversight and steering committees. This consultation continues.

Designing the Children's Advice and Referral Alliance service has been a complex process and it is critical that we get it right and that it is not rushed. The design process has also considered the appropriate structure and location of the service to ensure consistency of practice and approach, service response times and relationship management as well as to ensure capacity to meet demand and increase.

How we work to protect vulnerable children in Tasmania is not an easy task but we owe it to every vulnerable child in Tasmania to attempt to do something different and to do it better. These reforms will make a difference and the impact will become evident over time, including significant and positive changes in the way we work with vulnerable children.

Along with the Tasmanian response to the royal commission, our Government has accepted seven recommendations of the Commissioner for Children and Young People, in his report, Children and Young People in Out of Home Care in Tasmania. These have been incorporated into the Strategic Plan for Out of Home Care in Tasmania 2017-19. We recognise the importance of higher level system oversight. We have made an investment of $1 million over four years in the 2017-18 state Budget for the Commissioner for Children and Young People to provide independent, systemic monitoring of out of home care in Tasmania. The monitoring program will complement, not duplicate, the oversight and compliance activities of the children and youth services, the broader Department of Communities Tasmania and other entities that undertake monitoring and oversight activities, so there are more eyes on our young people and their care than ever before.

The Tasmanian standards for out of home care are being developed as part of the department's Strategic Plan for Out of Home Care in Tasmania 2017-19, which was released by the Government in 2017. Work and consultation continues to progress on defining the monitoring model that will be used. This will include consultation with the Commissioner for Children and Young People. The department works to national standards in out of home care and these are reported regularly through the national indicator monitoring and reporting. As well as this there are standard work practices within Child Safety Service to ensure the ongoing safety of children living in out of home care. We are developing a quality and accountability framework that will improve outcomes for children and young people, support carers, identify standards by which we will operate, measure our work and imbed a culture of continuous improvement.

The new Department of Communities Tasmania provides an opportunity to include a standards and performance division that will have oversight of the quality and accountability framework, including measurement of standards to ensure best outcomes for children and young people in out of home care.

Our Government's election commitments include a range of actions aimed at supporting and improving outcomes for children through a number of additional supports for children, young people and families and a focus on strengthening permanency arrangement in out of home care. Not least of all is our initial investment of $3 million over three years to increase the maximum duration of out of home care from 18 to 21 years.

We have been working on overall improvements to strengthen the transparency, oversight and monitoring of the quality of all services provided to children in out of home care. Together these initiatives will increase the capacity of our system to take care of vulnerable children.

I reflect on these initiatives, this Government's policies and the investment underway, not to say everything is okay now. Tragically, abuse continues and will continue to occur. Every case is

a tragedy and every effort must be made to prevent it where ever possible and to ensure justice and support for victim wherever we can, so they can be survivors and have good lives.

The royal commission has assisted that effort. It has changed the way we know and understand what has happened in the past. The scope of its recommendations has given us a lot to work with and there are a lot of reforms underway. It is pleasing to note some of the reforms already underway in Tasmania harmonise well with the recommendations of the royal commission.

Survivors should note these responses of their community and their society to their stories and see that the world is changing around them. The commission, its recommendations, the response of the community, this parliament and others around Australia, the redress scheme and the other laws and policies and initiatives that are underway now that were not there when their abuse occurred, less than a generation ago in some cases, tell them that by sharing their stories, they have helped to change our understanding and helped us to shine that light into those dark corners so fewer people will need to go through what they have endured in their lives.

I thank those survivors, yet again, for putting their stories on the record so we can all learn from them about what our society is capable of and what we need to do about it.

[12.49 p.m.]

Ms O'BYRNE - Madam Speaker, some of the best moments in this House are when we act with shared purpose and with shared intent. There is an overwhelming level of support in this House and I am sure, in the other place when it is debated later, to support the redress program, to support the work of the royal commission. There are not always times when we have that shared purpose. It is an important time to note that in these matters, as we have in the past, as a parliament we come together. That does not mean we will always agree on every implementation or every outcome, but a shared intent and a shared purpose in this House should always be noted.

There were 57 public hearings, some 440 days of hearings, some 1300 witnesses, 8000 private sessions listening to the personal accounts of survivors, 2500 referrals to authorities including police, and the royal commission estimates that around 20 000 survivors were sexually abused in state and territory government institutions, not including those who suffered abuse not deemed as sexual. The royal commission found that some 4000 institutions were places in which this abuse took place.

We cannot in any way give words to the horror and pain that people have gone through. We often say that telling a story is cathartic, but I believe telling these stories has been incredibly traumatic for the survivors, those who have survived and been able to go on with their lives. Our hearts today are with those people, particularly Tasmanians but people broadly around the world who have suffered abuse at the hands of the church that has been covered up for so long. Our hearts are also with those families who have lost people who were not able to go on with those experiences in their lives.

It is important that we come together and work with this. The royal commission's recommendations outlined what the National Redress Scheme would need to embrace and do. I do not think they made the recommendations lightly. They should be implemented faithfully and as quickly as possible. Many of these survivors have waited too long and any action that slows it down would further compound the pain they have suffered.

The legislation is not as necessarily perfect as the royal commission would have had, and we need to note that decisions have been made that were not recommendations of the royal commission in a number of areas. I want to touch on a few of those because it is important that we mark that place in case there is a time that we get to come back and look at those issues that were not addressed in the way the royal commission asked, or whether there are steps that can be taken further. It is important to note those.

One thing was not part of this bill that I think makes these things a little bit more damaging and scary. I am really pleased that the Anglican Church is committing to pay its redress. I am pleased that they have said they will sell properties in order to raise the funds, but I am concerned they have conflated the issue of raising funds for other purposes for the church with this issue. Only 25 per cent of the funds they intend to raise from the sale of properties around the state will actually go to redress and the balance of those funds are for other purposes for the church. I have to say respectfully, Madam Speaker, that I find that an unfortunate decision of the church because it then conflates what is a really important issue, the payment of redress, with other issues that the church is dealing with financially. I urge them, as people around the state are urging them, to rethink that decision and perhaps look at their commercial properties or other ways that they might meet their redress needs that do not cause further concern and pain to communities, bearing in mind that some of those people in those communities may in fact be survivors who have already felt that the church has let them down. I believe that would be an appropriate thing for the Anglican Church to consider at this time.

The redress scheme, as we know, commenced on 1 July. We are pleased that the process is being undertaken. We are disappointed that the compensation amounts paid to survivors are lower than what was recommended by the royal commission. I think that is something we need to be aware of. The royal commission recommended a maximum amount of $200 000 be available to survivors under the scheme. The maximum in this bill has been set at $150 000. That is significant to note. The amount of redress is important because those people who accept an offer of redress made under the scheme will lose their right to make a civil claim against the institutions responsible for their abuse, so this is an incredibly difficult decision they have to make. We have already caused an awful lot of pain and we do not have the right to short-change those individuals.

All organisations must meet their obligations and we cannot ignore the recommendations, but whilst money does not make things better, what we know and what we debated in this House before when we have done compensation schemes, is a recognition that our society places a value on monetary compensation. The royal commission set that level for a reason. They did not pick it out of the air for no reason. They set that rate because they knew they were limiting other options that would be available to these survivors of violence into the future. That is something we need to look at.

I am quite concerned that it includes a piece of work not recommended at all, which is that people who are sentenced to jail for more than five years will not be eligible to access this scheme. Members have already spoken quite passionately around the impact -

Ms Archer - I will respond to that. There is an exemption to that.

Ms O'BYRNE - I appreciate that. I want to put on the record why I am concerned about it, because there are, as we know, people who have -

Ms Archer interjecting.

Ms O'BYRNE - I apologise, Ms Archer, it might be my cold but I cannot hear you. I am not meaning to ignore you but I cannot hear the commentary you are making. We will put it on the record that Ms Archer has indicated that she will be addressing some of those issues in her summing-up.

We know that people who are survivors of abuse are often set on a pathway that would not have been their pathway had they had a happier and safer childhood, and some of those pathways lead to incarceration, so avoiding paying what I imagine to be quite a sizeable proportion of people seems to me to be an unfair punishment again. Not only have they experienced and survived the abuse, they have had a pretty difficult life as a result of the abuse and now they are being told that the decisions they made subsequently are somehow going to mean that they cannot access this redress scheme, which is quite concerning.

I want to mention it because it is something that comes up in compensation schemes. I am not sure if Ms Haddad addressed it but when I was minister in the area and we were doing the compensation to the stolen generation, one of the elements of that compensation was that if your child was removed because you had gone to prison rather than because of your Aboriginality, you would not be entitled. That was a reasonably fair provision and I give credit to a former member of this House, Ray Groom, who oversaw that compensation scheme and did a huge amount of work to ensure whether or not the fact that we had sent someone to prison because they were Aboriginal, that we had we had provided a different level of justice based on their Aboriginality.

One of the examples that we give is a woman who had stolen either milk or bread - I am not quite sure which - and she had been incarcerated as a result of that. The reality was that had she not been Aboriginal she would not have been incarcerated. Those are the sorts of things that we need to be aware of. We have set people on a pathway and we need to be responsible for that pathway. I appreciate that Ms Archer said she may be addressing that further.

It is concerning that some people, for instance former child migrants who no longer live in Australia, or survivors whose abuse occurred in organisations that effectively do not exist anymore - they might be bankrupt or for whatever reason they have closed - will not be eligible for redress. That causes some concern. The royal commission did not recommend that applicants had to be Australian citizens or live in Australia. That is an eligibility that has been federally applied in the legislation which will only be able to be avoided in special circumstances and given that Ms Archer is dealing with some of those issues, she might touch on that exemption as well.

The royal commission recommended that governments act as a funder of last resort where responsible organisations no longer exist or are bankrupt. The legislation only requires governments to take on this obligation if they share responsibility for the abuse with the organisation where it took place. That may cause some concern further down the track. I am not sure how many people would fall into that space but that may very well create issues in accessing the redress scheme. It is important that all survivors of child sex abuse within institutions should be able to apply for redress no matter where they were abused, where they live, or what turns their lives have taken since.

Survivors who accept an offer of redress will be asked to sign a deed of release so that they will not be able to seek compensation through the court process, and that goes again to the limitation. Signing a deed of release is going to be once again a very emotional, painful and potentially overwhelming process. There is only one application to the scheme permitted so it is a big decision. It allows six months for a survivor to make this choice. The royal commission,

however, suggested that a year was a more appropriate time in which to be able to make that decision. Counselling will be incredibly important and the commission recommended that one component of redress would be access to counselling for the rest of the applicant's life.

Sitting suspended from 1 p.m. to 2.30 p.m.

NATIONAL REDRESS SCHEME FOR INSTITUTIONAL CHILD SEXUAL ABUSE (COMMONWEALTH POWERS) BILL 2018 (No. 28)

Second Reading

Resumed from above.

Ms O'BYRNE (Bass) - Madam Speaker, when we rose for the break, I was discussing the concerns that the royal commission recommended a year to allow people to make an application to the scheme. The implications of it being reduced to six months puts quite a lot of pressure on people, particularly those who might be seeking additional support and counselling at this time and who need support through that decision.

The royal commission also recommended that one component of redress would be access to counselling for the rest of the applicant's life and, as we know, counselling is not something that has a one-off outcome for people. Quite often it is a long, supportive and trusting relationship that assists people to deal with the trauma they have experienced. However, the legislation only provides access to state provided services for the length of the scheme, which is 10 years, or a one-off up payment up to $5000 to be put towards counselling. None of that comes close to providing the level of support which the royal commission recommended and the level of support that we believe survivors deserve. That is a significant concern. There is the issue of indexation of past payments which is upsetting for many survivors as well.

Previous redress payments will be adjusted by 1.9 per cent for each year since they have been received and the amount will be deducted from the total the survivor would otherwise be offered. For some people, past compensation amounts may not have been significant amounts of dollars. Often legal fees were involved in those and some people did not necessarily come away with a significant amount of money.

We do worry that the indexation may mean that some survivors will be eligible for payment but in reality will see very little of the benefit of it financially.

I understand that Labor federally has committed to reopening negotiations for states and territories to address this issue should they be elected at the next election and there is a whole host of reasons why I would like to see a Shorten Labor government, stability in the federal parliament for a start. It would also provide an excellent opportunity to address some of the concerns that have had come out of the legislation that has been drafted but has not necessarily picked up all of the requirements or recommendations of the royal commission, including the indexation issue.

I understand that there may be some people who are missing today's debate who have a significant interest in it. We cannot talk about such a serious issue without recognising that, as they listen to their state members of parliament debate this matter which includes matters that are deeply

personal and painful for them, there is access available currently for counselling. There are organisations such as Lifeline and the Blue Knot Foundation. There are other local organisations and there are a number of services that people should be able to access. If today has been a good day in seeing this debated in the parliament but a hard day, then obviously we encourage people to seek the support they need.

I have incredible respect for the bravery of those people who have told their stories, the bravery of those people's families who have supported them and my deepest sadness for those people who did not survive the abuse that they suffered. May we provide in the debate today a step towards some level of compensation, recognition and, perhaps, reconciliation.

[2.34 p.m.]

Mr BROOKS (Braddon) - Madam Speaker, I support the bill. The legislation is another important milestone that facilitates Tasmania's formal participation in the National Redress Scheme. We know redress is important for survivors and a key recommendation of the Royal Commission into Institutional Responses to Child Sexual Abuse which everyone agrees is an abhorrent tragedy, not just for those who were affected at the time but for the lasting effects for the rest of their lives and the impacts on others that continue even today.

Tasmania has led the way in this area and we are one of a handful of Australian jurisdictions who ran our own redress scheme previously, the scheme that saw $54 million provided through the abuse in state care compensation scheme that operated between 2000 and 2013 that assisted more than 1800 survivors who were subject to sexual, physical or emotional abuse whilst in state care as children.

The legislation before us today will allow Tasmania and our non-government institutions to formally participate in the national scheme. It is very encouraging that key institutions in Tasmania have declared their decision to participate. This includes the Anglican and Catholic Churches, the Scouts and the Salvation Army, among others.

I was a cub and a scout, and I attended church and there were many fine, wonderful people involved in those institutions, as there still are. Those institutions and organisations recognise the disgraceful and indefensible actions by some in those institutions. It is important they recognise it happened and the impact it had on those who were subject to those actions continues today. I commend those institutions for standing up and saying, we are sorry. That is not a reflection on everyone in that institution because there are some wonderful people in all those organisations who had nothing to do with this but that does not change the fact these things happened to children and people in their care. It is a vitally important aspect of the redress that it is recognised by those institutions.

It is not just the Government but these other institutions that are participating in redress. It is important they acknowledge and learn from past wrongs. The ones I have referred that I have been involved with previously certainly recognise those wrongs. We must also ensure it can never ever happen again. Whilst survivors have been able to start their application process already, with the passing of the legislation, their applications can be assessed and their payment and access to counselling can start. It is a vitally important aspect.

It is important to note that since the scheme commenced on 1 July 2018, Tasmanian applicants have been able to access a range of support services that have been made available under the scheme. This includes free legal advice, as well as support from the sexual assault support services

and Relationships Australia in Tasmania. These support play an essential role for applicants and I commend the Commonwealth Government for recognising the need for them.

The application process can be confronting for survivors. These support services can provide survivors with practical and emotional support. That is as important because for the survivors to go through the application they have to relive those events again. The support provided can assist. It is impossible to put into words what that feeling would be.

The royal commission laid bare past failings of government and non-government institutions. Only by working together can we start to address the wrongs and the hurt of the past. The royal commission brought into sharp focus the ongoing impact sexual abuse can have on its victims. The consequences affect not only those individuals but also their loved ones, their families, their children and others in the community. The significance of this cannot be underestimated or understated. It should be at the forefront of our minds when we consider the importance of this scheme. We are seeking to redress not only the abuse of the past but also the ongoing impact on survivors.

In considering this, it is worth reflecting on the courage of the survivors who came forward to tell the royal commission their stories. The numbers involved with the royal commission are staggering. There were more than 42 000 calls and almost 26 000 letter and emails received. These numbers reflect not only the extent of the abuse of the past but also the opportunity the royal commission provided survivors. Many had waited years for the opportunity to tell of their experiences. I can only imagine the strength of character it must take to come forward and tell your story. We all commend those people for their strength and courage. During the life of the royal commission, 8013 private sessions were held in which survivors or people directly impacted by child sexual abuse shared their experiences with the commissioners. Many gave their consent for their accounts to be published as short narratives.

As the royal commission has observed, these narratives give a voice to survivors, inform the community and ultimately help make institutions safer for children. While the importance of the work of the royal commission is plain to see, government and non-government institutions should be rightly recognised for the action they have taken to ensure the momentum for change created by the royal commission continues.

At its heart were the voices of ordinary Australians: Australians who had suffered unimaginable abuse in the very places they should have been safest. This is abuse that haunts them to this day, the impact of which time has not lessened.

It is for this reason that redress is important. It acknowledges the wrongs that were done. We can never properly compensate victims of such abuse. What we can do is demonstrate a material commitment to helping survivors. This is what this bill will do. It will allow Tasmanian applicants to access not just a financial payment but it also provides access to counselling and a direct personal response. I am proud to be part of a Government that is taking this action. I commend the Attorney-General for this bill.

[2.45 p.m.]

Ms WHITE (Lyons - Leader of the Opposition) - Madam Speaker, I put on the record my support for the bill and to note the effort over many years to get to the point where we can have a scheme like this across Australia.

There have been only a few times when I have stood in this place where the parliament has had debates as truly historic as this is one. We are agreeing to provide redress for survivors of child sexual abuse. When I think upon my own experience in this place and significant milestones or moments, the others would be constitutional recognition for Aboriginal people in Tasmania, debates about voluntary assisted dying, and marriage equality. The contributions are heartfelt, mostly, and the outcomes are significant. This bill, I am sure, will pass and become legislation. It will be truly historic. I commend the Government for progressing it and for the encouragement shown in the public statements made by the Attorney-General for institutions to participate in redress and to make sure survivors can access redress as part of the National Redress Scheme for Institutional Child Sexual Abuse.

Madam Speaker, I commend the contributions made by my colleagues - the shadow minister and the Government members. We are in fierce agreement that we need to progress this bill and to provide reparation and justice for those people who were abused in institutional care. I note the work that was undertaken by the royal commission, initiated in 2014 by then prime minister, Julia Gillard, when she set up the Royal Commission into Institutional Responses to Child Sexual Abuse. It has been a number of years since that process and members have already outlined the number of submissions that were received, the hearings that were held, the number of witnesses who gave testimony and the courage of those people to share their stories. They did not just share their stories as part of processing the abuse that they endured but for a result to be achieved after sharing those stories.

Redress is a tangible way in which we can acknowledge that abuse and provide reparation. It is not just about the money. It is also about the acknowledgement. There are shortcomings in the national legislation so it is not a reflection on the Attorney-General. The national legislation that is being applied across the states does not truly reflect all the recommendations of the royal commission. My colleagues have outlined some features but I too would like to express my disappointment that the amount made available to survivors is capped at $150 000 and not $200 000, which was the recommendation of the royal commission. There are other limitations on eligibility that my colleague outlined, including residency or whether somebody has been incarcerated for longer than five years. People who suffered abuse are incarcerated at a higher rate and so to then deny somebody access to a redress scheme because they have been incarcerated could indeed fail to recognise the reason for their incarceration and the trauma and abuse they have suffered in their childhood that has led to them making decisions in their life that might have been otherwise very different if they had had a happy childhood. That is a flaw as well. I know that some of these matters will be addressed by a Labor government if we have an elected Labor government in the future. I am sure we will at some stage. Even still, the arguments that have been made by both the parliamentary committee at a national level that looked at this matter and the recommendations by the royal commission need to be given due consideration by any government, no matter what political party that is. I hope improvements can be made to the legislation over time that recognise some of the failures we see before us in the legislation presented as part of the National Redress Scheme, notwithstanding obviously the good intent of this legislation, which is to provide reparation for those victims and survivors of child sexual abuse in institutions.

Many of us would have heard personal stories from people who have come out and spoken with us about their own experiences in institutional care and that of their brothers or sisters or family members. I have had the opportunity to sit down with some of those people to hear their heartbreaking stories and the impact that abuse has had on them, their families and their loved ones for a lifetime, because it is a lifetime of trauma that they endure. I acknowledge CLAN for all the work they have done making representations on behalf of survivors and for their advocacy and

support for those survivors to make sure they can continue to endure and see a redress scheme put in place right across the nation that will support people to begin the healing process and have the recognition they deserve from those institutions in which they were wronged, that the abuse that was done to them was wrong and we are sorry for that, and as a parliament here we support redress so that they can be in some way compensated as a result of what they endured.

The heart of this legislation is about ensuring that the welfare of people is upheld and the welfare of those survivors of sexual assault and abuse in institutional care is at the front our minds when we consider how we support them, whether it be through services or redress. I hope the Attorney-General is having constructive conversations with some of those institutions that need to sign up to redress because the state has already had a reparation scheme for children in state care. There are a number of institutions across Tasmania that have already indicated they are going to participate but I am keen to hear from the Attorney-General on how many other institutions have -

Ms Archer - I have been asked that and, yes, I will be.

Ms WHITE - indicated that they are already going to participate or will participate, and what time frame they intend to commit to doing that by. Applications can already be made by survivors and it is important to highlight that.

From 1 July applications could be made, so even though this legislation has not passed this parliament, it does not prevent any Tasmanian survivor from making an application and be supported in seeking redress under the national scheme.

I know that my colleague, Michelle O'Byrne, spoke about it in her contribution, but I recognise there probably are a number of people who are survivors and their families and supporters and organisations that have been their advocates who are at the moment watching the progress of this bill through the House. I want to convey my sorrow at what they have had to endure and encourage them to make sure they are surrounded by good people. There are good services out there that can support them through this process, because no doubt the more we talk about these sorts of things the more we can potentially have unintended consequences where you retraumatise people remembering their past.

I wholeheartedly support the redress and this legislation before the House, congratulate the Attorney-General and look forward to hearing from her how many institutions have indicated they are going to participate in the scheme in Tasmania.

[2.55 p.m.]

Ms ARCHER (Denison - Minister for Justice) - Madam Speaker, I thank all members for their thoughtful contributions in relation to this debate. As I said in the second reading speech, it is a historic moment. As the Leader of the Opposition also identified, all legislation is important to some in some way, shape or form in various industries and other areas of interest, but with something like this, where something has been a true scourge on society that has had an enormous impact on so many people across the nation, which has led to a national redress scheme, it is important. I thank all members for supporting the legislation and taking a tripartite approach to this.

At the outset, Ms O'Connor raised an issue with me off-line and I have decided to address it for everyone's benefit. It is in relation to the 10-year period for the National Redress Scheme. It is contained in the Commonwealth act at section 193, which provides a sunset date at the 10-year

anniversary. I thought I would share that with all members because Ms O'Connor was not able to direct that during the debate.

The scope and scale of the National Redress Scheme is the result of complex national negotiations. All members have appreciated the amount of work that has gone into this process. The Commonwealth worked closely with an independent advisory council, made up of a number of organisations, including survivor groups, on the design of the scheme. It is an important aspect of the independent advisory council that everyone was represented, but especially the victims and survivors.

Much work has gone into creating a scheme that is best capable of achieving the greatest outcome for as many survivors as possible across Australia. I understand it is never 100 per cent ideal for everyone in every situation. That is precisely why we did not sign up straight away, because we needed to be largely satisfied that our victims in Tasmania had the greatest possible chance of participation of receiving redress and all the other matters covered in the scheme.

Ms White - By interjection, survivors who already claimed under the state-based scheme are still eligible to claim under the national one, aren't they?

Ms ARCHER - Yes, and I will get to that because there have been a number of questions around the indexation issue.

I am mindful there are those who may still have some criticisms of the final design of the scheme. A number of those have been raised here today during the debate, and I appreciate that, including matters relating to funder of last resort, indexation, survivors with serious criminal convictions and citizenship requirements. However, in general terms, the state cannot, on its own, change the eligibility requirements, and I appreciate members have acknowledged that as well. I do not propose to go into great detail on the various criticisms of the scheme. However, I will touch on some of the areas to provide clarification on the way the scheme will operate, raising those issues.

The issue of criminal convictions was something a number of members raised today in their contributions. In dealing with how the scheme applies to those with serious criminal convictions, this issue was the subject of lengthy intergovernmental discussions. It was something all members would appreciate that I personally raised as well as outlined by Mr Tehan, who was formerly the Minister for Social Services. As of this week, we have Paul Fletcher in that role. In Mr Tehan's second reading speech for the national bill, he said the current outcome ensures that the scheme retains flexibility to determine circumstances on a case by case basis. That has been able to be achieved rather than a flat refusal.

The additional assessment process will be conducted in consultation with the Attorneys-General from relevant jurisdictions and that is to ascertain matters that will be relevant to a subsequent decision or determination. That is the nature of the offending, the length of times the offending occurred, the rehabilitation of the offender and any other matter the scheme operator thinks relevant.

I know that a number of members have raised the issue and the crux of the issue is that on many occasions it may well be the case that someone's offending directly or indirectly relates to the fact that they were the subject of child sexual abuse themselves. That can lead to perpetrating, not even similar offences but just because they have been let down by someone that they held in high

authority, because there was a breach of trust they have a general cynicism towards life. They go down that path themselves. I acknowledge that is an issue.

I hope that helps clarify this for members. It is not a complete bar; there is an additional assessment process that can occur in that situation.

Ms White - Do you know why they made that part of the national legislation? It was not a recommendation from the royal commission.

Ms ARCHER - I am not quite sure. That was something that was strongly suggested or proposed by the Commonwealth. After lengthy and strenuous negotiations we have reached this point of the different jurisdictions between state and territories. The territories are in a unique situation because regardless, they will be the subject of something that is national, Commonwealth legislation but we have to opt into something like this, hence the reason for this bill today. We needed to get to a point where we were satisfied that this was the best negotiated outcome that could be reached in the circumstances. Again, that was the reason for our not signing up to the National Redress Scheme straightaway, as we have been urged. As I publicly painstakingly explained, it needed to still be the subject of subsequent negotiation.

I assure members that those with serious criminal convictions are not prevented from applying to the scheme and should not be discouraged from submitting an application to the scheme. Their cases will be considered individually, on a case by case basis. If anyone does have contact from anyone, that is the advice that should be given.

In relation to indexation, I am aware of the concerns about this issue. It is not something that is unique in law. For example, in civil claims for damages, indexation is applied as of right to discount the previous payments or to ensure that future payments are adequately discounted. They use all sorts of formulae for that purpose.

It is important to recognise that indexation of prior payments was a recommendation of the royal commission itself and it reflects the efforts of some institutions to provide redress previously where others have not.

That is all I can really say about that. Again, first and foremost, the royal commission recommended it, the Commonwealth has put it in the act and it is one of those matters that is there.

Funder of last resort: I am aware of the recommendations made by the royal commission in relation to funder of last resort. The final design of the National Redress Scheme differs in some ways to the recommendations of the royal commission. The recommendations made by the royal commission are not consistent with a scheme predicated on voluntary participation, which is how this scheme is designed to operate. I note that recommendations made by the royal commission relating to funder of last resort involved a contribution by all participating responsible institutions.

I will now turn to some broader matters which were raised regarding the operation of the scheme and that is the participation of non-government institutions. This question has been raised again by a number of members. At the outset I state that this following list may not be exhaustive and I draw the attention of members to the National Redress Scheme website which is continually being updated to list the non-government institutions as they commit to the scheme.

Even today it may not be absolutely up-to-date and there are ongoing negotiations as well. To date, relevant to Tasmanian survivors, the NGIs that have publicly committed to joining the scheme are the Catholic Church, the Anglican Church as we have acknowledged, the Uniting Church, the Salvation Army, Scouts Australia and the YMCA.

As I alluded to, the Government is engaged in discussions with other NGIs about participating in the scheme and also engaging with them to ensure that should they opt in, they have an understanding of their obligations, duties, rights and responsibilities under the scheme. It is not as though they have not been engaged in the process until that point. We would prefer that once they opt in, they know exactly what it means to do that and be armed with the knowledge that they need.

In relation to timing, as to whether they may or not join in, we do expect that most, if not all, other NGIs in Tasmania will follow the lead of those who have already committed to joining the scheme with the commencement of this legislation.

Ms White - When you say they have already committed to joining the scheme, have they actually joined now?

Ms ARCHER - The ones I listed have, yes. You can confirm that by visiting the National Redress Scheme website. That website is aimed as an information portal for survivors so they do not have to contact anywhere else. They can get that information themselves or there is a hotline link on that website and that is easy for some people to talk to someone and ask those questions. It is just making that initial contact.

There was a question that came from Ms O'Connor in relation to the number of Tasmanian survivors?

Ms O'Connor - Yes, an estimate.

Ms ARCHER - Modelling conducted by the royal commission and the Commonwealth Government indicates an estimate of 60 000 applicants to the National Redress Scheme across Australia.

Tasmania's modelling would suggest that 3.2 per cent of people affected by child sexual abuse are either Tasmanian or abused in Tasmanian institutions. This equates to approximately 1920 applications. Again, we cannot be certain about that - it could be more, or it could be less. As Ms O'Connor identified, not everyone wants to have anything to do with the scheme for their own reasons and understandably so.

In Tasmania it is estimated that 46 per cent of those people were abused in government institutions and 54 per cent were abused in non-government institutions such as independent schools, religious organisations and other organisations that we have identified. Our exposure at a government level in relation to our institutions is around 46 per cent.

We recognise that this modelling is approximate. It may not reflect the true extent of liability. At present it is expected that the Tasmanian Government's liability is up to $70 million but as I have previously noted publicly, the Government will meet its liability if it is higher than anticipated. Obviously we have had to put a figure in the Budget to reflect that estimate but we will ensure we meet that liability, just to provide that assurance to the House.

Details of the intergovernmental agreement was also a question asked by Ms O'Connor. I am not trying to be flippant here but the IGA is pretty big. It is available on the COAG website. It is lengthy and complex but I can say in broad terms that it sets out the governance arrangements for the National Redress Scheme and for the referral of powers and other critical scheme elements. Rather than go through each and every clause of the intergovernmental agreement I refer people to the COAG website which is available publicly to anyone reading or listening. That is available so people can see the terms of the IGA that this state, through our Premier, signed up to, and every other state and territory that has as well.

In relation to the eligibility of past recipients of payments under our Tasmanian Abuse in State Care ex gratia scheme, those who have received payments under the past scheme for sexual abuse are eligible to apply to the National Redress Scheme, confirming an issue Ms White raised. The state will not rely on deeds of release arising from payments made under the Abuse in State Care ex gratia scheme to enable those people who have had relevant payments to be assessed under the scheme's standards, so again we are providing that surety.

I believe that addresses the questions asked. I thank members for their support of this bill. I would like to make special mention of our departmental staff, and I will not use surnames, but particularly Amber and Jeremy. I know that an enormous amount of work has gone in to this so I thank them for it. I know that one of them is heading off after this debate for another meeting so there has been a lot of travel and enormous commitment outside of work hours as well that has gone into it, as I am sure all members of the House will appreciate. It is important and I have no doubt that their lives have changed because of being involved in this process, so I would like to pay that special tribute to them and also of course my staff as well.

To the whole of the department and indeed across agencies, there is an enormous amount of work that is going to occur over the next few years at the very minimum, but obviously for the life of the redress scheme there is well over 10 years to comply with all other 408 recommendations. This bill deals with the first 84 of the recommendations and there are a lot more after that. It requires the cooperation and resources of many other departments within our own Government. That is not always easy. There is a lot of work that has to go into that cross-department agency work to ensure that this never happens again. Thank you.

Bill read the second time.

Bill read the third time.

LAND TITLES AMENDMENT BILL 2018 (No. 22)

Second Reading

Resumed from 23 August 2018 (page 95)

[3.15 p.m.]

Dr BROAD (Braddon) - Madam Speaker, as I was saying last week, this is a non-controversial bill. It is based on recommendations from the previous Chief Justice, Ewan Crawford, requesting a change that the Supreme Court of Tasmania should not have to direct a defaulting party to show cause why the court should not order possession of their premises to the mortgagee or the

encumbrancee. The current Chief Justice, the Honourable Alan Blow, also requested this amendment. It is non-controversial and we will be supporting it.

[3.17 p.m.]

Ms HADDAD (Denison) - Madam Speaker, I join with my colleague, Dr Broad, in committing Labor's support to this bill and recognise, as the minister has said in her second reading speech, that the bill, once enacted, will ensure that Supreme Court resources are not used in the way they are currently used in terms of mortgagees needing to apply to the Supreme Court to issue a summons under section 146 of the act.

I note with some happiness that there will still be a process around that and it will not be possible for mortgagees to obtain orders for possession without an application with supporting documents still being produced. That means there will an opportunity to respond and any aggrieved party will not be put out further in terms of losing out on any administrative process or appeal rights they might have otherwise had open to them with this section of the law as it was.

I acknowledge it is a minor change to the Supreme Court procedure and will remove red tape and will mean less time required of the court registry staff and the court itself. In doing so, I recognise, as other speakers have done, that this comes at the recommendation of the Chief Justice, the Honourable Alan Blow and the former chief justice, Ewan Crawford, and note it will be met, I imagine and believe, with some positivity from those working in the Supreme Court.

As we heard during the Estimates process and can read in the Supreme Court documents, there is a significant backlog in the Supreme Court yet they have undergone a reduction in funding in the most recently passed Budget due to the winding up of the funding provided for appointing acting judges to the courts. Simultaneously, with the winding up of that funding, that backlog remains and concurrently there has been a 14 per cent increase in new lodgements across civil and criminal. and that does not at all affect this part of the Supreme Court resources being relieved.

The Chief Justice, in his most recent annual report, commented that there are case delays that he described as at an unacceptable level and several cases pending in the court for more than 12 months. There was an increase in those cases pending for more than 12 months, between the 2016-17 financial year and the previous year, up from 110 in the previous year to 130 in the 2016-17 year. I note that - if I am reading the Supreme Court's annual report correctly - there are 140 cases for mortgagee possession in the 2016-17 financial year. There is a slight increase in the civil pending cases over the five years - 2012-13 to 2016-17 - with a total of 807 cases over that five-year period in the civil division of the Supreme Court.

In the 2016-17 year there were 79 cases in the civil division that were pending for more than 24 months, 213 cases pending from between 12 and 24 months and 515 cases in the civil division that were pending for less than 12 months. It is relevant to address some general concerns that the Supreme Court has had in terms of the pressure on its resources and the pressure on court staff and judges in the context of this bill. The bill intends to reduce pressure on the court and reduce red tape for those going through the process of using that section of the Land Titles Act.

[3.21 p.m.]

Ms O'CONNOR (Denison - Leader of the Greens) - Madam Speaker, we will be supporting the bill primarily because, as is stated in the fact sheet in the second reading, this is a change to the Land Titles Act that has been requested by the chief justice. I listened with great interest to Ms Haddad's contribution detailing some of the enormous pressures that the courts are under as a

result of increasing case load. There have been cuts to the funding for courts in Tasmania over the past few years. As I understand it, there was a $600 000 cut -

Ms Archer - Funding to courts has been cut.

Ms O'CONNOR - It was a $600 000 cut, was that to legal aid?

Ms Archer - That was Commonwealth - certainly not us. We have given legal aid and DPP more money.

Ms O'CONNOR - The budget for the Magistrate's Court and the Supreme Court in Tasmania is unchanged?

Ms Archer - Pretty sure it has not gone down.

Ms O'CONNOR - This very brief second reading speech states that in the opinion of the former and current chief justices of the Supreme Court, issuing a summons as part of the section 146 process, which is where there has been a default on a mortgage, for example, is unnecessary and in practice is disregarded by the person on whom it is served. I note that Tasmania until this point has been the only jurisdiction to have the issuing of the summons in place as part of standard court practice in these processes.

I encourage my colleagues who are in the Chamber at the moment, particularly the Attorney-General and the Minister for Justice - the Premier regrettably is not in here - to look at a number of other areas where Tasmania is not in line with other Australian states and territories, primarily in the area of electoral law and donations disclosure. We are a stand-out among states and territories for having the weakest donations disclosure laws in the country. We have no state-based donations disclosure laws and we come under the Commonwealth Act, which is a manifestly inadequate and un-democratic situation.

The other area that comes to mind is in relation to the offence of misconduct in public office. Every other Australian state and territory either has this in their criminal code or law. It is a very important tool for integrity agencies to be able to use in ensuring the highest standards of ethical conduct, probity and good governance in Tasmania. I remind the House that the Integrity Commission has on a number of occasions - three that I can recall - called for Tasmania's Parliament to enact an offence of misconduct in public office. Tasmania's Parliament will be given the opportunity once again to have that debate, as we did in the last term and it is a matter of public record that both the Liberal and Labor parties voted against bringing Tasmania into line with other jurisdictions and having on our statutes the criminal offence of misconduct in public office.

We have been accustomed to second reaching speeches under the Liberals in Government that are not simply a detailing of the provisions in the bill and the objectives of the legislation, but they use highly political language. I point out to the minister that 'red tape' is not a legal term, nor is 'green tape', although we have not seen it in this legislation. To use language like 'red tape' in a second reading speech is lazy. It is also puerile and poor use of the English language. We could say that it reduces the administrative burden on courts and brings us into line with other jurisdictions. The term 'red tape' is used here at least twice. I encourage all ministers, and the agencies that prepare second reading speeches for them, not to allow these second reading speeches to become propaganda by using terms which are not legal terms and are not anything other than political terms.

With those few comments, the Greens will be supporting this legislation on the basis that it is the opinion of the former and current chief justice that this is a necessary change.

[3.27 p.m.]

Mr HIDDING (Lyons) - Madam Speaker, we do not hear a lot about land titles in this House. It is a process in which a large body of very capable public servants work their magic. I am astonished to become aware that back in 2011-12 the consolidated revenue contribution from the Land Titles Office, from 66 658 dealings, was $14 066 000, and in 2017-18, there were 86 221 dealings in land titles raising $19 230 301. That is a big business that needs to be dealt with in a timely way because the economy of the state is held up if a land titles office does not work properly. To deal with 86 221separate dealings in land titles is an astonishing statistic that I was not aware of. I thank the minister for providing me with that information.

The amendment for the bill was undertaken at the request of current and previous chief justices. Chief justices often express some frustration that a law exists that sees the wheels spinning. A process that a hundred years ago was a perfectly good process, in this day and age is unnecessary and archaic for modern Supreme Court proceedings. Most Supreme Court dealings are now done by application rather than summons. The amendment to remove this section will therefore reduce an administrative burden; it will reduce 'red tape'. Ms O'Connor, I used your language and you did not even -

Ms O'Connor - Administrative burden, sorry.

Mr HIDDING - We will reduce the administrative burden.

The Land Titles Office provides landowners and those who deal with land, proof and security in their registered interest in land within a sound legal environment. The core business of the Land Titles Office is to ensure that an appropriate legislative and policy framework is in place to protect the integrity of titles of land for all landowners.

It also provides day-to-day administration of the statutory obligations and the responsibility of the Recorder of Titles. The acts involved here are the Land Titles Act 1980, Strata Titles Act 1998, Registration of Deeds Act 1935, Conveyancing and Law of Property Act 1884 and Powers of Attorney Act 2000, are the primary pieces of legislation that are administered by the Recorder of Titles.

The Land Titles Register is a record of the state's and interest in Torrens title land. I recall training for a career in real estate before I came into this place. We had in our family company vertical integration of everything but real estate. We had a real estate company that worked exclusively for us, essentially, so we ended up buying it. I became the registered principal of that company after the statutory requirements were met after a year or two.

Dr Broad - So it was nails, hammers and real estate?

Mr HIDDING - We were first builders and developers, then hardware later, a roof truss factory, joinery, so buying the real estate company that bought and sold our property was a common sense thing to do and having to learn all the elements of the land titles system was a very interesting part of that. When we sold the principal part of our business I then stood for this House and was elected, so subsequently our family companies were wound up over the next eight or nine years.

What I always found fascinating was our form of land title where land is held by its owner and the owner's heirs indefinitely under a system of land in fee simple. It was called real property held in fee simple, and we learnt then the background of the Torrens title. To refresh my memory of where the Torrens title came from, it was actually a South Australian version that was adopted by most states. That is where the form of title held changed to a Torrens title.

Since being elected I have regularly had the occasion, particularly with my large rural electorate, to debate or discuss with residents and landowners in the rural electorate of Lyons the matter of land ownership and what land rights you have. I have been to public meetings and at one particular one, someone brought some guru down from Queensland to lecture us that we needed to be standing up for our land rights. He was reading out relevant sections of acts and the rest of it, and how just like in America we should stand at our boundaries with our shotguns and stop anybody from coming on to our properties. I had to interject and say that there was a key part in the act they were not reading out which was 'subject to the laws of the Parliament of Tasmania.' That is where a weeds inspector has the right to go onto a property, or a health inspector, and as any farmer will tell you, there are cars driving up the driveway almost every single day of the week that have not come there to do any business but they are doing the work of government. You simply cannot officially stop them from coming onto your property.

Our form of ownership of land is different from the United States where in certain states they uphold the right of somebody to fortify their land, stand in guard of it and not let anybody put a foot on their land. Thank heavens it is different here.

The same argument is put up from time to time when you hear about foreign ownership of our land. People are concerned about somebody from an overseas country buying our land. The defence of that is they cannot roll it up and take it away; the land stays. In any event, should there ever be a problem between that country and our country, the land is able to be acquired under certain circumstances and therefore the ownership of land in Australia for overseas interests is an entirely different proposition than it is in other jurisdictions around the world.

These changes are something that particularly people involved in the building industry and land development are very interested in; anything that makes things simpler, smoother and cheaper, most importantly, because the cost of developing a single residential block of land in Tasmania is now too much. It is simply very expensive. I count in that all sorts of utility charges, TasNetworks charges, TasWater charges, all charges. They all add up to unaffordable land and we all need to work in this place on ways to reduce the administrative burden, reduce legal costs imposed by solicitors on their clients and the amount of time required of registry staff, such as we doing here today.

One of the many other reforms undertaken includes a single statewide planning scheme that will benefit Tasmanians wanting to build their first home or erect a garden shed, through to major developers seeking a consistent planning scheme across the state. Dovetailing with the planning reforms is a complete overhaul of the Building Act which dramatically simplifies the building and planning permit process, including removing the need for permits for low-risk structures, from farm sheds to minor home renovations.

We have also removed red tape roadblocks by introducing legislation to enable the operation of Uber in Tasmania. As minister, I enjoyed doing that. We were one of very few jurisdictions in the world where Uber came in without fighting the jurisdiction in the courts for the right to be able

to do what they wanted. It is going okay in Tasmania but the taxi industry is still going well as well.

Mr O'Byrne - I don't think that's right. There are a number of taxi drivers who are very upset.

Mr HIDDING - They were. Clearly they would prefer that Uber not be here. What was in their interests was that if Uber was to come in it would be under a tough regime that was negotiated at the time rather than in other states where they just did what they wanted until people were able to extract some matters from Uber. In Tasmania we started at the top and they reluctantly agreed to the regime, but I accept that my mates in the taxi industry - and I say that because I have not yet used an Uber once anywhere in Australia because I did make the statement when I was minister that I would continue to use taxis.

Mr O'Byrne - Hear, hear.

Mr HIDDING - I recently considered downloading the Uber app but have not crossed that divide yet.

In addition to working on major industry red tape reform we are working directly with small business through the assistance of the administrative burden reduction coordinator. He is working on red tape.

Ms White - Wasn't that an interesting report? That was good reading. One of the key achievements was maintaining fireworks night. Honestly, what is that about?

Mr HIDDING - You tell the many Tasmanians who love fireworks night that.

Ms White - How is it reducing red tape by keeping something? You could have nearly every other thing you could think of in there as an achievement too.

Mr O'Byrne - Taking it to the next level.

Madam SPEAKER - Order.

Mr HIDDING - We indeed went to the next level there. I note that often these red tape matters are isolated to an individual business or industry sector and do not require significant legislative reform but rather a guiding hand to find a pathway forward.

The coordinator of this administrative burden reduction process will continue to undertake a series of consultations with key industry associations and broader businesses to identify further priorities and work with agencies to progress our red tape reform agenda to reduce red tape at every single opportunity going by.

I thank the House for the opportunity to make the contribution.

[3.40 p.m.]

Ms COURTNEY (Bass - Minister for Primary Industries and Water) - Madam Speaker, I thank the members for their contributions, especially Ms Haddad for a thoughtful and well-researched contribution, which was in stark contrast to Dr Broad's contribution.

After Dr Broad's contribution last week, I was expecting something a little more than 30 seconds today because he seemed so desperate for a briefing last week. In his 14 minute contribution last week, he said we have not had the opportunity to be briefed on this, to have a broader discussion and more details to be given.

Members interjecting.

Madam SPEAKER - Order.

Ms O'Connor - You are supposed to be a minister of the Crown. Have some dignity at the lectern.

Ms COURTNEY - Thank you for the advice, Ms O'Connor. I do not need it from you about dignity.

The sixth comment: we were not given appropriate time from Dr Broad. Why were we not offered a briefing? Nine times in his contribution last week he called for a briefing and then in the coming days knowing the bill had started to be debated, did you request a briefing?

Dr Broad - I decided against it.

Ms COURTNEY - No. All this time we had last week coming into this place, wasting members' time, deciding he needed a briefing so desperately -

Mr Brooks - Because he read the bill on the weekend.

Madam SPEAKER - Order, Mr Brooks, thank you.

Ms COURTNEY - All it shows was the shallowness of Dr Broad's contribution. It was actually Mr Ferguson, through interjection, who hit the nail on the head when he said Labor voters were not getting good value for money. We have seen that today in them wanting to take a pay rise above and beyond government wages policy because they clearly think their contribution to this place is worth a lot more than it is.

Mr O'Byrne - It is a rubbish policy.

Madam SPEAKER - Order.

Ms COURTNEY - A rubbish policy, 2 per cent? Containing economic spending in this state, being able to pay for more nurses, teachers, being able to invest in more schools: that is a rubbish policy, is it?

Mr O'Byrne - Lowest paid teachers, lowest paid firefighters, lowest paid nurses, lowest paid public servants.

Madam SPEAKER - Order, Mr O'Byrne.

Ms COURTNEY - How about you guys come out with an alternative budget? Then we will be able to see what types of policies underpin your spending commitments. We know the other

side does not have any policies on anything. We have seen that all along. That is because they have an absolute aversion to real work.

We saw that last week with their minimal contributions that went through this place. Furthermore, Dr Broad's contribution on the Police Offences Amendment (Prohibited Insignia) Bill last week can only be described as an insipid contribution. Dr Broad came into this place with such noble ideals; to scrutinise, to be able to use research, use facts. He has gone to his party room, sniffed the wind and worked out that in the Labor Party the only way to get ahead is to come into this place and play politics. It is very disappointing. We have not had anything of substance from Dr Broad, not in this session nor the last session either. It clearly is disappointing. Along with his colleagues on the other side, Dr Broad does not stand for anything.

We do not know their policy stand point on a number of issues and it has been pointed out by my colleagues, the number of media releases that have been put out since the election, most of them just bagging our policies and none of them coming up with an alternative.

Members interjecting.

Madam SPEAKER - Okay, time for us to have a little moment's reflection on what we are all here for.

Ms COURTNEY - Thank you, Madam Speaker.

Ms O'Connor - What about the legislation?

Mr Brooks interjecting.

Madam SPEAKER - Order, Mr Brooks.

Ms COURTNEY - Thank you, Madam Speaker. As we have seen today, as with last week, there is clearly a policy vacuum from the other side. We know they want to pay themselves more and that is about it.

With regard to Dr Broad's contribution last week, he almost asked a question during it, so I will respond to him. I am not sure whether he recalls having asked it but I want to address that. He asked whether there were other implications. I will put on the record that the removal of the summons process does not remove the defaulting mortgagor's right to be notified of an application and the right to be heard. No unfairness will result. It will not be possible for mortgagees to obtain orders for possession unless they have filed an application with supporting affidavits, obtained a hearing date and served the documents on the mortgagor, giving adequate notice of a hearing. As to whether the defaulting party still has a right to be heard, to address Dr Broad's concern, a hearing takes place at a later date. In addressing Dr Broad's concerns about unintended consequences, I am hopeful those answers respond to his question. I believe there are no other outstanding questions from members.

Bill read the second time.

Bill read the third time.

NATURAL RESOURCE MANAGEMENT AMENDMENT BILL 2018 (No. 7)

Bill agreed to by the Legislative Council without amendment.

HEALTH COMPLAINTS AMENDMENT (CODE OF CONDUCT) BILL 2018 (No. 26)

Second Reading

[3.48 p.m.]

Mr FERGUSON (Bass - Minister for Health - 2R) - Madam Speaker, I move -

That the bill be now read the second time.

The purpose of this bill is to introduce a code of conduct for healthcare workers that are not nationally registered. The code has been under consideration for a number of years at the national level. The COAG Health Council agreed that jurisdictions would examine local implementation of the code in respect of healthcare workers that extends to those practising in roles not covered by the National Registration and Accreditation Scheme.

This decision followed an extensive national consultation process, including release of a regulatory impact statement in 2013 on options for the regulation of unregistered health professionals. The regulatory impact statement was prepared in accordance with COAG requirements and found the code was likely to deliver the greatest net public benefit to the community in the most cost-effective manner, given the level of risk.

The code will not restrict entry to practice, but will allow action to be taken against an unregistered healthcare worker who fails to comply with proper standards of conduct or practice. The code will establish a scheme which sets out minimum practice and ethical standards, enhance statutory powers to investigate a complaint and permit new actions to be taken in relation to a complaint where a risk to the public exists. These actions include public warning statements and orders to prohibit the practice of non-registered health practitioners who have been found in breach of the code.

It allows the vast majority of ethical and competent members of a non-registered health profession and their professional associations to self-regulate. However, it gives an additional level of public protection through national prohibition of health workers found to be in breach of the code where the breach presents a serious risk to public health and safety.

A statutory code of conduct scheme already operates in New South Wales, South Australia, Queensland and Victoria and is in the process of being implemented in other jurisdictions.

The proposed implementation for the code is via amendments to the Health Complaints Act 1995. This will be done by including the code in regulations so that any future changes can be made by amendment regulations.

The national policy framework notes each jurisdiction is responsible for determining the entity or entities empowered to hear matters and issue prohibition orders. In Tasmania, the Health Complaints Commissioner is the appropriate officer.

The act currently contains a relatively broad definition of 'health service'. For the purposes of the code, the current broader definition in the act is retained but there is flexibility in the bill for the ability to exclude services by regulation from the application of the code. For example, the National Disability Insurance Scheme is currently developing its own similar complaints and quality processes. Service providers in the disability support sector can be excluded from the code of conduct if the sector is adequately covered by the NDIS arrangements.

The application of the code will be to any person who provides or offers to provide a health service who is not a registered health practitioner or student under the National Registration and Accreditation Scheme. It also applies to registered health practitioners or students under NRAS who provide health services that are unrelated to their registration or study.

The bill provides for consistency with the national policy framework for the code of conduct. Some of the key features are as follows. The bill provides that any person is able to make a complaint about a breach of the code, not just service users and their representatives. The Health Complaints Commissioner administering the code regulation regime has own-motion powers to initiate an investigation of a possible breach of the code, with or without a complaint.

The bill provides a period of two years from the date the service was provided, or the health user became aware of the circumstances that gave rise to the complaint, for complaints concerning the code. The commissioner has a limited discretion to accept complaints outside this time frame.

The national policy framework notes each jurisdiction is responsible for determining the grounds for issuing a prohibition order. Following consultation with stakeholders in 2017, the bill provides for the following grounds for issuing a prohibition order:

- a breach of the code;

- cancellation of registration, where the practitioner is registered under the National Registration and Accreditation Scheme;

- the commission of a 'prescribed offence' whether or not a breach of the code has occurred, with prescribed offences to include certain breaches of Tasmania's Criminal Code or certain other offences under other Tasmanian legislation; and

- breaches of another jurisdiction's criminal code or other prescribed offences in that jurisdiction.

The bill inserts a new Division 5 in Part 6 of the act to provide for public warnings and prohibition orders for healthcare workers who breach the code or commit prescribed statutory offences. The issue of a public warning or prohibition order are conditional on there being a risk of harm to the community from the practitioner.

Interim orders can be issued in cases where there is a perceived risk of immediate harm to the community but a full investigation of the matter has not yet been completed.

The bill provides for penalties for breach of a prohibition order to be a maximum of 150 penalty units or imprisonment for one year as an alternative to the financial penalty.

The Health Complaints Commissioner does not currently have a monitoring function under the act. The bill amends the functions of the Health Complaints Commissioner by providing for a monitoring function in relation to prohibition orders. This permits the commissioner to determine what monitoring may be required in relation to prohibition orders.

The bill provides for broad powers to enable the commissioner to publish a prohibition order or make a public warning statement as appropriate. This will include publication of prohibition orders and public warning statements on a shared national website, as required.

Persons affected by decisions to deny or restrict the right to practice have a right of appeal against that decision. The bill provides that persons aggrieved by the decision of the commissioner to issue a prohibition order or make a public warning statement have a right of appeal to the Administrative Division of the Magistrates Court.

The bill provides for the sharing of information between health complaints entities and between health complaints entities and other regulators. This will include professional associations responsible for the enforcement of professional codes of conduct for their profession and the National Disability Insurance Scheme Commissioner.

The bill provides for the Health Complaints Commissioner to be able to notify employers or other affected parties that a person is under investigation for a breach of the code.

The national policy framework notes there should be mutual recognition of prohibition orders in other jurisdictions. The bill establishes a penalty for breaching a prohibition order made in another jurisdiction.

For the preparation of this bill, Tasmania undertook public and stakeholder consultation on the implementation issues in respect of scope of professions covered and administrative arrangements to support the code. There is widespread stakeholder support for the introduction of the code in Tasmania.

As agreed by the COAG Health Council, an independent review of the national code regulation regime is to be initiated by Health ministers no later than five years after implementation.

I commend the bill to the House.

[3.56 p.m.]

Ms WHITE (Lyons - Leader of the Opposition) - Mr Deputy Speaker, I indicate that the Labor Party will be supporting the bill. However, we do have a number of questions and we will be seeking answers from the minister on these. Given that the bill was tabled only on Thursday and the briefing was only provided to the shadow minister at 11 a.m. today, the minister can expect to receive further questions from the shadow minister in the other place.

I will take the opportunity to raise some of them here, minister. The code of conduct that is being presented as part of the bill here, I believe the process for consultation on this particular bill was extensive but failed to include consultation with a single health union. From speaking to the shadow minister, my understanding is that the Health and Community Services Union and the Australian Nursing and Midwifery Federation were not consulted. I believe the AMA was not consulted. Indeed, I believe no health unions - or any unions - were consulted because there are a

number of other health workers captured by this code who work for the Community and Public Sector Union.

I am interested to hear an explanation from the minister as to how it could be that in preparing it you failed to consult with the workforce that will be directly affected by a code of conduct, given that I understand the consultation was quite extensive. Over 300 different bodies were consulted in the drafting of the bill. How could you overlook the health unions in consulting on a bill like this when you have obviously gone out to undertake a reasonably broad consultation?

I am also keen to understand what the process is for somebody who has a complaint made against them. I am keen to understand at what point the person who has had a complaint made against them is made aware of that complaint? From my reading of the bills and the clause notes I could not see where that was clearly articulated. I am keen to understand when the person who has had a complaint made against them is informed about that, what is the process for assessing that complaint and who does that.

Given that this is a bill that has come through COAG to provide for nationally consistent legislation, I am interested to understand at a Tasmanian level who will be handling that complaints process and what that process looks like for somebody who has had a complaint made against them. The bill details what takes place once a decision is made. It outlines the steps that then are undertaken in dealing with the person against whom the complaint is made and how the public is informed and colleagues are informed. I am seeking clarification about the steps that are taken up until such a time as a decision is made and what avenue there is for due process for the party that has been the subject of the complaint to have their side of the story heard. I am sure that there is one - I would be grateful if the minister could provide an explanation for that.

My understanding from speaking with the shadow minister is that she will have some further detailed questions to ask following her own consultation process after the briefing provided today at 11 a.m. There are a number of questions that have arisen from that. The Labor Party is undertaking its own consultation with stakeholders now and when the bill comes through to the other place there will be further questions.

We support the intent of the bill and recognise it is desirable to have nationally consistent regulations in place, particularly when it comes to codes of conduct when there is movement of staff across jurisdictions. There needs to be a way to manage that. If a complaint is made and found to be substantiated in a jurisdiction that is not Tasmania and that person moves here it is important that we know about it so the public can have confidence in the ability of the health system to have health professionals working in it who uphold the highest standards at all times. I do not have an issue with the intent of the bill.

Mr Deputy Speaker, in relation to a code of conduct for health workers, I find it highly amusing and a bit hypocritical that the Health minister is bringing a code of conduct for health workers, his staff effectively, when there is no code of conduct for members of parliament. Last week this parliament supported a motion to introduce a code of conduct for all members of parliament by the end of this year but there is not a code of conduct that is in effect right now for members of parliament. Yet the parliament is deciding that other professionals should have a code of conduct for their behaviour in their workplace. It is ironic and draws attention to the fact that we can safely assume that there is broadscale support for codes of conduct. We look forward to there being a code of conduct for members of parliament introduced into this house this year given that, as a

parliament we see fit to apply codes of conduct to professionals in the health sector. If it is good for them, it is good for us.

Given the scenario played out over the last couple of weeks where there have been serious accusations made about the Minister for Health and whether he has breached the ministerial code of conduct, no investigation has ever been launched, which is unfortunate, and an unfortunate reflection on the Premier that he has failed to properly resolve this issue. It remains before us as a cloud hanging over the minister's head. I point these things out given that in this place we think it is appropriate and okay for us to apply codes of conduct on health professionals but have no code of conduct for ourselves as MPs. There is a ministerial code of conduct that does not seem to be enforced. I find it a little rich that the Minister for Health is bringing in a code of conduct bill given the history around this subject matter.

Mr Deputy Speaker, on the issue -

Mr Hidding - Which you know is now on the move. You were here for that debate.

Ms WHITE - I have already acknowledged that, Mr Hidding, before you came into the Chamber. Mr Hidding has just sat down and started interjecting without hearing the first part of my speech. It was highly disorderly of him, Mr Deputy Speaker.

While we are talking about health complaints, the code of conduct bill, I take the opportunity to raise again the complaint that was raised with the minister yesterday when he attended the hospital to make an announcement about elective surgery at the Royal Hobart Hospital. A complaint was raised with him by a health professional, Dr O'Keeffe, that I would have to say was rudely dismissed by the minister. He has been roundly criticised by members of the community who have watched that video for themselves. A legitimate complaint was raised by Dr O'Keeffe. He did not deserve to be treated in the manner the minister did.

Interestingly, I was reflecting on the *Hansard* from earlier this morning where I asked the minister a question. I will remind members about that. The question was in relation to the announcement made yesterday. I asked whether the minister could guarantee that the waiting list will reduce to zero in two years as a promised part of the announcement. The minister got to his feet and ridiculed the question, which I found extraordinary. The minister got to his feet and ridiculed the question, going so far as to say 'we did not say that yesterday, nobody can say that'.

I raise it because I felt embarrassed for the member for Denison, Ms Hickey, who said exactly that in her opinion piece in the *Mercury* today which I am sure she wrote in good faith and wrote from the heart, given this is such an important topic for her, and something she feels deeply personal about. I quote from that because in her article written today, 'Proud to ease the suffering of Tassie women today', Ms Hickey, the member for Denison, writes -

> The program proposed offers surgical and non-surgical treatments and will help reduce the 1313 women waiting for treatment to a waiting list of zero within 24 months.

Mr Deputy Speaker, when I asked the question of the minister today in question time, whether he would confirm his intention was to reduce the waiting list to zero within two years, he ridiculed it and said, 'we did not say that, nobody could say that'. I do not understand - either you have been very insincere with the member for Denison, Ms Hickey, because I do not believe she would have

written an article like that without having had a conversation with you and having an assurance from you that that was what could be achieved with the money announced yesterday. What can we conclude from that? Either the minister is being deliberately deceptive and insincere, or the commitment he gave Ms Hickey, the member for Denison, was a hollow commitment. You cannot trust anything this minister says.

I felt it was important to raise that question today to get the minister on the record because I know how duplicitous he can be. I know that Ms Hickey would have written that article in good faith based on conversations she has had with the Minister for Health, and I wanted to support her by making sure the minister was on the record. He squibbed it, Mr Deputy Speaker, threw it back in the face of the member for Denison, Ms Hickey, who in good faith submitted it yesterday announcing more funding for elective surgery for women in the state.

The only reason we have seen an announcement from the minister for more money into elective surgery for women's gynaecological and obstetric services is because the waiting list is tragically long and waiting times are tragically long for women who have had abnormal pap smears, who are waiting for cervical biopsies, who need to seek a decision from their doctor as to whether or not they need to have a procedure, and are waiting and waiting and waiting.

I commend the member for Denison, Ms Hickey, for securing more funding to support women's health services. It is desperately needed and she eloquently wrote about that today in her opinion piece that was published in the *Mercury*. It came to this because of the neglect of the Minister for Health.

Despite his rhetoric around the waiting list being the shortest it has ever been, the fact is that one only needs to look at the health statistics website and look at the waiting list for the Royal Hobart Hospital to see it is the worst it has ever been. The Royal Hobart Hospital waiting list for elective surgery is appalling and it is under this minister you will see that it has become worse every single year. The waiting times are getting longer and the waiting lists are getting longer.

The minister failed today when he rose to his feet and ridiculed the member for Denison, Ms Hickey's opinion piece. He obviously had not read the paper this morning; he obviously had reneged on the commitment he had given to her and that is another example of the insincerity of this minister and the fact that he will say anything in order to get himself out of a bit of a bind. We saw that yesterday, did we not, when he stood in the hospital and dismissed Dr O'Keeffe and waved his finger around and said, 'You attend to that, Marcus'. Dr Skinner did not deserve to be put in that position.

Minister, you should have taken responsibility and acknowledged the concerns raised by Dr O'Keeffe. Given we are having a debate at the moment about a health complaints code of conduct amendment bill after your conduct was poor and that complaint raised was valid, Dr O'Keeffe had every reason to bring it to your attention. The feedback we get from health professionals right around the state is that they feel shut out by you and your Government. They are not listened to. It is now evidenced by the fact they take extreme steps to bring to your attention the concerns that they have.

Have you been to the Launceston General Hospital to meet with staff on the pavement, who, for 56 days have been standing in the miserable weather, to draw attention to the fact that they are under resourced in the emergency department? They are working extraordinary overtime, busting their guts to care for patients and they have not seen you once. They are not doing it because they

love to stand in the hail, the wind and the rain. They are doing it because they care for the patients they are treating. They care for one another, they care for the professionalism of the work that they do, and they care for the Launceston General Hospital. They want you to take notice, minister. They want you to visit them.

You might argue that you popped into the emergency department. In a busy emergency department, when you have no beds, patient overcrowding, and people waiting for hours, do you really want to see the Health minister pop in for a chat? That is the last thing you need. You are trying to look after patients. You are trying to support one another to provide the best health care possible. In the middle of all of that, the health minister pops in. He probably does not really want to hear what you say anyway, as we saw yesterday, when Dr O'Keeffe tried to raise legitimate and sensible concerns about what is going on at the Royal.

The rhetoric is growing very thin. We are tired of hearing the same spin. Yesterday Dr O'Keeffe was the catalyst for the health workforce to demonstrate to this Government that enough is enough. When will the Premier put in charge of the health portfolio a minister who cares? This minister does not care. His attitude yesterday was rude. He was arrogant; he was dismissive. The fact the minister had to make a phone call to Dr O'Keeffe after that press conference proves he knows it too. He knows his behaviour was inappropriate. That is why he rang. He would not have done that if he had appropriately handled the question received from Dr O'Keeffe at the time it was asked. Any ordinary, reasonable person would have, but not this minister.

We will support the bill. We will have further questions. I ask the minister to address the concerns I have outlined. I note the irony that the Minister for Health brought this bill to this House when we have no code of conduct for members of parliament and a ministerial code of conduct that he has failed to uphold.

[4.13 p.m.]

Dr WOODRUFF (Franklin) - Mr Deputy Speaker, the Greens will be supporting the bill. It has had a long history at the federal level and is the result of extensive work by COAG to tidy up an area where the law has been silent. For many of the cases that are provided in the background material from the COAG consultation paper and the ultimate recommendations it is manifestly important that a code of conduct be created so that penalties for prohibition to practice could be the result.

We have concerns about some of the cases mentioned in the COAG case studies of harm associated with unregistered health care workers and the potential grey area within which this code of conduct could be applied. We are concerned at some of the wording around the point that the commissioner must be satisfied it is necessary to make a prohibition order to avoid an immediate risk to the health, safety or welfare of the public. That is a very wide term and we seek the minister's comments on what that is intended to encompass.

I want to talk about the case studies that were discussed in the final report on the national code of conduct for healthcare workers on which this bill has been drafted and the recommendation it seeks to enact. About 15 case studies were provided as evidence to that report. A number of them are about matters of sexual assault, rape or sexual harassment, intimidation or other inappropriate relationships that have been conducted by a healthcare practitioner and their client. These are clearly cases which undisputedly ought to be condemned. There needs to be a mechanism in place to make sure people do not do what has been done in a number of these cases, which is either jump

state and operate in another state or jump profession and operate under another healthcare classification.

There was an example of a chiropractor who, despite being deregistered as a chiropractor, set up as a naturopath, was investigated and prohibited from working for three years but moved to another state and established themselves in that state and undertook meditation classes and so on. There are serious, egregious, condemnable acts that have occurred by people who have to date been outside of a code of conduct that would bring them to account.

There are a number of other cases outlined as examples of why we need a code of conduct that requires more investigation. They raise concerns about the nature of evidence in the medical treatment and therapeutic profession and a requirement to refer. This is the grey area I am referring to. There were two cases relating to the treatment of cancer. In one case a Victorian-based cancer care provider was successfully prosecuted in 2008 by the Australian Competition and Consumer Commission for a range of breaches of the Trade Practices Act associated with his clinics. The court found that the practitioner and his company engaged in misleading or deceptive conduct and made false or misleading representations by representing two people suffering terminal illnesses including cancer to their families that this person's system of care could cure their cancer, reverse, stop or slow its progress and prolong the life of the person. Also, the system of care he provided was based on generally accepted science which the court found was not correct.

The court also found that the practitioner had engaged in unconscionable conduct towards highly vulnerable consumers when signing them to pay up for treatment and significant sums of money were extracted from those people and their families on the basis of false hopes that the sufferers could be cured or their lives prolonged. What a nasty example of a human being that person was. What a clearly awful person to take advantage of people suffering at the end stage of their life and to offer that false hope. There is no doubt in that instance that that is an action to be condemned.

The other case raises some other issues for me. The Western Australian Coroner, investigating the death of a woman in June 2010, found that her death five years beforehand was a result of complications of metastatic rectal cancer. The coroner found while the deceased may have been receptive to alternative approaches to medicine, she was not ideologically opposed to mainstream medicine. However, she decided not to undertake the surgery recommended by her medical specialist and relied on the treatment offered by her homeopath. The coroner noted that this case highlighted the importance of patients suffering from cancer making informed, sound decisions about their treatment. In this case, the deceased paid a terrible price for poor decision-making and the coroner noted she was surrounded by misinformation and poor science.

Although her treating surgeon and mainstream general practitioner provided clear and reliable information, she received mixed messages from a number of different sources which caused her to initially delay necessary surgery and ultimately decided not to have surgery until it was too late. The coroner found her homeopath was not a competent health professional and she had minimal understanding of the relevant health issues but unfortunately, that had not prevented her from treating the deceased as a patient.

This strikes me as a completely different example and goes to the responsibility of a healthcare practitioner to provide a range of health options to a person and the willingness of the patient to take them up. I can speak from personal experience, knowing a person in this situation right now, and it is a really difficult space. This person was diagnosed with breast cancer and offered standard

breast cancer treatment and decided not to take that path but to pursue a range of other therapeutic options. This person receives care from other therapeutic practitioners but I am quite confident they are not unreasonably directing her in her decision not to take up standard allopathic medicine. It is her determination, for a whole range of reasons she has in herself, that she will not take up chemical or radiology treatment, despite the fact the prognosis, according to the statistics, would be very good for her. Her family and friends are in a really difficult situation, not wanting to undermine her decision, which is a very personal one, and here she is going down the path, and has been for a number of years, where the options for standard medical treatment are diminishingly small, if they are there at all.

I hope the best for her, but in these situations we can never be confident of what causes a person to survive or to die. We can have the statistics, the population average, the mean and standard deviations for any treatment, but for every individual we cannot be confident of exactly what has led to a successful recovery or not. Likewise, it is a dangerous space to assume that people ought not have the right to make the decisions that feel correct for them in their own life about the form of treatment they take or do not take when they have a diagnosis of a terminal illness such as cancer.

I also want to raise the point that the Coroner found in the case presented as part of the final report, the national code of conduct for healthcare workers, as an example of why we need this code of conduct. Let us remember that the bill before us would enable a commissioner effectively to strike off a person if they do not behave according to the code of conduct. It gives a lot of power to a commissioner to remove the licence to operate as a healthcare worker. The example provided is used because there was a failure by this practitioner to refer to standard medical treatment. I do not understand if the same code of conduct operates for general practitioners or to conventional medical treatments. Perhaps the Minister for Health minister could provide some advice. It is concerning when the same code of conduct refers to other forms of treatment therapies which we now know to be highly effective. You could mount a case that there has been has been a failure to refer general practitioners to meditation and mindfulness, for example, for people with mental health anxieties.

We know there has been a huge increase in prescription medications for people with emotional and mental health distress. There is a huge pharmacological industry in SSRIs and that is now an area of prescription medicine that has become highly controversial. The reason it has become highly controversial is because of the history of the research undertaken on SSRIs, the involvement of pharmaceutical companies in supporting that research and the lack of extensive and best practice peer review of that research. What we have is a referral approach or a treatment approach prescribed now for 10 to 15 years - 20 years - for people with mental health issues, particularly anxiety, that now has a big question mark over the top of it. Meanwhile we have had an approach, a therapy of mindfulness and meditation, which has been quietly building. It was much criticised as a 'Mickey Mouse' therapy for a long time by some people in traditional medical circles. Increasingly, it is now understood to have value for certain people. It is not a one-size-fits all prescription; it is rarely the case in medicine and treatment that there is a one-size-fits all pill, intervention or therapy.

There is a whole field of work around herbal remedies that will never have an evidence base, at least never in the sort of society we live in at the moment. Research into remedies, therapies and drugs can only be done by very large, hugely funded trials undertaken at universities and research schools that cost a lot of money. It is only spent by companies when they feel that they can recoup the costs. Just because there is a lack of evidence does not necessarily imply a lack of efficacy.

I suppose in reading through these cases I was concerned at that example because it is quite different to clearly encouraging or dissuading a person from seeking medical treatment. In my mind it is really unclear from that example that there was anything concerning in that behaviour. It is hard to read it into that case that that was concerning. It may have been very active and possibly might have made her family very unhappy at the choice that woman made. That does not necessarily mean she did not have agency and it was not her decision to make that choice.

I do not need to labour the point. I would like to ask a few more questions in Committee about the details of the clauses, but in principle having everybody who makes claims about the human health benefits of a therapy or an intervention covered by a code of conduct is a manifestly important step, and we support that. The details of exactly who will be covered and the ability to appeal a prohibition are questions we want to raise in Committee.

[4.31 p.m.]

Ms STANDEN (Franklin) - My Deputy Speaker, as already flagged by our Leader, there has not been a great deal of time to consider this bill given it was only tabled last Thursday and a briefing provided to our shadow minister at 11 a.m. today. However, as foreshadowed by the Leader, Labor supports the intent of this bill. Nonetheless, I want to flag a number of concerns and I expect that there will be further questions raised within the upper House. The context that I bring to this bill is as a former health professional, albeit some 20 years ago, and an executive member of my professional board, the Dieticians Association of Australia. With that context of understanding professional issues around accreditation, registration, complaints and the like, the Australian Health Practitioners Registration Agency - AHPRA - is a newer beast, an organisation that has only been around for a decade or so.

Interestingly, dieticians do not come within the remit of that organisation, but medical practitioners, dentists, midwives and nurses, OTs, optometrists, pharmacists, physios, podiatrists, psychologists, osteopaths, and chiropractors all do. I am not sure which professionals would fall outside that remit because it is some years since I operated in this space, and whether there are other regulatory organisations. I am aware that for dieticians there was a very rigorous code of conduct and mechanisms for investigating complaints within that national organisation. That goes to the capacity of self-regulation by some professional bodies in this space but I am not entirely sure what would be covered by what remit. It would be helpful to hear the minister's views around whether this would provide a comprehensive approach. For the benefit of the minister, I was just talking about AHPRA covering some health professionals. I am not sure at this point whether there are other organisations and regulators. I know the bill talks about professional organisations and regulators, but I am not aware what organisations other than AHPRA would be playing in this space.

The bill talks about strengthening the powers of the Health Complaints Commissioner and no-one could reasonably argue against the notion of a minimum practice and ethical standards for the health and safety of the community in general and I note that there are helpful provisions in the bill that would go a long way to that extent.

This bill has arisen from the Health COAG and probably has some five or perhaps more years in its genesis. I note that statutory codes of conduct schemes exist in New South Wales, South Australia, Queensland and Victoria. According to the notes, similar schemes are in the process of being implemented elsewhere. That begs the question whether that is in fact the same legislation we are considering here today, or whether some of those schemes are overtaken by this legislation and where exactly this jigsaw puzzle fits together.

I understand the intent of national consistency and I note measures in the bill. For example, if there was a prohibition order in this jurisdiction it could potentially be shared with other jurisdictions. That is all good and makes sense to me, Mr Deputy Speaker, that if there is a question or shadow over a person's practice interstate and there is the capacity for mobility of practitioners, as a person living in this state I would be concerned that a practitioner not have an unfettered ability to simply up stumps and practise similar, questionable practice and ethical standards in this state. I see the need for national consistency but I am not sure about what legislation takes precedence in this patchwork that seems to have come together over five years or more.

The notion of own-motion powers to initiate investigation for possible breaches under the health complaints commissioner is a very sensible measure. In the case of the Commissioner for Children and Young People in this state, I know the notion of the capacity to invoke those powers for own motions to investigate has long been argued. It is interesting that we allow that in some domains and not in others. I know that this bill will not encompass more than this narrow construct but nonetheless I ask, how would that situation arise; that an own-motion power would arise? I understand service users and representatives may be able to make a representation but what other circumstances are there? Would that be possible, for instance, for professional associations or even a business competitor? Almost by definition in this bill in unregulated areas, we are talking about practitioners operating somewhat at the fringes of the health profession. I know that as a former dietician, almost anybody 20 years ago could put up a shingle and provide dietary advice to the community and claim to be a dietician because it was a profession that is accredited but not registered. As you can imagine, anybody who wants to provide any kind of advice can put up a shingle in that circumstance. Is there potential for competitors to use this legislation perversely to go after one another?

The time frame of two years interested me too. As a matter of interest, I have a friend who some years ago went to an allied health professional for a neck manipulation. She felt unwell at the time and was told to go to the backroom and was totally unwatched and unsupervised. It turned out that she gathered herself and rang her partner who came to take her home, but later that day she ended up having a stroke. In that circumstance it is a very worrying time, where cognitive functions can be interrupted and people may or may not have carers. We are not just talking about somebody who had a bit of a tummy upset after taking an overdose of parsley or something. We are potentially talking about very serious instances like this. A time frame of two years seems to me rather arbitrary. I am wondering where that comes from and whether there would be any avenues for either service users or representatives particularly if the users themselves are not only impaired in terms of their cognitive function but perhaps have a disability? You can see potential for the need for longer than two years for investigations of that order.

Mr Deputy Speaker, my leader has already flagged questions regarding the process that would be undertaken. I am clear that all the functions under this bill would be undertaken under the purview of the Health Complaints Commissioner. Nonetheless I would be pleased to be disabused of that notion if I am wrong. Would there be potential for the commissioner to take advice from professional bodies or regulators, or are there already established panels for investigations of this nature? How would a professional be advised? I note that there is potential for the commissioner to notify employers, but what if a practitioner is self-employed, for instance? What immediate measures are there? I notice there are prohibition orders, et cetera, but it seems a bit loose for me in regard to the process of complaint.

Sharing of information between health complaints entities and between health complaints entities and other regulators seems a very positive step forward. In the days when I was working

as a health professional, on my professional board it was very difficult to achieve such sharing of information. If we are now in a space where privacy legislation, et cetera, has enabled us to move forward with more security to share information of this nature and sensitivity, that is a very good thing because the safety of the community ought to be held paramount.

I want to briefly raise some concerns about the nature of public and stakeholder consultation regarding this bill. As flagged by my leader, the scope and administrative arrangements of the professions covered are supportive of this bill, according to the minister, but the shadow minister has informed me that some 330 stakeholders were consulted but not one health union amongst them, which seems to be contrary to a solid process for public and stakeholder consultation. I would be keen to hear more details of that; after all, you would think that members of HACSU, CPSU, ANMF and the AMA would be the professional bodies we would start with in order to get some feedback on a bill like this.

I come back to the irony of considering this legislation in an environment where only in this past week or so, we have been considering the need for a single code of conduct for all members of parliament. It seems to me that in an environment where a premier's senior adviser can be found by her own admission to be cyberbullying to offer her resignation rather than accepting her resignation, the Premier offered four different versions. Did she resign, did she not resign, did she offer to resign, was she paid out? What happened? We are still not at the bottom of that.

We have been asking questions about the Government's intervention in a woman's employment. After sharing those screenshots of a private employee's political opinion that dared to criticise the Government, there is irony in talking about a code of conduct applying to health professionals, many of whom are covered within professional bodies and the likes of AHPRA.

At the parliamentary prayer breakfast last week, World Vision CEO Claire Rogers asked parliamentarians to reflect upon our privilege in this place. She was using her privilege to talk about the international significance of child detention and urged action on the national stage.

The Health minister and the Speaker fronting the public yesterday to announce a significant injection of funding into women's health services should be seen as splendid. I urge the minister to reflect upon his privilege. While I applaud the Speaker for using her privilege to bring about this additional funding, prioritising gynaecological services inevitably means something else will go down the priority list. Every day, health professionals and clinicians are making decisions about how to prioritise precious resources. How desperate must Dr O'Keeffe have been to attend that press conference yesterday and interrupt the minister and the Speaker?

My father is a retired head of the obstetrics and gynaecology department at the Royal Hobart Hospital. In about 2009 an issue arose about the loss of training accreditation. As Dr O'Keeffe raised yesterday, shifting resources around sometimes perversely exposes areas of the medical profession to lack of accreditation and training experiences. Why does that matter? In areas of health specialty like obstetrics and gynaecology, there is a finite pool of professionals. When doctors consider where they will go to become a specialist in obstetrics and gynaecology, they will consider first where they are going to get the best training. If there is any risk of a loss of accreditation for that training, then those doctors will vote with their feet.

They will stay in Melbourne, Sydney, or in major metropolitan centres, where there is no risk to accreditation or any cloud over their training. It is a very serious issue. This is why Dr O'Keeffe, in his desperation to be heard yesterday, put it to the minister that you can put more money on the

table to fund these services but, after all, if you don't also fund additional beds, if you don't also pay attention to the overall training and accreditation situation within this hospital, then it is akin to putting petrol in an engine of a car that is up on chocks.

I implore the minister to listen. The desperation of the doctor speaking out and the minister saying, 'Fix that, will you', in an arrogant, dismissive way, has not been overlooked by Tasmanians. Social media has gone off as that footage has been shared around the community. It shows the minister fails to understand the importance of these issues and to listen to his senior clinicians, and would dismiss a person in that circumstance. He receives a black mark in so many Tasmanians' books for such arrogance.

Staff at the LGH have been picketing for 51 days on their own time, before and after shifts, to highlight the problems at that facility. It is not confined to the Royal Hobart Hospital. When will this minister stop to listen, to talk with his clinicians to understand the circumstances?

He crows about measures like this impacting the waiting lists for elective surgery at the Royal Hobart Hospital. According to my information, at the end of July, there were record high waiting lists for elective surgery at the Royal Hobart Hospital. The figures have risen nearly 200 per cent in four years. They were 2415 as at March 2014 and just over 4000 people waiting for surgery at the end of July.

Who is to say that gynaecological surgeries are the top of that list? Who else is waiting in the Tasmanian community for important elective surgery? Who else is suffering pain and inconvenience that impacts on their work and lifestyle because of this intolerable situation? What will be bumped to favour the gynaecological services? They are important and I would stand up for women's health service any day, but it is dangerous territory when you are picking winners. Who is to say orthopaedics is not more important? Who is to say urology or ophthalmology or any other specialty is not equally as important as gynaecological services?

I congratulate the Speaker in using her privilege and the minister for using his privilege in securing the funding to prioritise gynaecological services. I urge him to listen and I urge him to understand that privilege and picking winners invites a whole new problem.

Labor supports the intent of this bill but we have concerns. We have concerns about a minister who has a tin ear, who announces with great fanfare a package to address women's health services but fails to address the important matter of surgical terminations, a legal service for women in this state. It will be October, we hear, before women will again be able to secure surgical terminations in this state, some nine or 10 months since the last private provider closed. Why is it that the minister has not instead prioritised those types of services, for instance, in the interim? If he is so smug about securing an agreement with a private service agreement with a private service provider, why is he unable to provide details of where those services will be provided? How many days per week? Will it be just in the south of the state? Will it be in the north and the north-west of the state? Will it be every day of the week? What will the process be for people to access those services?

For far too long Tasmanian women have been putting up with a substandard situation and here was an opportunity where the minister could have acted, even within the funding envelope that already operates at the Royal Hobart Hospital, to prioritise surgical terminations for women in Tasmania, rather than requiring them to go through the embarrassment and inconvenience of travelling interstate, sometimes without the support of their families and partners. Dare I say there

would and could be lives at risk as a result of this situation, with desperate women too embarrassed to talk with their doctors about this situation because they know help is not readily at hand. It is a dangerous business for a Health minister to be prioritising and, I guess to coin a term, playing God to identify which services and people in this state ought to be prioritised above others.

In closing, I say again that the Health Complaints (Code of Conduct) Amendment Bill is a welcome step in this space. I note the importance of national consistency and no-one would argue a minimum practice and ethical standards. It beggars belief that we do not have a single code of conduct for members of parliament but I am pleased the Government has agreed to this measure.

I have raised a couple of issues about the mechanics of the bill, in particular around public and stakeholder consultation, but in general this bill seems to be a step in the right direction. I support the intent of the bill, having flagged those further questions both in this place and potentially in the upper House.

[4.58 p.m.]

Mr FERGUSON (Bass - Minister for Health) - Mr Deputy Speaker, I thank everybody, all of my parliamentary colleagues, who have spoken on this bill. I am very pleased, by and large, with the contributions. I feel I can answer the questions and respond in a fashion to the issues that were raised. I might overlook some of the gratuitous personal insults the Leader of the Opposition felt unable to contain, who I note is not in the Chamber to continue to oversee Labor's scrutiny of this bill. She has fled the Chamber but nonetheless, I welcome the contributions from Ms Standen and Dr Woodruff. It is an important debate and I acknowledge the universal support for this legislation.

I heard it said that Labor supports the intent of the legislation. I believe what Ms Standen meant to say is that Labor supports the legislation as it is, because this is more than intent. This is delivering on a commitment we have made. It brings us into line with an important code of conduct scheme that health ministers with the authority from their respective governments and cabinets have seen fit to agree to so that we can basically cover the field in relation to health practitioners and people who hold themselves out as health practitioners.

Until this bill passes, we are more or less looking at a voluntary code of conduct for some health professionals who are not in the NRAS, and the reality is that we are also dealing in some cases with the complete absence of a code of conduct for some health practitioners who fall outside the scheme. Health ministers were quite agitated about this, I do not mind saying, because different states have experienced significant problems in this area. Tasmania has not been one of them but that is not to say that there are not any examples from Tasmania. Dr Woodruff talked about her personal knowledge of some situations but health ministers have been particularly exercised around some appalling behaviour that has been experienced in some of the larger states.

For example, a person was acting in an entirely not just unethical but also very unsafe and dangerous manner in a jurisdiction that was very small and a community that was quite remote. They were able to somewhat escape the attention of the authorities and were causing harm, and when discovered, fled to another jurisdiction and made it quite a challenge for that second jurisdiction to be able to arrest the behaviour, deal with them and prevent public harm. After all, the purpose and whole point of the national registration scheme is to try to deal on a risk basis with health professionals to ensure that the NRAS deals with the risk for those professionals that carry the potential for risk of harm to the community.

Members may be interested that the fifteenth profession is coming into the NRAS with this Government's strong support; in fact this Government can take some of the credit for ensuring that paramedics are the fifteenth profession coming in. There has been a lot of support from paramedics themselves, their union and their national representative association as well, even though there were questions about whether paramedicine itself, taken as a professional group in toto, actually poses that risk to the community. Nonetheless, health ministers agreed that it should be included and I am a big supporter of that. That will assist not just in terms of safety for the public, it is also very important for the status of that profession and in particular the ability of paramedics to be able to work between different states and territories, which is not a simple matter at the moment.

I now turn my comments as much as I can in a structured way to the different contributions made by speakers from around the Chamber. The first I will turn my attention to is in relation to consultation. This was really the only substantial point that was attempted to be made by the Leader of the Opposition and it was entirely on false premises. The code of conduct for healthcare workers was the subject of an extensive national consultation process, including the public release of the regulatory impact statement on options for the regulation of unregistered health professionals. The RIS was prepared in accordance with COAG requirements and found the code of conduct was likely to deliver the greatest net public benefit to the community in the most cost-effective manner given the level of risk. That was the national consultation.

There was also local consultation and the Leader of the Opposition, who is not here to hear me say this, is wrong. The Tasmanian Government conducted public consultation on the implementation of the code of conduct in Tasmania, which was quite extensive and included unions. This included a public notice in the three Tasmanian newspapers, a notice and dedicated webpage on the Department of Health and Human Services website and a mailout to key stakeholders including health professional associations, health unions, employers and community groups.

There was widespread support for the introduction of the code of conduct in Tasmania as set out in the consultation paper. I am advised that the mailout included the names of the unions that Ms White specifically said were not included. It is for her to explain herself on that. The mail-out included, I am advised, the CPSU, HACSU and the AMA. The mail-out was sent out to those key stakeholders, HACSU and CPSU. Quite properly they are on the list as they represent as an industrial body - not a professional association - the relevant professions which are being captured by this legislation. The AMA was also included, although it does not represent health practitioners who would be covered by this legislation because as the AMA is a medical association, its members are already part of the NRAS. The department consulted the AMA because doctors may employ workers in their practices who would be covered by the code in their practice. I asked for some examples of that. A couple offered to me would be that a doctor may employ a speech pathologist and a social worker. That is the reason that the AMA, HACSU AND CPSU were included in that mail-out.

In case Ms White is wondering, the mail-out - because I asked - was sent out on 23 February 2017. The notice was advertised in the papers on 25 February 2017. Ms White might like to withdraw her remarks. I make this comment in passing because it was an unhelpful contribution from Ms White, to suggest that members of parliament do not have a code of conduct is the height of ignorance from the person who would call themselves the alternative premier. Here it is. It is in our Standing Orders. It is standing order No. 2. It is right at the beginning of our Standing Orders. No code of conduct for MPs, we were told. It is being revised and updated. There is a lot of work going on, but if you did not know that we had a code of ethical conduct which applies to all 25 members of this House, then you have a problem because we have all signed a document saying

that we have read and subscribe to it. I want to put that unhelpful comment to bed because it is not true.

In relation to the process, I was asked by Ms White what would be the process for the person being complained about, what is the process for the complaint to be considered, and who will process the complaint? Because this is an amendment to the Health Complaints Act, it is the Health Complaints Commissioner, because we are amending that principal legislation.

The legislation that is in place makes it clear in section 43 that a complaint and an investigation are conducted in such manner as the commissioner considers appropriate. The Health Complaints Commissioner has provided advice to me via the department that it will ensure procedural fairness and natural justice will be rigorously adhered to in light of the importance and the gravity that attaches to the potential for prohibition orders and naming publicly where practitioners are found to be not complying with their code of conduct. The Health Complaints Commissioner will be the person or the entity conducting this. The Health Complaints Commissioner is a statutory title in Tasmania and happens that that is the same natural person as the ombudsman in Tasmania. It is obviously supported by the Ombudsman's office.

I thank Dr Woodruff for her contribution. It was a well-researched, considered and thoughtful contribution today. It was clear that, unlike the Labor Party, you have actually read the final report, which has been publicly available for a couple of years. The case studies are compelling and I thank you for bringing to light some of those points. In all cases, it poses a case for change. I also take on board the feedback you offer around the notion of people being able to exercise their free choice to pursue whatever form of health therapy they want. I support that notion. We want to make sure, though, that people receive all the information they are entitled to, to be able to make that informed choice.

I might return in a moment to the code of conduct, which you asked me about. We will add some meat to those bones, which you will find very reassuring.

I am no expert on the notion of evidence versus efficacy but I am sure that health practitioners worth their salt will only ever want to be providing their patients with health interventions that have a solid evidence base, are efficacious, and have support in their profession, whether it is a college or a professional association peer review of their practice, ensuring they stay within the mainstream of what their training is and what their continuing professional development can offer in terms of improved treatments.

This is a difficult area for many Tasmanians, particularly those in the example that Dr Woodruff cited, where somebody has had a life-threatening cancer diagnosis. Clinicians, doctors and specialists will be discussing with their patient their various options. We all know from personal experience with loved ones and friends that there are times where doctors will give their patient a choice. It might be a choice of radical intervention intended to extend life as long as possible although that journey of oncology can be very traumatic, difficult and uncomfortable. It is essential people are made aware of what the intervention is likely to achieve in their health, whether it is curative or palliative, and always with the option of ensuring that a person, if they do not want to take that conventional treatment, is empowered to be able to do that with other support, for example, pain relief or alternative therapies.

It is important that if the alternative therapy is pursued, a code of conduct underpins like a safety net for that person so they are not lost in the confusion. If at some point it is clear that the

person should be referred back to their treating physician then that must occur. It is also important that non-registered practitioners know where their training begins and ends, that they understand their limits, and that they are actually keeping their patient, if I can use this terminology, closely engaged with their family doctor or treating physician. I hope that is helpful.

I will come back to the code of conduct which will add meat to the bones on that point.

The issue of process and appeal rights did emerge. I cannot remember who raised this, but there are new rights of appeal which are provided for by bringing in this bill. The rights of appeal under the act ensure that where there is the issuance of a public warning statement or the issue of a prohibition order, then it is something that is not without judicial review for the purposes of potentially career ending or a career damaging prohibition order. That sits on top of the commitments that have been provided around natural justice and due process.

Dr Woodruff - Minister, could you just point to where that is provided in the bill?

Mr FERGUSON - I will come back to that, but it is referred to in my second reading speech, where I say that the persons affected by decisions to deny or restrict the right to practice have the right of appeal against that decision. The bill provides that persons aggrieved by the decision of the commissioner to issue a prohibition order or make a public warning statement have a right of appeal to the Administrative Division of the Magistrates Court - new section 56AAG. I am happy to come back to that.

Dr Woodruff also posed the question whether doctors are required to refer. My advice is that the Medical Board code of conduct provides guidance on referrals and working with other healthcare providers.

Ms Standen asked whether it is comprehensive cover. Yes, it is; I touched on this earlier. It is intended to cover the field, with the exception of the disability workers who will be covered under the NDIS code. We will be carefully monitoring and watching this and ensuring that there are not any gaps. For non-registered and registered healthcare practitioners, the intention is to cover the field.

The question was asked how own-motion investigations would work. This points to the fact that you do not have to be the victim or the perceived victim of poor treatment to make a complaint. Any member of the public could make a complaint. It would be again for the Health Complaints Commissioner to make a judgment, if on the evidence provided in the complaint there were justifiable grounds to investigate. Also bear in mind that investigating a healthcare practitioner does not necessarily imply that it would be a public process unless it was required for a public notice to be placed. It would be a very frequent situation where the Health Complaints Commissioner might receive and triage a complaint. It may be quite spurious but he nonetheless would feel the need to follow through. It might be truncated at some point with no further investigation required and no need for that practitioner themselves to be publicly named or shamed in any way, unless that was appropriate with some greater evidence.

A question about timing for complaints was asked by Ms Standen. Two years is the standard cut-off for making of a complaint in this case, but the Health Complaints Commissioner can accept outside this time frame. The national consultation found most people supported a general time limit due to the difficulty of investigating old complaints. Two years was the most common time limit suggested, with discretion to accept complaints outside that period. I am advised that South

Australia, the Northern Territory and Western Australia have similar provisions, whereas Victoria is 12 months.

Ms Standen - I also asked about the splitting of complaints in the next clause, where it says 'provides that complaints may also be split in the interests of the complainant'. What does that mean?

Mr FERGUSON - I will pick up that clause in Committee.

I have answered the questions and I now draw back to the code of conduct. Subject to the bills agreement by parliament, this will be legislation provided as a regulation to the act.

This is an important set of points I now make. The code of conduct is in very plain English. It is important that both practitioners and consumers are able to see this code of conduct and understand the rights and responsibilities that it provides for. In particular, this goes to the issues raised by Dr Woodruff in relation to a patient being able to move between health practitioners and for a non-registered health practitioner to know their limits and to refer back to a medical expert.

I draw members' attention to the code of conduct in paragraphs (d) to (h) and I will pick them out. This will provide great assurance to members about the importance of the patient, the consumer, being the centre of these concerns.

(d) a health care worker must recognise the limitations of the treatment he or she can provide and refer clients to other competent health service providers in appropriate circumstances;

(e) a health care worker must recommend to clients that additional opinions and services be sought where appropriate;

(f) a health care worker must assist a client to find other appropriate healthcare services if required and practicable;

(g) a health care worker must encourage clients to inform their treating medical practitioner, if any, of the treatments or care being provided; and

(h) a health care worker must have a sound understanding of any possible adverse interactions between the therapies and treatments being provided or prescribed and any other medications or treatments, whether prescribed or not, that he or she should be aware a client is taking or receiving, and advise the client of these interactions.

That is pretty clear. Be careful, make sure your practice is not adventurous outside the bounds of your training, and know when to refer a patient or a client back to their family doctor, back to their specialist, or back to their other mainstream healthcare provider if they are themselves more or less outside the mainstream. We know who we are talking about there. We nonetheless acknowledge that people have choices in Tasmania. We want to support people being able to exercise their choices, or their agency, to use your words, and to ensure where that is done, the person into whose care they enter is taking responsibility for their actions, advice and the treatment they might provide.

Bill read the second time.

Clauses 1 to 10 agreed to.

Clause 11 -
Part 6, Division 5 inserted

Dr WOODRUFF - Thank you, minister, for your responses to some of the issues I raised in my second reading comments. The questions I had in this clause relate to 56AAB, the making of interim orders and subsequently also relate to the making of prohibition orders. In proposed new subsection (2)(b)(i)and (ii), the commissioner must be satisfied that it is necessary to make the order to avoid an immediate risk to the life, health, safety or welfare of a person, or the health, safety or welfare of the public.

Can you please talk about the constraints around that definition of 'welfare' in terms of the public? It is incredibly wide. I can imagine some situations but is there a definition in the interpretation, a meaning in law, which is not immediately apparent? As it stands there 'welfare' is a very broad term.

Mr FERGUSON - I am advised that this is the same language which is used through the principal act already. For example, you would pick it up in section 13 of the principal act so it is the consistent use of terminology under existing arrangements. I am advised that there is no special meaning attached to the use of the word 'welfare' other than the everyday understood meaning of that and the Macquarie Dictionary definition would apply.

Dr WOODRUFF - I do not know if there are any examples where this has been used widely. Given that this is within the context of health and health complaints, assuming they would be read in terms of health-related welfare, 'welfare' could include housing, it could include the conditions of housing, it could include parenting, other environmental factors, all of which clearly have an impact on the health of a child or an adult. I do not know in a sense that it has been overused to unreasonably constrain the activities of a body. I cannot imagine but it was the only thing that stands out to me as being problematic in that list.

The other point I would make in relation to investigating a complaint, under proposed section 56AAB(1), in terms of 'the commissioner may at any time during the investigation of a complaint against a health care worker, make an order'. I note that a complaint may be an own motion complaint, or it may be referred by the minister, or it may be a complaint referred by another party. Going back to the examples that I was talking about before of the kind of grey area, say a patient had died and it was the family making a complaint. There can be such widely different levels of understanding about what is happening in a situation where a person is receiving treatment or not receiving treatment. It strikes me as a very difficult area to be a health complaints commissioner. I imagine that cases could be made where assumptions could be made about what has occurred between a healthcare worker and a patient that may not be true, and it is really a case of one person's word against another in that situation.

Given that there is not the rigour surrounding some of those professions or services for many reasons - not necessarily making any criticism or not making any comment about that - but that is

a fact. There is less rigour around some of those services; it does leave quite a lot of latitude about what is a reasonable or effective referral that has been undertaken or therapy that has been provided.

Could you talk about any situations you are aware of in relation to the family referral? Is there a sense that under a code of conduct people would be protected, both the patient from the complaints made on their behalf and also the healthcare worker for going about their business with a good professional standard, but being perceived to have been manipulating treatment, withholding treatment or not referring treatment for people who subsequently died or had some other bad effect.

This comes back to the level of investigation and the confidence we have in that system to be able to investigate the complaints that people make.

[5.31 p.m.]

Mr FERGUSON - Thank you, Dr Woodruff, for the question. I completely comprehend and appreciate why you would ask this. I think it comes back to the natural justice, the due process and procedural fairness that are central assets in considering a complaint, bearing in mind that the commissioner can conduct an own motion investigation based on some other intelligence that has been gathered or consistent feedback that has been provided around a particular healthcare worker. I add to my earlier comments on this that investigation can occur and should occur but only sanctions implemented where there is a case to do that which is in the public interest, the public which you have read into *Hansard* being defined as 'being concerned to avoid an immediate risk to the life, health, safety or welfare of a person or the public'.

In terms of the use of that language, I advise you that it is relevant only insofar as the application of the purpose of this legislation. You mentioned housing for example and I say to you that the notion and the use of the word 'welfare' is limited to the application of the purpose of this legislation which is the regulation of healthcare workers in providing health care to a client.

Regarding your questions around proposed section 56AAB(1), we come back to the Health Complaints Commissioner being a very experienced person with a very experienced and competent office, being the Ombudsman's office, receiving, triaging and choosing to, or not to, investigate complaints. They would recognise the quite significant sanctions that can be made against a healthcare worker if a complaint was found to be satisfied. It is for that reason that the Health Complaints Commissioner would place a high bar on the quality of the investigation and the respect they are used to fulfilling under current best practice, procedural fairness and natural justice legislation.

It is important at this point to reaffirm that where a prohibition order is issued, it is because the commissioner in those circumstances has decided or deemed there is sufficient concern and evidence to back up that the public needs to be protected. A very high bar would need to be satisfied, and this legislation sets that out and ensures the public interest is paramount.

There is a further avenue for procedural fairness that the Government has written into this legislation, and that is around the access to the Magistrates Court for a review of that decision. A healthcare worker who finds themselves on the wrong side of a Health Complaints Commissioner's prohibition order can argue their case in an entirely independent forum. I hope that helps to address the question.

Clause 11 agreed to.

Clauses 12 to 14 agreed to.

Title -

Mr FERGUSON - I want to take this opportunity to answer Ms Standen's question on splitting of inquiries, because there was no clause particularly relevant to it, so I might seek the Chair's indulgence to do so now. If I can address it in this way, Mr Chairman, the amendment extends the commissioner's current powers and the current principal act to split complaints. I think she was really getting at under what circumstances that might be appropriate and why. I am advised that there is an existing power that is retained to split complaints. It comes back to allowing the commissioner to manage complaints effectively.

For example, one complaint which may be made against several health workers or providers could be split into separate complaints and might be able to be allocated through the Health Complaints Commissioner's office or team of investigators to break up that work into bundles that can be managed effectively but still allow that original complaint to be entirely considered. That is just one example; there may be others. There might be a very large omnibus complaint that might be broken up or split in a way that allows the workflow of that office to consider the issues. They might be slightly different in different cases, but this allows them to be triaged, managed and investigated.

Title agreed to and bill taken through the remaining stages.

Bill read the third time.

ADJOURNMENT

[5.40 p.m.]

Mr FERGUSON (Bass - Leader of Government Business - Motion) - Mr Deputy Speaker, I move -

That the House do now adjourn.

Lion's Heritage Specialty Cheese Factory

[5.42 p.m.]

Mr ROCKLIFF (Braddon - Minister for Advanced Manufacturing and Defence Industries) - Mr Deputy Speaker, I would like to congratulate Lion on its highly successful Tasmanian operations. I recently had the opportunity to tour Lion's Heritage specialty cheese factory in my electorate of Braddon and witness firsthand the largest specialty cheese facility in the Southern Hemisphere. Lion, as many members would already be aware, has a wide range of cheese products, including well-known favourites such as South Cape, Mersey Valley, King Island Dairy and Tasmanian Heritage.

The site has been transformed into one of the world's most technologically advanced specialty cheese facilities, with investment firmly focused on improving the site's capacity, capability, environmental impact and safety.

Dairy is the largest single category of agricultural production in Tasmania and is manufactured into a wide assortment of products, and cheese was the most valuable processed dairy product in 2015-16, totalling some $230 million-worth of product.

In 2015 it was a pleasure to be present when the Premier officially opened the $150 million-expansion of the Heritage cheese factory in Burnie, which was funded through direct investment from Lion, a wide range of stakeholders and assistance from the Tasmanian Government to assist with the growth, capacity and the capability to innovate in specialty cheese, ultimately driving a higher margin of sales that have delivered sustainable returns to Lion and the whole supply chain.

This expansion enabled increased production from 11 000 tonnes to 26 000 tonnes annually. Lion currently employs approximately 540 people at its Tasmanian operations, and I had the pleasure of meeting a number of those people and employees the other day. A total of 250 are employed at the Heritage cheese factory at Burnie, which makes an estimated $133 million contribution to the Tasmanian economy each year.

We are already seeing the benefits of this expansion flow on to the local community through increased employment opportunities. Having this concentration of Lion dairy production within Tasmania is great for farmers, giving them some confidence, providing long-term security to local dairy product producers and boosting on-farm investment. I congratulate Lion. We wholly support their operations and commitment not only to Burnie on the north-west coast but the state more broadly, its other successful operations and its contribution to the Tasmanian economy.

I was unable to tour the facility when the Premier opened the new operations in 2015. It was a pleasure to do so recently, meeting a very committed number of people within their operations and seeing such spectacular investment. There is a lot of stainless steel and to see at the end of those processes some well-renowned, high-quality cheese product manufactured here in Tasmania and grown by our dairy farmers was excellent to see.

I thank Lion for providing me with the opportunity to get a more valuable insight into their values, not only in my electorate on the north-west coast – and, of course, Burnie - but more broadly right across the state.

Deloraine and Elizabeth Town Fire Brigades - Melbourne Firefighters Stair Climb

[5.45 p.m.]

Ms BUTLER (Lyons) - Mr Deputy Speaker, I rise to send our best regards to the volunteers from the Deloraine and Elizabeth Town fire brigades who will compete in the Melbourne Firefighters Stair Climb this Saturday, 1 September. There will 650 firefighters stepping up to fight depression, post-traumatic stress disorder and suicide by climbing the 28 floors of the Crown Hotel carrying 25 kilograms of turnout gear and breathing apparatus.

The event is aiming to raise $700 000 for Lifeline and the Black Dog Institute to improve support services, fund research, remove stigmas and raise awareness of mental health issues like depression, post-traumatic stress disorder and suicide especially for those people within the emergency services and defence communities.

We know that about 300 million Australians are living with depression and anxiety, that one in four Australians will suffer from a mental illness in their lifetime and that suicide is the leading cause of death for Australians aged between 15 and 44. Three thousand Australians die by suicide every year, an average of eight people every day. Ten per cent of our emergency services suffer from post-traumatic stress disorder; additionally, fire brigades all over the country have seen dramatic increases over the last 10 years in rates of suicide. As well we also know that 41 returned Australian diggers have died by their own hand on home soil, which is more than we have lost on the battlefield during 14 years of war in Afghanistan.

Tasmania will be proudly represented, with four volunteer firefighters from Deloraine Fire Brigade and two from Elizabeth Town Fire Brigade heading to Melbourne. This is the fifth annual Melbourne Firefighters Stair Climb. I extend my best wishes for this weekend's event to Mr Richard Bennett - this is his second year of participating in the event – and to Richard's wife and fellow Elizabeth Town volunteer firefighter, Fiona Bennett. From Deloraine Fire Brigade, Chief Daniel Watson, Third Officer Alastair Horsburgh and firefighters Shaun Vidler and Simon Sherriff have volunteered to represent their brigade and take part in this very worthwhile cause.

Also to the Deloraine Fire Brigade Chief Dan Watson, well done. He organised a theatre night and a garage sale, and also raised a lot of money within the community. That is one of the things that is so positive about the Deloraine community - their ability to really fall in behind and support one another. It is a credit to that community.

I can tell you that when those volunteers are climbing up the 28 flights of stairs with 25 kilograms on their back, it is quite excruciating. I cannot imagine how painful that would be. Peppers Silos group has also kindly offered the use of their stairs for the firefighters to train on over the last few months.

Last year the team raised $7000. This year their goal is $10 000, and that is between both Deloraine and Elizabeth Town volunteers. I believe they are on target. I talked to Mr Watson about why the charities were so close to his heart and he told me that the Deloraine and Elizabeth Town communities are located on the Bass Highway and often those volunteer firefighters are the first on the scene of accidents. They see fatalities and they are often exposed to people in their absolute time of need. Also those emergency workers can sometimes also suffer from post-traumatic stress disorder as a consequence of being those people on the scene.

Since the event started five years ago, it has raised over $1.3 million. It is a worthwhile cause for us to get behind and I wish them all the best this weekend. They are going to be sore after they finish climbing those flights of stairs. I congratulate the Deloraine and Elizabeth Town Fire Brigades. Well done.

Bruny Island - Ferry Service

[5.50 p.m.]

Dr WOODRUFF (Franklin) - Mr Deputy Speaker, I rise to raise concerns Bruny Island residents have about the ferry service change proposed for the island and their right to have a say in the conditions and the contractual arrangements being negotiated between the state Government and SeaLink. The state Government awarded the new ferry contract to SeaLink Travel Group on 28 June. The Premier promised Bruny Islanders that their ferry service would be equal to or better than the ferry service that they are currently receiving.

It is clear to many island residents that what SeaLink disclosed at a public meeting on 8 July shows that the ferry service it will run will be substantially inferior to the one that is currently being operated by Graeme Phillips. About 200 people were present at the meeting. There are real concerns that during peak season residents will not be able to travel to and from the island on a regular basis, but especially to spontaneously move to and from their home to receive services or to undertake activities on the main island of Tasmania.

The public meeting was facilitated by Mr Simon Boughey, who I understand has a residence on Bruny Island but is not living there. He was an independent chair and residents of the island who attended the meeting said he facilitated a fair meeting. Subsequently the Department of State Growth has proposed a ferry island reference group to investigate the issue of permanent ferry access and access when required by residents. The terms of reference for that group were set by SeaLink and State Growth. It was to have an independent chair and to have a representative group of nominated reps from each of the four major organisations on Bruny Island.

However, there are allegations of Mr Boughey being pressured. There is another person, Mr Trevor Adams, who is now being put in as the chair of the Bruny Island ferry reference group. There are concerns about links between SeaLink and Mr Adams. There are also changes to the terms of reference for the committee, which means people have been appointed to that group as individual community members but not as representatives of those four groups. That is a different matter. People who are appointed to the ferry reference group who are not representing other people in the community but their own view of how they think the community feels, have far less accountability for the community groups. The concern at this point is the people who are appointed by State Growth can out vote others. There is an undue weighting towards people from the tourism industry and an undue weighting towards people who have one view about what should happen with the ferry service.

Potentially what we have here is a highly volatile situation where people who are extremely vulnerable are being locked out of the conversation about how they maintain access to their home.

I bring the attention of the House to the street corner meetings proposed by SeaLink as their consultation process. They were announced with six days' notice and they were only posted on Bruny Notices Facebook page which means any member of the Bruny community who does not have access to the web or who is not a member of Facebook or is not a member of that Facebook page has no other mechanism of finding out when these meetings are to be held.

The meetings are to be held at 9 a.m. in Kettering, 1 p.m. and 2 p.m. in Alonnah and 10 a.m. at Adventure Bay. Clearly, it will not be possible for people who travel off the island to work to attend any of these meetings. This has been brought to the attention of the meeting organiser, Rubina Carlson, who is working for SeaLink. There seems to be no movement at all in this space.

There is a real concern here that this is stitched-up reference group which is designed to give the Government a box to tick that will say, 'Yes, we have done that, we have talked to the residents'. This is a life and death as well as a lifestyle issue for people who live on Bruny Island. It has to be resolved.

We cannot have a situation where people in Tasmania are no longer able to catch a ferry from their home to a service on the main island without booking a week in advance. That is what is being proposed. But that is okay, we will sort it. Just put your booking in a week in advance. How do you know if you are going to visit your aunt in a week's time?

We will be following this up on behalf of residents and they need to have their say about what happens.

Circular Head RSL - Vietnam Veterans Day

[5.58 p.m.]

Ms DOW (Braddon) - Madam Speaker, last Saturday I attended the Circular Head RSL Sub Branch memorial for Vietnam Veterans Day and I laid a wreath. The memorial was particularly moving and a credit to the Circular Head community. It was well attended as are all the events I attend around different communities at our local RSLs. Interestingly, people from other parts of Tasmania had travelled to attend this memorial service.

I enjoyed the contribution of the guest speaker, Stephen Cocker OAM, who spoke of his experience as a Vietnam veteran. I was struck by his openness about his experiences and more so the reception Vietnam veterans received upon their return home to Australia. My 11-year-old daughter attended with me and commented after about the amazing speech made by Mr Cocker OAM.

The musical items that were presented as part of the memorial service were of a very high standard and I particularly enjoyed the item by Annette Dawes and Jonathan Arnold.

The Circular Head RSL is an active RSL community with a strong volunteer base and it is well supported by the local community. I have enjoyed getting to know their members better and attending their events. They have a number of great commemorative projects and events planned and I congratulate them on their work in their local community.

Getting to know each of the RSLs around my community and right around the state as one of the great privileges of my role, not only as a local member but as a shadow minister for veterans' affairs.

Women in Politics

[5.59 p.m.]

Ms O'CONNOR (Denison - Leader of the Greens) - Madam Speaker, I wanted to make a brief contribution this evening on the subject of women in politics and I am sure it is a subject you take great interest in given that you now preside over a parliament which has gender balance.

Madam SPEAKER - I do.

Ms O'CONNOR - I am not going to put words into your mouth, Madam Speaker, but I believe the federal leadership chaos of the past week, not only paints senators Abetz, Duniam and Bushby in the worst possible, most self-serving light but again reveals what a problem the conservative parties in Australia have with women in politics. I go to an article that was written by Lisa Wilkinson who is Ten Daily's executive editor and host of *The Project* and the headline is 'If Julie Bishop was one of the boys, she'd be Prime Minister'. I will just read a bit from the article:

> Imagine if a woman had done as Peter Dutton did.
>
> Julie Bishop, what?

> She served a decade as the loyal deputy for three Liberal leaders across four stints. She was the high profile, committed and friendly face of her party in a sea of males. She was a highly regarded foreign minister and was polling in the high 60s as the preferred leader to replace Malcolm Turnbull
>
> And she got how many votes in the first round amongst her peers
>
> 11
>
> Out of 85.

Madam Speaker the article goes on:

> And the man - I use the word advisedly - elected in her place was polling in the single digits among the public.

There was a story on ABC's *Insiders* on Sunday where Barrie Cassidy had gotten hold of a sequence of WhatsApp messages between members of the Liberal caucus and one of the messages when they were colluding to shaft Julie Bishop said, 'We need to vote with our heads, not our hearts'. Now if there was an objective vote and the men in the Liberal caucus were genuinely voting with their heads, as well as their hearts - because it is really important that we marry those two when we make decisions - then they would have voted for Julie Bishop.

It does again point to a problem that we have in Australian politics with women in leadership. I am not just going to say it is any one particular party, though mind you the Liberals have a special history here. Julia Gillard, who can forget, was shafted as prime minister because she was a woman and one of the better prime ministers that we have had. She managed to work her way through a very complicated balance of power parliament and deliver such things as the Royal Commission into Institutional Responses to Child Sexual Abuse, the National Disability Insurance Scheme, and the list goes on.

Only a few weeks ago we had Greens Senator Sarah Hanson-Young having to sit there in the Senate listening to the vilest slur from Senator Leyonhjelm in relation to her sexuality or her sex life. You cannot imagine these sorts of conversations being directed at men in the Senate. Sarah Hanson-Young is taking defamation action and if there are any potential damages from the action, some of that money will go to Plan International Australia.

Late last year, Plan International surveyed more than 2000 Australian girls and young women aged between 10 and 25 years about their aspirations for the future. Ladies of the Tasmanian parliament, these statistics will break your heart. New data from that survey released today shows that only 2 per cent of girls aged 10 to 14 listed politics as a future career option, rising to 5 per cent for girls between the ages of 15 to 17 and then dropping to zero per cent of young women aged 18 to 25. The director of advocacy at Plan International Australia, Hayley Cull says the revelation that girls initially show some interest in politics, and then give up on it entirely as they enter adulthood was extremely concerning but not at all surprising.

She says when you consider how female politicians are still treated in parliament and the media in this country, is it any wonder that the next generation has no desire to expose themselves to this world? There is a saying that you can only be what you can see. Unfortunately in Australia girls grow up seeing strong, smart, capable female politicians constantly reduced to what they are wearing, comments about their sexuality and snipes about their gender. What they do not see is a

consistent level of respect that should be afforded to all people no matter what their gender or occupation.

Madam Speaker, this is a wakeup call to us all, to all elected representatives in the Tasmanian parliament that the way we conduct ourselves has an impact in the wider community. To know that the bright young women of Australia are so repelled by how they see women being treated in national and state politics is extremely concerning because, as we know, Madam Speaker, when you have women involved in debates - whether it be political debates or debates at the boardroom table - you will have a better quality of debate and you will have better decisions being made. This is demonstrated by the ASX200 companies that have women or gender balance on their boards. Invariably they have higher productivity, better governance and happier workplaces. We have a responsibility in this place to make sure we encourage women and girls to take up public life, and parliamentary life. None of that will work unless parliaments as a whole practice what we often preach in debates. It is a salutary lesson for the Liberal Party of Australia because what happened to Julie Bishop last week was a disgrace. I am no great fan of Julie Bishop but I thought as foreign minister she was competent and was probably the most capable person in the Turnbull ministry. There were times when Julie Bishop was on the global stage talking about a matter of geopolitical significance, I found myself cheering her on because she is courageous -

Mr Rockliff - Hear, hear.

Ms O'CONNOR - She has not always made the right decisions in her life. Defending James Hardy in the asbestos case was a bad decision that I think tainted her to this day. Nonetheless, as a result of the self-serving behaviour of men, in the Liberal Caucus in Canberra, Australia has lost a very capable foreign minister and we are now being led by a person who only came into the job as prime minister because he was not Peter Dutton and he was not a woman.

That is the equation we are dealing with here and it is a sad day for governance in Australia because we need to be doing everything we can to get bright young women to aspire to public life and a role in parliament representing their communities. No matter what political party we come from, we are capable of being very effective performers for the public good.

Diabetes in Tasmania

[6.07 p.m.]

Mr BARNETT (Lyons - Minister for Resources) - Madam Speaker, I am pleased to speak on the adjournment tonight to pay a tribute to all Tasmanians with type 1, type 2 or gestational diabetes, their families and all those at risk of diabetes. It is a chronic disease and it is tough for those people. I want to highlight the fact that tomorrow, together with my colleague Jen Butler, as co-chairs of the Parliamentary Friends of Diabetes, we will be on the lawns of Parliament House promoting healthy eating and healthy lifestyles. The Tasmanian School Canteen Association will have a special presenter there, the honourable Jeremy Rockliff. No doubt other members of parliament may have an interest, as may other members of the public.

I want to thank Diabetes Tasmania for its leadership and advocacy in promoting that message to Tasmanians, not just in schools, but across the board. It does a terrific job. Caroline Wells is the CEO; I have worked with Caroline and have had a terrific relationship with her since commencing the Diabetes Tasmanian Pollie Pedal more than 13 years ago.

Mr Brooks - Hear, hear.

Mr BARNETT - It started in Burnie and has been to all the nooks and crannies of Tasmania; lots of uphills and lots of downhills in all of that time. The three-day Pollie Pedal helps raise awareness and funding for people with diabetes.

I acknowledge the terrific work of the John Morris Diabetes Centre at the Launceston General Hospital. They do such a great job. Dr John Morris was one of the most outstanding medical figures in Launceston's history. I thank Sam Beattie, who is leader of the team up there; all the diabetes educators, the nutritionists, the clinicians and all those who are a part of the team that provides support for people in and around northern Tasmania, the east coast, the north-west coast and elsewhere. I want to acknowledge their work and thank them for their service.

There are 1.2 million Aussies out there with diabetes type 1 like myself. I have a vested interest; I have type 1 diabetes and use an insulin pump. I have had type 1 diabetes since my wife's birthday, 15 January 1997, so 21-plus years. We have over 3000 Tasmanians with diabetes and they and their families are specially recognised on this occasion.

Across Australia there are 130 000 people with diabetes. I acknowledge the work of the Juvenile Diabetes Research Foundation and thank them for their efforts to raise awareness and support for people with type 1 and their families. We have a special walk every year in Tasmania to promote the special interests of people with type 1.

We have National Diabetes Week and World Diabetes Day coming up on 14 November, which is something we can work together on as members of parliament to help support people with diabetes. I have enjoyed the Pollie Pedal and the youth camps that are organised through Diabetes Tasmania to help young kids adjust and learn to live with diabetes. They are terrific and I know the educators and nutritionists involved do a great job in helping those young Tasmanians deal and live with their conditions in a healthy way. I have always said diabetes need not hold you back. You can achieve your potential, even though you live with diabetes. The type 1 youth support program has been fantastic.

In conclusion I put on the record my thanks to Greg Hunt for his terrific support for the national Diabetes Services Scheme and other initiatives at the federal level to support people with diabetes. He has been a long-time supporter of people with diabetes, and likewise in Tasmania, Michael Ferguson as Minister for Health.

Tomorrow we will see the Tasmanian School Canteen Association and Jeremy Rockliff leading the way. On behalf of the Parliamentary Friends of Diabetes and Jen Butler, who is in the Chamber listening tonight, I look forward to working in a bipartisan way to promote the interests of people with diabetes and their families and those at risk across Tasmania.

Jetskitas AGM and Dinner

[6.12 p.m.]

Mr BROOKS (Braddon) - Madam Speaker, I want to speak about probably not the most known about or popular pastime in Tasmania, although we have the highest boat ownership per capita of any state in the country, but I want to talk about jet skis. They are great fun and so much easier than boats to get in and out of the water.

Ms O'Connor interjecting.

Mr BROOKS - I want to talk about the charity work the group did and the funds they raised for childhood leukaemia. Obviously Ms O'Connor is above that and too important to listen to that matter.

I attended the Jetskitas AGM and dinner on Saturday 18 August. We had a great night. The group, led by 'Daredevil Dave' as we call him, because he tends to either sink a jet ski or do something most others would not, of course within the boundaries of the legislative requirements. There is a beautiful young girl called Pippa and they designed a fundraiser called the Ride for Pippa, which was about riding some jet skis around Tasmania. For those who do not know jet skis, they tip over and sink occasionally. I know that because I have sunk one myself. This is about a club and group of people who wanted to raise some funds for people who unfortunately have leukaemia and raise some money for the Leukaemia Foundation. They had a go at this a couple of years ago but unfortunately could not quite get there. It is a daunting task riding a jet ski around Tasmania, not only because jet skis do not have much fuel so you have to cater for fuel storage and carry extra fuel, but also due to the weather and where and when you can pull in and things like that. They are very unprotected vessels or personal watercraft.

My good friend, Ian Macleod, who normally does all the photography, did a wonderful display of the photos of the group's rides throughout the year but, more importantly, they had another go at the Ride for Pippa this year, kicking off around March. They did it in sections and one of the more challenging sections on a jet ski was the west coast. It was a 176-kilometre section they did that day through some treacherous weather. There is no doubt that the west coast is rugged. It is easy to understand how many ships were wrecked there back in the days when most resulted in tragic loss of life. To the credit of these few Jetskitas members raising some money for Pippa and for her family, they navigated their way down the west coast on jet skis for that part and then continued on to the end.

People like this often do not get recognised. They enjoy riding jet skis and Jetskitas does a great job. They do not hurt anyone, they do not go out and terrorise the beaches like some unfortunate idiots on jet skis do. They are responsible, they enjoy it and love it but they also raised around $14 000 for the cause. They put themselves in dangerous conditions because there are dangerous areas where they rode around the state. The great news is that so many people encouraged them, including Pippa and her whole family, and the great news is they also found out that Pippa has now passed some tests and has a positive prognosis ahead. That was the best news they could get. It goes to show that the treatment and support from the Leukaemia Foundation was worthwhile and effective and she now has a long and fulfilling life because this is a good prognosis for her.

Sometimes we do not give credit to what those community organisations do. They are a reasonably small club. They meet and ride, so you might see 10 jet skis riding up the river and wonder what they are doing; well, they are people that like being out on the water. This was a remarkable feat of 1500-odd kilometres around Tasmania in weather that is challenging on a jet ski. When you have been on one in some pretty bad weather you know they are not that stable; they do not have stabilisers like warships. For them to do that and raise that sort of money for a really important cause is a credit to not only the people that did it but also the association for supporting them and the sponsors who helped them, as well as the support team that had to drive around with fuel and meet them in certain locations and get the fuel ready to go again to keep the skis running because like anything, if you do not have any fuel in it you are going to run out. I have not done that on the water but it is an interesting experience.

I congratulate the club and those who were involved and highlight the fact that people can still donate to not only that cause but also to the Leukaemia Foundation. It is a really important aspect of fundraising from a local Tasmanian organisation that got together, took some risk and had a bit of fun but raised $14 000 for a really important cause.

The House adjourned at 6.20 p.m.