



Hansard

LEGISLATIVE COUNCIL

60th Parliament

Tuesday 9 September 2025

Members of the Legislative Council

60th Parliament

President

Shaun Leane

Deputy President

Wendy Lovell

Leader of the Government in the Legislative Council

Jaclyn Symes

Deputy Leader of the Government in the Legislative Council

Lizzie Blandthorn

Leader of the Opposition in the Legislative Council

David Davis (from 27 December 2024)

Georgie Crozier (to 27 December 2024)

Deputy Leader of the Opposition in the Legislative Council

Evan Mulholland (from 31 August 2023)

Matthew Bach (to 31 August 2023)

Member	Region	Party	Member	Region	Party
Bach, Matthew ¹	North-Eastern Metropolitan	Lib	Luu, Trung	Western Metropolitan	Lib
Batchelor, Ryan	Southern Metropolitan	ALP	Mansfield, Sarah	Western Victoria	Greens
Bath, Melina	Eastern Victoria	Nat	McArthur, Bev	Western Victoria	Lib
Berger, John	Southern Metropolitan	ALP	McCracken, Joe	Western Victoria	Lib
Blandthorn, Lizzie	Western Metropolitan	ALP	McGowan, Nick	North-Eastern Metropolitan	Lib
Bourman, Jeff	Eastern Victoria	SFFP	McIntosh, Tom	Eastern Victoria	ALP
Broad, Gaele	Northern Victoria	Nat	Mulholland, Evan	Northern Metropolitan	Lib
Copsey, Katherine	Southern Metropolitan	Greens	Payne, Rachel	South-Eastern Metropolitan	LCV
Crozier, Georgie	Southern Metropolitan	Lib	Puglielli, Aiv	North-Eastern Metropolitan	Greens
Davis, David	Southern Metropolitan	Lib	Purcell, Georgie	Northern Victoria	AJP
Deeming, Moira ²	Western Metropolitan	Lib	Ratnam, Samantha ⁵	Northern Metropolitan	Greens
Erdogan, Enver	Northern Metropolitan	ALP	Shing, Harriet	Eastern Victoria	ALP
Ermacora, Jacinta	Western Victoria	ALP	Somyurek, Adem ⁶	Northern Metropolitan	Ind
Ettershank, David	Western Metropolitan	LCV	Stitt, Ingrid	Western Metropolitan	ALP
Galea, Michael	South-Eastern Metropolitan	ALP	Symes, Jaclyn	Northern Victoria	ALP
Gray-Barberio, Anasina ³	Northern Metropolitan	Greens	Tarlamis, Lee	South-Eastern Metropolitan	ALP
Heath, Renee	Eastern Victoria	Lib	Terpstra, Sonja	North-Eastern Metropolitan	ALP
Hermans, Ann-Marie	South-Eastern Metropolitan	Lib	Tierney, Gayle	Western Victoria	ALP
Leane, Shaun	North-Eastern Metropolitan	ALP	Tyrrell, Rikkie-Lee	Northern Victoria	PHON
Limbrick, David ⁴	South-Eastern Metropolitan	LP	Watt, Sheena	Northern Metropolitan	ALP
Lovell, Wendy	Northern Victoria	Lib	Welch, Richard ⁷	North-Eastern Metropolitan	Lib

¹ Resigned 7 December 2023

² IndLib from 28 March 2023
until 27 December 2024

³ Appointed 14 November 2024

⁴ LDP until 26 July 2023

⁵ Resigned 8 November 2024

⁶ DLP until 25 March 2024

⁷ Appointed 7 February 2024

Party abbreviations

AJP – Animal Justice Party; ALP – Australian Labor Party; DLP – Democratic Labour Party;
Greens – Australian Greens; Ind – independent; IndLib – Independent Liberal; LCV – Legalise Cannabis Victoria;
LDP – Liberal Democratic Party; Lib – Liberal Party of Australia; LP – Libertarian Party;
Nat – National Party of Australia; PHON – Pauline Hanson's One Nation; SFFP – Shooters, Fishers and Farmers Party

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Tuesday 9 September 2025

The PRESIDENT (Shaun Leane) took the chair at 12:03 pm, read the prayer and made an acknowledgement of country.

Bills

Bail Further Amendment Bill 2025

Wage Theft Amendment Bill 2025

Royal assent

The PRESIDENT (12:04): I have a message from the Governor, dated 2 September:

The Governor informs the Legislative Council that she has, on this day, given the Royal Assent to the under-mentioned Acts of the present Session presented to her by the Clerk of the Parliaments:

34/2025 Bail Further Amendment Act 2025

35/2025 Wage Theft Amendment Act 2025

Questions without notice and ministers statements

Youth crime

David DAVIS (Southern Metropolitan) (12:04): (1037) My question is to the Minister for Youth Justice. Minister, Premier Allan has said the government stands with the South Sudanese community in their fight against the cancer of youth gang crime. Will the minister explain why the Premier is treating the South Sudanese community as if it bears the responsibility for tackling youth gang crime instead of making it clear that this is the government's fight on behalf of all Victorians, a fight they appear to be losing?

Enver ERDOGAN (Northern Metropolitan – Minister for Casino, Gaming and Liquor Regulation, Minister for Corrections, Minister for Youth Justice) (12:05): I reject the premise of Mr Davis's question. I think he is verballing the Premier in the other place, and she cannot reply to him. But what I will say is as a government we are committed to keeping all Victorians safe, and in particular we are focused on working in partnership with the South Sudanese community because, tragically, we do know that the South Sudanese community are over-represented in the criminal justice statistics and in particular as victims of crime as well. That is why, especially after the weekend and the shocking and tragic events at Cobblebank, I do want to place on record that my deepest condolences are with the family and loved ones of the victims of what has occurred. I know, Mr Davis, you are trying to politicise this in this place, but community safety is for all Victorians. That is why as a government – you are in this chamber – we have made a number of legislative changes that are addressed to community safety across our state, and they include a number of changes to our bail laws; it means the machete bans that we have put in place, and it means resourcing Victoria Police to do that frontline policing work.

In addition, we do a lot of work in early intervention and crime prevention, but we do look to partner with the South Sudanese community, and I am proud of our partnership with the South Sudanese community. Last week I had the opportunity to meet up with Santino Deng, the chair of our South Sudanese expert working group, to talk about how we can partner with the community on the ground to make real differences and to wrap around the South Sudanese community and the parents that have lost loved ones and support community leaders that want to see their community reach their potential. Many South Sudanese Victorians are kicking goals, literally, in the AFL, in the NBL, in the NBA and with sporting success; they are kicking goals academically. I do not accept the deficit narrative, Mr Davis; the South Sudanese community is a very high achieving community. Last week in fact I had the opportunity to visit NextGen Unite, a community group that is focused on making sure that South Sudanese young people reach their potential, with the hardworking member for South-Eastern

Metropolitan Lee Tarlamis and Eden Foster. We went out and met two really bright young people that are making a real difference in Melbourne's south-east. I think what the Premier is focusing on is tackling the causes of crime, and we need to do that by listening to the community. The best solutions are community led – not from us dictating what should occur but by working in partnership with the community. I am focused on that; I know the Premier is focused –

Members interjecting.

Sheena Watt: On a point of order, President, this is an incredibly important response given by the minister here. I am in fact about this close and I cannot hear his words, so can I ask for some order in the chamber, please?

The PRESIDENT: I will uphold the point of order. I think it is at cross-purposes when the member asking the questions and the colleagues around him drown out the minister's answer. I would have thought they would have been keen to hear the minister's answer.

Enver ERDOGAN: As I was saying, Mr Davis, the solutions to fight crime lie in the community, so we are committed to going out there, speaking to the community and hearing the best options to tackle the issue together with the community. We have made broad changes that create a safer community for Victorians: bail laws, machete bans but also investing in rehabilitation when people are in our corrections system – *(Time expired)*

David DAVIS (Southern Metropolitan) (12:09): The minister said in his response that the solutions lie in the community, but they certainly do not lie, I might add, in the weakening of bail laws, as this government has done. I ask, because of his comment: will the minister advocate for the establishing of a broader taskforce to tackle youth crime so as not to burden one community with the responsibility for all youth gang crime?

Enver ERDOGAN (Northern Metropolitan – Minister for Casino, Gaming and Liquor Regulation, Minister for Corrections, Minister for Youth Justice) (12:09): Mr Davis, as a government we are committed to making all Victorians as safe as possible. We have an anti-hate taskforce; we have a number of bodies that are working with all communities irrespective of their background, and I think a focus on the South Sudanese community, especially at this time, is appropriate. It is work that we have been doing for two years, but it is clear that more needs to be done, because we tackle issues where they are. So we are going to go out to the community. After this sitting week I will be out in the community, out in Melton, out across the communities where the greatest concern is, and I will work with them on local solutions to keep everyone in those communities safe irrespective of their background.

Intersex health services

Aiv PUGLIELLI (North-Eastern Metropolitan) (12:10): (1038) My question today is to the Minister for Health. The government committed to an intersex protection system following the *(i) Am Equal* report in 2021. This scheme is planned to improve supports, laws and regulations to ensure that people living with intersex variations are empowered to make their own decisions about their own bodies. This includes but is not limited to protecting children from deferrable medical interventions which modify their sex characteristics. Public consultation was undertaken, and a listening report was due to be released in early 2024, which would include information on next steps for this work. There is strong support, I would say, in this chamber for progression of this work going forward. Minister, I ask: do you have a copy of this summary report, and will it be released publicly?

Ingrid STITT (Western Metropolitan – Minister for Mental Health, Minister for Ageing, Minister for Multicultural Affairs) (12:11): I thank the member for the question. I will certainly refer that to the Minister for Health, who will be very happy to outline the significant work that is happening in this area and provide a written response in accordance with the standing orders.

Aiv PUGLIELLI (North-Eastern Metropolitan) (12:11): Thank you, Minister, for referring that on for answer. Reviewing the relevant Victorian government website in relation to these matters, the timeline indicates that submission of a draft bill to Parliament was expected for late 2024. Can I confirm: is this legislation set to be introduced this year?

Ingrid STITT (Western Metropolitan – Minister for Mental Health, Minister for Ageing, Minister for Multicultural Affairs) (12:11): Again, I will refer your supplementary question to the Minister for Health for a written response.

Ministers statements: Adult Learners Week

Gayle TIERNEY (Western Victoria – Minister for Skills and TAFE, Minister for Water) (12:12): Last week was Adult Learners Week, a time to recognise the vital role of adult community and further education in our skills system. This sector builds foundational skills like literacy, numeracy, English language, digital literacy and job readiness that connect Victorians to further education and to employment. These courses are supported by the government and delivered through Learn Locals, organisations like neighbourhood houses and community hubs. I had the pleasure of visiting some of these fantastic community-led Learn Locals last week. I saw firsthand the fantastic training and learner engagement being done at Bridge Darebin in Preston and the Victorian Aboriginal Community Services Association, or VACSAL, in Northcote, alongside local member Kat Theophanous. Adult Learners Week was the perfect time to celebrate the achievements of the government's Reconnect program. Reconnect funds TAFEs, Learn Locals and registered training organisations to provide one-on-one wraparound support services to learners so that they can finish their training and get into employment. I joined the member for Preston Nathan Lambert at Prace in Reservoir, where I saw firsthand the fantastic outcomes enabled by the Reconnect program. At Prace I met Christian, who told me how support through Reconnect had been vital in connecting him to employment, how Reconnect has helped put his life back on track. That is why I was proud to announce that the Allan Labor government is investing \$48 million to extend Reconnect for another four years so that vital supports like counselling, housing support, mentoring and health services will continue to break the cycle of disadvantage. This is because this is Labor's way.

ANZ

David DAVIS (Southern Metropolitan) (12:14): (1039) My question is to the Treasurer. Treasurer, I refer to the ANZ bank's decision to slash 3500 jobs by next September, which will strike disproportionately the Victorian staff at their head office at 833 Collins Street, Melbourne. Outgoing CEO Shayne Elliott recently said that Victoria is one of the toughest places in Australia to do business, singling out the Allan Labor government's massive new payroll taxes. I therefore ask, Treasurer: do you accept the Allan Labor government's tax regime has been a significant factor in these ANZ staff losing their jobs?

Jaclyn SYMES (Northern Victoria – Treasurer, Minister for Industrial Relations, Minister for Regional Development) (12:14): Thanks, Mr Davis, for your question. At the outset, this is a matter for ANZ, but of course for those staff that are impacted we will certainly ensure that we have available commitment and support with ANZ where appropriate. You referred to head office. I can confirm that my advice is their CEO and head office will remain in Melbourne. They will continue to be based here and to have well over 15,000 employees in Victoria. Mr Davis, you made a link from this business decision to conditions in Victoria. Again I can remind you of the record numbers of economic growth and business creation in the state of Victoria. I have got a new figure for the house this week: we have added more than 123,000 businesses since June 2020. That is an increase of almost 20 per cent. I remind the house this is the most of any state or territory. Quarterly business investment figures have also been looking up. Victorian investment grew by 1.7 per cent, significantly faster than the 0.7 per cent nationally.

Mr Davis, there are positive signs backed up by the stats, and I can continue to remind you of these stats. Since the pandemic Victorian business investment has risen by 41 per cent compared to 32 per

cent for the rest of Australia up to June 2025. I will not talk down this state as those opposite do. There is always room for improvement, but we are heading every other jurisdiction in so many indicators. Westpac consumer sentiment was up 2 per cent for the month compared to a fall in the Australian average – consumer sentiment in Victoria is now more than the Australian average – and business conditions are also up 5 per cent because of the latest NAB business conditions survey. So, Mr Davis, when you stand there and talk about your concern for Victoria – your continued talking down of business in Victoria – I would remind you to look at the stats and use facts in your questions.

David DAVIS (Southern Metropolitan) (12:17): We heard everything about everything except the ANZ. I say the government clearly has been at least briefed in part –

Members interjecting.

The PRESIDENT: I call the house to order, please. I remind all sides of the chamber it is not a one-way street.

David DAVIS: The government has clearly been briefed, at least in part, by the ANZ on how many staff they are slashing in Victoria, and if so, will the Treasurer relay to the house how many of their Victorian-based staff will lose their jobs?

Jaclyn SYMES (Northern Victoria – Treasurer, Minister for Industrial Relations, Minister for Regional Development) (12:18): Mr Davis, this is a matter for ANZ, but I can confirm – and I think it is worthy of noting – that ANZ are on the public record giving a commitment to work with impacted employees as the changes come into effect, and I commend them for that.

David DAVIS (Southern Metropolitan) (12:18): I move:

That the Treasurer's answer be taken into account on the next day of meeting.

Motion agreed to.

Coronial investigations

Rachel PAYNE (South-Eastern Metropolitan) (12:18): (1040) My question is for the Minister for Health, represented in this place by the Minister for Mental Health. The loss of a child is an immeasurable pain, particularly when it cannot be explained. The Coroners Project is a campaign for genetic testing to be a routine part of coroners' investigations for those aged 20 or under where a cause of death is unclear. Danielle and Leon Green's child Sonny passed away from an unexplained cause when he was just nine months old. Danielle and Leon went through the terrifying process of another pregnancy. They had a little girl named Airlie, but at 12 months old she too passed away. Genetic testing later revealed both children had a rare genetic condition. My question is: will the minister include routine genetic testing for coronial investigations in unexplained deaths of young people?

Ingrid STITT (Western Metropolitan – Minister for Mental Health, Minister for Ageing, Minister for Multicultural Affairs) (12:19): I thank Ms Payne for her question. That sounds like an absolutely heartbreaking example that you have given. I will ask the health minister to provide you with a written response in accordance with the standing orders.

Rachel PAYNE (South-Eastern Metropolitan) (12:19): I thank the minister for referring that on. By way of supplementary, the Royal College of Pathologists of Australasia guidelines emphasise the importance of genetic testing only where certain criteria are fulfilled, like a family history of a condition. This means genetic testing is rarely performed, as the vast majority of children with a genetic condition have no family history. Will the minister advocate for changes to these guidelines?

Ingrid STITT (Western Metropolitan – Minister for Mental Health, Minister for Ageing, Minister for Multicultural Affairs) (12:20): I will also pass on Ms Payne's supplementary question to the Minister for Health in the other place.

Ministers statements: multiculturalism

Ingrid STITT (Western Metropolitan – Minister for Mental Health, Minister for Ageing, Minister for Multicultural Affairs) (12:20): Last week I had the pleasure of attending the Premier’s multicultural gala dinner. It was an unforgettable night filled with community, culture, shared stories and genuine connection. But it was more than just a celebration; it was an opportunity to come together, to stand in solidarity with one another and to champion Victoria’s proud multicultural and multifaith communities. The gala was a powerful reminder of what makes our state so special – the strength that comes from our diversity. Generations of migrant families have helped build Victoria, contributing to our economy, enriching our culture and strengthening the communities we all share. From small businesses to cultural festivals, from places of worship to sporting clubs, our multicultural communities truly represent the very best of our state’s values. But at moments like these, it is also important to be clear about what we stand against. We know many Victorians, particularly those from multicultural backgrounds, were shaken by the rallies that took place across Australia and about the motivations of those behind them. Let me say this clearly: Victoria completely rejects racism and hate. Those who preach division will never win, because here in Victoria our message is simple: whoever you are, whoever you love, whoever you pray to, you are welcome. You deserve to live with peace, safety and respect. Our multiculturalism is one of the most precious parts of our state. It is not something we must just protect but something we need to celebrate. The history, perspectives and contributions of multicultural communities have helped make Victoria what it is today – stronger, fairer and better for everyone. Their story is not separate from Victoria’s story. Their story is Victoria’s story.

Police resources

Georgie CROZIER (Southern Metropolitan) (12:22): (1041) My question is to the Treasurer. Treasurer, police commissioner Mike Bush was asked whether budget cuts are coming for Victoria Police, and he responded:

I’ve asked the Premier directly, “What’s the situation?” and the Premier and the minister are being very clear: “Live within your budget.”

... We need to live within the budget. The current budget that the government give us.

Given the important work the police have been doing in the ongoing operation to apprehend alleged police killer Desmond Freeman, has a Treasurer’s advance been provided to Victoria Police to assist with these important operational matters?

Jaclyn SYMES (Northern Victoria – Treasurer, Minister for Industrial Relations, Minister for Regional Development) (12:23): I thank Ms Crozier for her question. At the outset I thank Victoria Police for the tremendous work they do, and obviously we will touch on condolences later this afternoon in relation to the horrific events in Porepunkah and have the opportunity to thank and respect Victoria Police at that time. Ms Crozier, no government has invested in police more than this one – budgets go up each and every year, investment goes up each and every year. In relation to your question specifically in response to whether a TA has been provided, a TA has not been sought. As is the case in relation to emergencies, that is one of the justifications for having TAs, but no request has been made.

Georgie CROZIER (Southern Metropolitan) (12:23): Thank you, Treasurer, for that response. Treasurer, given the comments that the police commissioner made, according to what the Premier has said – ‘live within your budget’ – and the minister, not only the Premier, what advice have you therefore received as to the pressure this critical police work will place on the overall police budget?

Jaclyn SYMES (Northern Victoria – Treasurer, Minister for Industrial Relations, Minister for Regional Development) (12:24): Ms Crozier, I do not want to get into operational decisions of Victoria Police. Obviously they will do whatever is required to respond to this incident, and there are hundreds of police that are up in the north-east region currently as we speak. In relation to Victoria Police’s budget, I have met with the chief commissioner and he is satisfied with his budget.

Greyhound racing

Georgie PURCELL (Northern Victoria) (12:24): (1042) My question is for the minister representing the Minister for Racing. Last month the Victorian Racing Tribunal handed down a decision for a greyhound trainer who left a dog in a kennel with a broken leg taped up with electrical tape. His penalty was nothing more than a warning-off period, which prohibits him from racing. But because he retired in the time between the incident and the VRT hearing, this means he received no punishment at all. When I highlight the fact that racing greyhounds are exempt from Victoria's Prevention of Cruelty to Animals Act, GRV often write to me claiming that stewards have powers under the laws and are able to provide Animal Welfare Victoria with a brief of evidence if they believe there have been breaches of POCTA. So how many times has this happened and have charges ever been laid?

Enver ERDOGAN (Northern Metropolitan – Minister for Casino, Gaming and Liquor Regulation, Minister for Corrections, Minister for Youth Justice) (12:25): I thank Ms Purcell for her question and her passion in relation to these matters. In line with the standing orders I will make sure that is passed on to the Minister for Racing in the other place for an appropriate response.

Georgie PURCELL (Northern Victoria) (12:25): Thank you, Minister, for referring that on. This cruelty happened in January 2024, but the Victorian Racing Tribunal hearing did not occur until August 2025. There has been a consistent 12- to 18-month backlog of VRT cases over recent years, and it only continues to grow. Under the rules of racing, trainers with charges laid against them can continue to race dogs even when accused of doping, drugging and offences of cruelty, and even the individual dogs these charges have been laid for can continue to race. There have been several instances where these dogs have since died while racing during this wait period, and there is clearly no deterrent for bad behaviour when participants know they can continue to make money off their dogs, even if they have charges laid against them. What is the minister doing to address the Victorian Racing Tribunal backlog?

Enver ERDOGAN (Northern Metropolitan – Minister for Casino, Gaming and Liquor Regulation, Minister for Corrections, Minister for Youth Justice) (12:26): I thank Ms Purcell for that supplementary question, and in line with the standing orders I will make sure to seek a written response from the Minister for Racing in the other place.

Ministers statements: corrections system

Enver ERDOGAN (Northern Metropolitan – Minister for Casino, Gaming and Liquor Regulation, Minister for Corrections, Minister for Youth Justice) (12:27): We know that attracting the right people for the right roles is key to the success of the corrections system. Thanks to the \$727 million investment by the Allan Labor government we are expanding prison capacity and growing the workforce to match it. Since the investment more than 200 new prison officers have joined our ranks, but we are not stopping there. We are recruiting across the board – intelligence analysts, clinicians and security personnel – because a safe and effective corrections system requires a team with diverse skills. Recently I had the pleasure of visiting our state training centre in Lara with assistant commissioner Frank Dumic to see the work of the security and intelligence division firsthand. The day showcased a variety of talent, from virtual reality training and emergency line formation to locksmithing, drone operations and canine training, and may I say they were very impressive. They are critical capabilities that keep our prisons safe and secure every day. It was also an opportunity to show prospective recruits a glimpse into the array of dynamic, challenging and rewarding opportunities across our corrections system. The demonstrations highlighted not only the wide range of roles but also the skill and professionalism of our existing workforce. It was further proof of something our hardworking frontline corrections staff know all too well: there is never a dull moment in corrections. This government is proud to back Corrections Victoria and the staff, who work 24 hours a day, 365 days a year, to keep our community safe. I would be remiss not to once again take this opportunity to say that if you are looking for a dynamic and rewarding career, consider a role with Corrections Victoria.

Daniel Andrews

Evan MULHOLLAND (Northern Metropolitan) (12:28): (1043) My question is to the Minister for Multicultural Affairs. Minister, last week former Premier Daniel Andrews stood shoulder to shoulder with Russian President Vladimir Putin in Beijing even while Russia continues its merciless attacks on Ukraine, as we have seen continue tragically in recent days. The Association of Ukrainians in Victoria and the Australian Federation of Ukrainian Organisations have rightly expressed their disgust. Does the minister stand with the Ukrainian community, like the Deputy Premier, or is it still government policy that Mr Andrews posing with dictators was a good thing?

The PRESIDENT: Minister, there were two questions. I reckon you can have a go at the first one; do not worry about the second one.

Ingrid STITT (Western Metropolitan – Minister for Mental Health, Minister for Ageing, Minister for Multicultural Affairs) (12:30): I thank Mr Mulholland for that question. It is an interesting question, but I think, on a very serious note, our government has and will continue to stand with the Ukrainian community, as we have done here in Melbourne since the illegal invasion of Ukraine. We are on the public record in not only our words but our actions in that regard. I want to thank the leadership of the Ukrainian community, who have been incredibly generous in the way in which they have engaged with our government about the challenges their community is facing, noting that there are a lot of people who have come to Victoria to seek refuge, if you like, from the situation in Ukraine. We have taken a number of people into the Victorian community with open hearts, and I want to thank Mr Galea and Mr Tarlamis in this place in particular, who are constantly engaging with the Ukrainian community here in Victoria and providing very strong support to them. I see those as separate to other matters that Mr Mulholland is raising about private citizens' travel arrangements and decisions. I think that it is unfortunate that they want to play silly kinds of student politics with these issues. Our commitment to the Ukrainian community is not at question here. Our government will continue to work closely with them and continue to advocate for peace, as I know the federal government are as the level of government in this country responsible for foreign policy.

Evan MULHOLLAND (Northern Metropolitan) (12:32): Mr Andrews was also photographed with the president of Iran, whose Islamic revolutionary guard have been found responsible for firebombing the Adass Israel Synagogue, by Australian security agencies. Will you publicly disassociate the Victorian government from this outrageous photo on behalf of Victoria's Jewish community?

Members interjecting.

The PRESIDENT: Mr Davis, do you want to do a point of order to convince me this is relevant to the minister's responsibilities?

David Davis: On a point of order, President – the point of order is very straightforward – the minister's responsibilities in multicultural affairs include community harmony, and this intervention by Daniel Andrews has not helped community harmony.

The PRESIDENT: I am happy to flesh this out. Is your premise that the minister is responsible for the activities of past MPs?

David Davis: Further to the point of order, President, I will help you with that. The minister could publicly dissociate the Victorian government from the outrageous photo. She can do that. That is entirely within her purview as Minister for Multicultural Affairs. She can do that, and that is the request of her.

The PRESIDENT: You are asking me to make a precedent around any person that has any association with the opposition or with the government that gets into a photo with people that have behaved in a way that is not necessarily associated with that person.

David Davis: On the point of order, President, former Premier Daniel Andrews is not just any person; he is a former leader in this state. Another former leader took quite a different decision, and all we are asking is for the minister to exercise her responsibilities as Minister for Multicultural Affairs and dissociate herself from the extraordinary photo, the photo that actually many in the Jewish community are very concerned about.

Members interjecting.

The PRESIDENT: I am not convinced that I am going to make a precedent out of putting this question, so I will just not put the question.

David DAVIS (Southern Metropolitan) (12:34): I move:

That the minister's answer to the first part of the question be taken into account on the next day of meeting and that your ruling be taken into account in association with it.

The PRESIDENT: The question is:

That the minister's answer to the substantive question be taken into account on the next day of meeting.

Motion agreed to.

The PRESIDENT: I will not put the question about my ruling being taken into account on the next day of meeting, but if there are any other vehicles that people want to use, I am more than happy for them to do that. I am always open to these conversations. I am not always right, but I think I do form a pretty good part of democracy in this chamber.

Housing

Sarah MANSFIELD (Western Victoria) (12:36): (1044) My question is for the minister for housing. Low-income residents in what the government is promoting as affordable housing units on government-owned land in Flemington received a significant rent increase one year after moving in, making these rentals more expensive than average private rentals in the same area. Can the minister rule out further significant rent rises in these developments?

Harriet SHING (Eastern Victoria – Minister for the Suburban Rail Loop, Minister for Housing and Building, Minister for Development Victoria and Precincts) (12:36): Thank you very much, Dr Mansfield, for that question. At the outset I do want to acknowledge the importance of making housing available to people who are under financial pressure or distress. This is something that I think we will not have any disagreement on around this house, and I just want to make sure that we are also very clear about the settings that apply for affordable housing under the Planning and Environment Act. As you would know, Homes Victoria is engaging with the project partner, Building Communities, in relation to this matter, and we are working with Building Communities to apply discounted rent alongside Consumer Affairs Victoria to all renters at the affordable housing at this site. There is an approach that is being developed around future market rental evaluations and assessments of rental rates for these homes, but it is really important to emphasise that the high-rise redevelopment program will deliver a 10 per cent increase in social housing alone across these sites, including a 39 per cent increase across North Melbourne and Flemington in the tranche 1 sites. On top of this, hundreds of affordable and market rental homes will be delivered across the tranche 1 locations, and we know that where more housing is made available, that puts downward pressure on rental prices, and we are seeing a slower increase in rental prices across Victoria as compared to other parts of Australia. Rental affordability is better here, as far as average figures are concerned, than it is in other parts of the nation. We are developing the mixed tenure model that will not only deliver more housing but also deliver affordable housing for, for example, key workers in those inner-city locations. The challenge that we have here, though, is that the Greens and the Liberals continue to oppose and to block social and affordable housing.

Sarah Mansfield: President, I have got two points of order, actually. One is that the question was very narrow. It was: can the minister rule out further significant rent rises in these developments? It has taken off on another tangent. And the second is the minister is once again using this to make political points. I did not say anything partisan in my very brief preamble or in the question.

The PRESIDENT: I call the minister back to the question.

Harriet SHING: As I had said before the point of order was raised, the more housing that we bring online, the more affordable it becomes. Where we create supply, we are reducing pressure on demand, which then places downward pressure on prices. This is basic economic theory that in fact we are seeing play out because of the better affordability, because of availability, here in Victoria. Were the Greens and the Liberals to stop blocking and opposing the delivery of more housing in those areas of the city where we know it can and should be delivered, we would then see that we would be able to continue with that work and that trajectory. So we are continuing to work alongside Building Communities and Consumer Affairs Victoria. It is an uncomfortable truth for many people in this chamber to recognise the fact that if you stop blocking and opposing we will be able to continue building and delivering.

Sarah MANSFIELD (Western Victoria) (12:40): I do not think the minister has answered my question, which was to rule out further significant rent rises in these developments. I think the uncomfortable truth is actually that, for these residents, their rents have gone up substantially and they are no longer able to potentially afford to live in these so-called affordable housing units. This rent hike, as you stated, was set by the Building Communities Consortium, the same group that is redeveloping the towers across the road under the ground lease model. They took the first chance to drive the rents up, and residents are saying that if this keeps happening they will be forced out. Minister, if a private consortium sets the rents on government land and pushes them to the maximum, can you guarantee that this sort of housing that is replacing the towers will be affordable and secure and will remain so?

Harriet SHING (Eastern Victoria – Minister for the Suburban Rail Loop, Minister for Housing and Building, Minister for Development Victoria and Precincts) (12:41): Thank you very much for that supplementary. Again, the way in which you have posed that supplementary contains at its heart your aversion to – and the Liberals' aversion to – development of mixed-tenure housing across those areas of inner Melbourne, where we know that –

Sarah Mansfield: On a point of order, President, the minister says it contained at its heart an aversion to housing. There is nothing in what I said that is an aversion to housing. I ask the minister just to answer the question, which was a very simple one: can you guarantee that the housing replacing these towers will remain affordable? It has nothing about blocking housing.

The PRESIDENT: I will call the minister back to the question.

Harriet SHING: But you do block housing. The Greens and the Liberals team up to block housing. You have done it in this place, you did it in Canberra, you have done it in local council chambers and you continue to do it in opposing the towers redevelopment program to triple the density of housing across these sites –

Sarah Mansfield: On a point of order, President, once again I think the minister is talking about issues that are unrelated to my question. She is making partisan political points, which I understand is not the purpose of question time. I have asked a very simple question, and I would appreciate if the minister could address the question.

The PRESIDENT: On the point of order, there are a number of rulings that answering a question does not give a minister an opportunity to attack the opposition. I think we will broaden that: it is not a minister's opportunity to attack non-government MLCs that ask a question. I will uphold that part of the point of order and I will call the minister back to the question.

Harriet SHING: Thank you very much. The settings are difficult for us to continue with in light of persistent opposition. I will leave that as a general remark and let the voting records for the chambers in this place, in Canberra and in local council chambers stand for themselves. Discounted rental rates will be applied to all tenants at the Victoria Street property in line with a Consumer Affairs Victoria ruling, and as I indicated in the answer to your principal question, we are actively working through an approach to rental assessments at this site with Building Communities going forward.

Ministers statements: child protection

Lizzie BLANDTHORN (Western Metropolitan – Minister for Children, Minister for Disability) (12:43): This week is National Child Protection Week, with the theme for the year being ‘Every conversation matters: shifting conversation to action’. Last week I had the pleasure of celebrating both the Department of Families, Fairness and Housing child protection staff awards and the Victorian Protecting Children Awards to recognise both the effort and the passion of all those who work in the children and family system across our state. This year for the fourth year in a row we received a record number of nominations, with 178 being received. This demonstrates the amazing work undertaken each and every day by our dedicated child protection and family services sector and workforces. I had the privilege to announce the DFFH inspiring leader award and two emerging leader awards to our child protection workforce in the afternoon, and in the evening I was delighted to announce the winner of the Minister’s Award for Excellence in Protecting Children, Corey Harrison from the Victorian Aboriginal Child and Community Agency.

When I was first sworn in to the child protection portfolio and visited VACCA’s head office in Preston, Corey spoke to me directly about how VACCA’s Nugel program has been leading in the delivery of self-determined child protection services to families. His time that day and the advice he gave me on the importance of their work have stayed with me since, and we were able to collectively celebrate how Corey is ensuring that Aboriginal children, young people and families are protected and remain culturally supported, connected and self-determined. Corey has been instrumental in implementing VACCA’s Nugel program in inner Gippsland and western metropolitan regions, offering a model of Aboriginal-led child protection practice as part of the Aboriginal Children in Aboriginal Care program. During the pandemic Corey created a video with senior Aboriginal staff on mental health messaging, with this video remaining one of VACCA’s most viewed, with over 15,000 likes and 203 shares.

Can I take the opportunity to congratulate all nominees, finalists and winners across both award events. You turn up each and every day for children, young people, families and carers who need your support. You turn up and you make a meaningful difference for children and families across Victoria. As a Parliament we acknowledge and thank you.

Written responses

The PRESIDENT (12:45): Minister Stitt will get answers for Mr Puglielli and Ms Payne in line with the standing orders. Mr Erdogan will get answers for Ms Purcell in regard to the Minister for Racing in line with the standing orders.

Constituency questions

South-Eastern Metropolitan Region

Michael GALEA (South-Eastern Metropolitan) (12:46): (1803) My constituency question is for the Minister for Community Sport. I welcome the opening of a new round of the Local Sports Infrastructure Fund, which provides funding to deliver community facilities, community sporting lighting and planning for projects between \$40,000 and \$500,000. Councils, with the participation of local clubs, associations and leagues, are eligible to apply for funding that will support local communities and increase our local sports participation. The last round of the project saw many big wins in the south-east, including \$200,000 in funding for new facilities at Greaves Reserve in Dandenong, \$250,000 for new change rooms at Frankston Park and \$250,000 to extend and upgrade

facilities at the Knox skate and BMX park. Minister, how is this government supporting community sport in the south-east?

Southern Metropolitan Region

Georgie CROZIER (Southern Metropolitan) (12:47): (1804) My question is for the Premier. I frequently hear constituents express deep frustration at the scourge of graffiti and vandalism throughout suburbs in the Southern Metropolitan Region, which is degrading the amenity of established local neighbourhoods. I have raised this matter before, as have my colleagues, including the member for Hawthorn, who also hears residents' growing concerns about the negative impact of graffiti and other criminal damage on our community. Vacant shopfronts are increasingly targeted by vandals as businesses close under the weight of Labor's taxes and the cost-of-living pressures that impact retail trade. Unsightly graffiti is highly visible in numerous locations from along the Monash Freeway to Auburn and Glenferrie stations and the sky rail overpass at Toorak Road. As Mr McGowan pointed out last week after he witnessed brazen shoplifting, we need to start with the small stuff, like graffiti, shoplifting and disrespect, to prevent escalation to more serious crimes. Those crimes are plaguing our state. Premier, what are you going to do to address the growing incidence of graffiti and vandalism in my electorate?

Northern Victoria Region

Georgie PURCELL (Northern Victoria) (12:48): (1805) My question is for the Minister for Environment. Last week a kangaroo in Dixons Creek had her jaw completely blown off by a shotgun. This roo was not immediately killed. Instead she suffered for days in pain and was unable to eat or drink. Vets for Compassion put out a call for sightings and eventually she was found, but, as expected, her injuries were far too severe and she and her joey could not be saved. Sadly, this is not a rare occurrence, but it is a brutal reality of legal kangaroo shooting in Victoria. The person responsible for this act of cruelty will likely never be found, because there are little to no checks and balances in place. Has the government launched an investigation into this brutal act in my electorate, and will it even attempt to find the individual responsible?

North-Eastern Metropolitan Region

Richard WELCH (North-Eastern Metropolitan) (12:49): (1806) My constituency matter is for the Minister for the Suburban Rail Loop. Box Hill brickworks has been recently rezoned for high-rise development within the Box Hill SRL precinct. This land has been subject to many environmental reviews over the past 20 years. It is in active remediation – it has had a clay cap applied to it and it is subject to a range of environmental protections. Only three years ago disturbance of the soil was considered too dangerous for even the Level Crossing Removal Project to use it as a staging area for the level crossing removal in Surrey Hills, so a local sportsground had to be occupied for three years as an alternative. On all the evidence in the public domain, it is too dangerous to dig. My question to the minister is: what environmental studies were conducted in consideration of deciding to rezone this land for development, and can you make those documents publicly available?

Northern Metropolitan Region

Anasina GRAY-BARBERIO (Northern Metropolitan) (12:50): (1807) My constituency question is to the Minister for Police. Minister, my constituent wrote to me:

I attend the weekly pro-Palestine rallies. At last weekend's anti-racism rally police behaviour was aggressive and confusing. They tried to funnel thousands of us into a narrow laneway that felt like a trap. Later, as we were leaving, police blocked us while letting a far-right group march past and assemble opposite. Then came the pepper spray and horses. It felt deliberately set up to provoke conflict.

This account by my constituent reflects broader alarm that police escalate peaceful protest while enabling far-right groups. Minister, what actions will you take to make sure that the policing of far-right extremist groups prevents further harm towards First Nations and multicultural communities without simply expanding police powers?

Northern Metropolitan Region

Evan MULHOLLAND (Northern Metropolitan) (12:51): (1808) My constituency question is to the Minister for Health, and it concerns the Craigieburn Community Hospital, where after our advocacy the barbed wire fence has finally come down. It opened seven years and two elections after it was promised, but again, with only a very small amount of services offered. When the 2018 election commitment was announced the Premier and then health minister promised after-hours care and urgent care, so the goalposts keep changing. We were promised it would be opened last year. That promise was broken. Now it will be open with only a few services, without the after-hours care and the urgent care that the Craigieburn community desperately needs. Minister, I note that last month you declined to comment on this to the *Northern Star Weekly*, so I ask you to advise the Parliament instead why the community hospital has had services slashed and if you will commit to delivering them in the future.

Western Metropolitan Region

David ETTERSHANK (Western Metropolitan) (12:52): (1809) My question is for the Minister for Public and Active Transport. A constituent in Newport is frustrated by the lack of frequent east-west buses across Hobsons Bay, making it hard to access key destinations like Millers Junction and businesses along the Kororoit Creek Road. A 2021 transport planning study conducted by the Department of Transport and Planning and Hobsons Bay council found that many bus routes in the area are infrequent, unreliable, indirect, cover a limited catchment, have poor punctuality and have low productivity compared to other bus services in metropolitan Melbourne. It highlights the need to improve bus frequency, reliability and coverage, especially in high-projected population and employment growth areas. With Victoria's bus plan fast accumulating dust, my constituent asks: can the minister give an update on how the department is responding to this study?

Eastern Victoria Region

Renee HEATH (Eastern Victoria) (12:53): (1810) My question is for the Minister for Planning. The Fingerboards mine proposal near Glenaladale was rejected in 2021 after an extensive environment effects statement identified 49 distinct and unacceptable impacts. It threatens farm animals, water sources and community health. It also threatens the organic status of many farms. Now Gippsland Critical Minerals has revived the same dangerous project. So my question is: has the government conducted new examinations of these risks to groundwater, farms and locals, and if so, will the minister release the findings publicly?

Western Victoria Region

Sarah MANSFIELD (Western Victoria) (12:54): (1811) My constituency question is for the Minister for Water. Minister, a constituent in my electorate has raised major concerns regarding the health of the Moorabool River given the low water supply levels in Geelong's catchment storages. Currently Geelong's water supply is at 37.2 per cent of the total storage level and was only recently at its lowest level in at least 10 years. If the current trends continue, Geelong and many parts of the state are on track for a dry summer, which could spell disaster for many of our precious waterways. The Moorabool is already under threat from illegal farm dams and encroaching residential development. Minister, are you working with local water corporations to plan for the summer ahead, including consideration of additional water restrictions across affected catchments?

North-Eastern Metropolitan Region

Nick McGOWAN (North-Eastern Metropolitan) (12:55): (1812) My question is to the Minister for Children, and the question is simply this: what can I do to help you save Parentline? I had the great pleasure today of being joined by Donna Watts. Donna Watts is a mother, and at one point with her infant children, then younger children, then adolescent children – they are now adults of course – she actually used Parentline. Parentline is a critical service because, as those who have used it before know, it operates between 8 am and midnight seven days a week, every week of the year. That Parentline is

due to close on the 31 October, and there is no service that replaces it. As those present know, in anyone's family and upbringing you need to have those who can provide assistance. This line has dedicated professionals, social workers and therapists who provide that assistance. During this critical week, when we mark National Child Protection Week – as the minister would know, it is an extraordinary cut – we hope that the minister will save Parentline.

The PRESIDENT: Mr McGowan, can you just tie it to your electorate? Do you want to just say 'parents in my electorate' or something like that?

Nick McGOWAN: Sure. This question comes from a mother, which actually instigated my interest in this matter in the first instance.

North-Eastern Metropolitan Region

Aiv PUGLIELLI (North-Eastern Metropolitan) (12:56): (1813) My question today is to the Minister for Outdoor Recreation. The Heidelberg West community wants to see the Olympic Village swimming pool saved. They are calling for this important pool and recreation centre to be refurbished so that everyone can continue to enjoy access to this local pool. The Australian Medical Association has gotten behind this community campaign, and I will put on record the member for Ivanhoe has made representations on this matter also on behalf of his constituents. Local doctors are highlighting the serious health concerns that would be posed should the pool close down. The community is strong, they are united, and they have made their wish known, which is to save the Olympic Village pool. Minister, will you commit to providing funding so that the Olympic leisure centre can be upgraded and continue to operate for many years to come?

Western Metropolitan Region

Trung LUU (Western Metropolitan) (12:57): (1814) My question is for the Minister for Police and Minister for Community Safety. In relation to the recent deaths from violent attacks, can the minister please update my constituents, especially the parents and family of those deceased, on what actions the Allan government is taking to stop violent crime before more deaths of innocent Victorians? Enough is enough, Minister. Residents in Melbourne's west have endured countless serious crimes resulting in the deaths of young Victorians. In recent days targeted attacks have resulted in the death of a 26-year-old Point Cook football player; in Cobblebank two teenage boys, 12 and 15, were chased and attacked by a group of gangs, stabbed and chopped to death with machetes and long, edged weapons; and in another instance a group of youths attacked a house in Werribee, smashed all the front windows and fired shots through the bedroom, narrowly missing the residents. These attacks rock my community. These tragedies can be avoided. My community is fearful and demands action from the government now.

Northern Victoria Region

Gaelle BROAD (Northern Victoria) (12:58): (1815) I received correspondence from a resident of Northern Victoria that I bring to the attention of the Minister for Roads and Road Safety. They wrote about a recent visit to South Australia:

Three weeks ago, a friend took me to S.A. for a brief holiday. The road conditions in S.A. in rural & city areas; was smooth to drive on & free of pot holes. Coming back into Vic. by comparison, the road conditions in rural areas, Melb. CBD, Calder freeway & Bendigo were rough & potholes in many places.

It's just NOT good enough. Where is our money going? How is it being spent? The State Government is failing to listen, represent & be accountable to Victorians.

Minister, this letter reflects the sentiment of millions of Victorians. On behalf of all those in Northern Victoria asking the same questions, I look forward to the minister's response.

Western Victoria Region

Bev McARTHUR (Western Victoria) (12:59): (1816) My constituency question is for the Minister for Health, and I ask: when will the Allan Labor government take responsibility for the catastrophic state of our health system and ensure that patients at Barwon Health's University Hospital Geelong receive safe and timely care? Minister, the front page of the *Geelong Advertiser* today revealed the shocking ordeal of Portarlington mother of four Jacquie Murphy. She suffered a perforated bowel and endured an agonising 10-hour wait for surgery in Geelong hospital's emergency department. During that time she begged for help, was refused adequate pain relief and was even accused of drug-seeking behaviour while in fact she was perilously close to death. This case is not an exception; it is the inevitable outcome of a health system in complete collapse and disarray under Labor.

Eastern Victoria Region

Melina BATH (Eastern Victoria) (13:00): (1817) My question is to the Minister for Police, and it relates to the alarming youth crime incidents which are becoming frighteningly more normal in my electorate. A shocking assault occurred on a young teen in the Traralgon CBD only recently. In July Operation Visible arrested eight people and seized weapons including knuckledusters and an imitation firearm during the first three days in Traralgon. Police presence was welcome but short-lived on that incident. Two of the people were charged and bailed and others were charged on summons. Youth crime also is a problem in Sale, in Morwell, in Bairnsdale, in Warragul, in Wonthaggi and in Leongatha, but Labor has cut crime prevention and cut youth diversion programs. The question I ask of the minister is: will you restore crime prevention programs and will you restore youth diversion programs in my Eastern Victoria electorate?

Committees

Scrutiny of Acts and Regulations Committee

Alert Digest No. 12

Sonja TERPSTRA (North-Eastern Metropolitan) (13:01): Pursuant to section 35 of the Parliamentary Committees Act 2003, I table *Alert Digest* No. 12 of 2025, including appendices, from the Scrutiny of Acts and Regulations Committee. I move:

That the report be published.

Motion agreed to.

Papers

Papers

Tabled by Clerk:

Audit Act 1994 – Financial Audit of the Victorian Auditor-General's Office, year ended 30 June 2025, under section 81(4) of the Act.

Crown Land (Reserves) Act 1978 –

Order of 4 August 2025 giving approval to the granting of a licence at Alexandra Gardens Reserve.

Order of 16 August 2025 giving approval to the granting of a licence at Princes Park Reserve.

Order of 18 August 2025 giving approval to the granting of a lease at Batman Park.

Order of 29 August 2025 giving approval to the granting of two leases at Old Springfield Cheese Factory Reserve.

Gambling Regulation Act 2003 – Ministerial Direction of 18 August 2025 under section 3.8A.13A of the Act.

Interpretation of Legislation Act 1984 – Notice under section 32(3)(a)(iii) in relation to Statutory Rule No. 72 (*Gazette G35, 28 August 2025*).

Planning and Environment Act 1987 – Notices of approval of the –

Greater Shepparton Planning Scheme – Amendment C246.

Macedon Ranges Planning Scheme – Amendment C161.

Port Phillip Planning Scheme – Amendment C229.

Victoria Planning Provisions – Amendments VC268 and VC283.

Statutory Rules under the following Acts of Parliament –

Aged Care Restrictive Practices Substitute Decision-maker Act 2024 – No. 86.

Borrowing and Investment Powers Act 1987 – No. 87.

Gambling Regulation Act 2003 – No. 81.

Road Safety Act 1986 – No. 83.

Spent Convictions Act 2021 – No. 78.

Supreme Court Act 1986 – Adoption Act 1984 – No. 84.

Supreme Court Act 1986 – No. 85.

Surveillance Devices Act 1999 – No. 79.

Victorian Energy Efficiency Target Act 2007 – No. 82.

Youth Justice Act 2024 – No. 80.

Subordinate Legislation Act 1994 –

Documents under section 15 in relation to Statutory Rule Nos. 31, 78, 79, 80, 81, 83, 84, 85 and 87.

Legislative instrument and related documents under section 16B in respect of a Direction of the Minister for Casino, Gaming and Liquor Regulation under section 3.8A.13A of the Gambling Regulation Act 2003.

Proclamation of the Lieutenant-Governor in Council fixing operative dates for the following act:

Regulatory Legislation Amendment (Reform) Act 2025 – Divisions 2, 4 and 5 of Part 2 – 9 September 2025
(*Gazette S455, 26 August 2025*).

Petitions

Responses

The Clerk: I have received the following paper for presentation to the house pursuant to standing orders: Premier's response to a petition titled 'Cancel plans to commission a statue of former Premier Daniel Andrews'.

Papers

Department of the Legislative Council

Overdue government responses to standing committee reports

The Clerk: I have received the President's report on overdue government responses to standing committee reports as at 31 August 2025.

Production of documents

Energy policy

The Clerk: I table a letter from the Attorney-General dated 2 September 2025 in response to a resolution of the Council on 13 August 2025 on the motion of Mr Davis relating to energy costs. The letter states that the date for the production of documents does not allow sufficient time to respond and that the government will endeavour to provide a final response to the order as soon as possible.

Bus network

The Clerk: I table a further letter from the Attorney-General dated 5 September 2025 in relation to a resolution of the Council on 6 March 2024 on the motion of Mr Luu and further to the government's initial response on 19 March 2025 relating to Victoria's bus network review plan. The government has identified 67 documents within the scope of the order. A claim of executive privilege has been

made over 22 documents in part and seven documents in full. I further table the 38 documents provided in full and 22 documents provided in part, together with a schedule of the identified documents.

Residential planning zones

The Clerk: I table a further letter from the Attorney-General dated 5 September 2025 in response to a resolution of the Council on 16 October 2024 on the motion of Mr Davis and further to the government's initial response on 12 November 2024 relating to municipal population targets and activity centres. The government has identified 14 documents within the scope of the order and makes a claim of executive privilege over those 14 documents in full. I further table a schedule of the identified documents.

Planning policy

The Clerk: Finally, I table a letter from the Attorney-General dated 5 September 2025 in response to a resolution of the Council on 19 February 2025 on the motion of Mr Mulholland and further to the government's initial response on 18 March 2025 relating to *Plan Melbourne*. The letter states that the departments of Transport and Planning, Premier and Cabinet and Treasury and Finance have conducted thorough and diligent searches and no in-scope documents have been identified.

Business of the house

Notices

Notices of motion given.

Motions

Victoria Police deaths

Jaclyn SYMES (Northern Victoria – Treasurer, Minister for Industrial Relations, Minister for Regional Development) (13:14): I move, by leave:

That this house:

- (1) expresses its deepest sorrow and heartfelt condolences to the families, friends and colleagues of Detective Leading Senior Constable Neal Thompson and Senior Constable Vadim de Waart-Hottart, who were tragically killed in the line of duty, alongside another officer who was seriously injured and is still recovering, in Porepunkah on 26 August 2025;
- (2) pays tribute to their exceptional courage, dedication and sacrifice; and
- (3) honours their unwavering commitment to serving and protecting their community.

I will now speak as one of the government members on this condolence to honour the lives of Senior Constable Vadim de Waart-Hottart and Detective Leading Senior Constable Neal Thompson, who gave their lives in the line of duty while protecting the Victorian community. Vadim began his policing career at the Victorian Police Academy in December 2018. Once graduated from the academy, he joined St Kilda police station, where he was stationed for three years before joining the public order response team as a senior constable in April 2023. At the time of his passing, Vadim was on temporary assignment in Wangaratta. Neal joined the force in 1987 and spent seven years in general duties at the Collingwood police station. For the next decade Neal worked as a detective at the major fraud squad and the state crime squad before beginning his most recent post at Wangaratta, in the crime investigations unit, in July 2007. I would also like to acknowledge Neal's partner Sergeant Lisa Thompson from Benalla police station. I was privileged to be able to visit members of the Benalla police station recently with the Minister for Police Anthony Carabines and Acting Chief Commissioner Rick Nugent when we opened the new police station.

Local police are a cornerstone of country communities. They are very well known, often on a first-name basis with the community, and I want to take the opportunity to thank them all for the crucial work that they undertake. I also thank the contingent of Victoria Police officers who have come from

across the state to support their colleagues in the broader north-east region as they maintain their search for the accused and also provide relief for officers, particularly yesterday and last Friday, for those that were able to be relieved to make the trip to the police academy to attend the funeral services. Buildings and landmarks around Melbourne have been lit up in blue. Landmarks in Beechworth, Wangaratta and other towns have also shone blue, and the Bright Memorial Clock Tower in Island Street is adorned with blue ribbons. Wangaratta and the alpine area police stations have been inundated with floral tributes and visitors, including donations of food and just ongoing support. The terrible tragedy has had a significant impact not only on those directly affected but the whole community of Victoria.

There are many, many people that will, in the weeks to come, deserve thanks in relation to the response to this tragedy, and I will just take a brief opportunity to mention a few. The first person I called when I heard about the tragedy was Janelle Marsden. Many of you will be familiar with Janelle because she runs Feathertop Winery, which was the host of a reception for our regional sitting in Bright just a few years ago. I would like to thank Janelle and her team for providing their property and facilities to host a staging area for officers in the early days following the event. I would also like to acknowledge the Alpine Shire Council for their leadership and coordination of support services for residents. I have been in communication with CEO Will Jeremy and Mayor Sarah Nicholas and thank them for their unwavering commitment to their community and support.

Every Victorian police officer should return home at the end of their shift. It is with deep sorrow that I note this did not occur on the morning of 26 August. It is simply unfathomable what has occurred, and as a government, we stand with Victoria Police as they continue to pursue the alleged offender. We hold the entire Victoria Police community close during this time and remember with honour the sacrifice made by Vadim and Neal. On behalf of the government, vale these two men who gave their lives in the line of duty.

David DAVIS (Southern Metropolitan) (13:19): It is my duty, but a sad one, to associate with this motion, and I thank the Leader of the Government for bringing this motion today. It is something that genuinely unites the chamber and expresses sorrow and heartfelt condolences for Detective Leading Senior Constable Neal Thompson and Senior Constable Vadim de Waart-Hottart, who were tragically killed in the line of duty, as the motion says, and another officer who is still seriously injured. The truth is our police men and women put themselves in harm's way for us every day, and we should never forget that. We should remember their selfless steps. I can only say that, as with so many Victorians, I watched this series of reports with foreboding and incredible sadness, thinking how those families would feel when people do not come home. Those officers, Vadim de Waart-Hottart and Neal Thompson, on 26 August went to the property of Dezi Freeman to execute a warrant. It is alleged that he opened fire on them, killing the two of them and injuring a third officer. Obviously Mr Freeman is still sought, and our thoughts are with all of the police men and women and all of their supporters who are seeking to find that individual in the High Country.

Mr Thompson was a police veteran of 38 years, days away from retirement. He had previously dealt with Freeman. He had chosen to serve the warrant, was first to knock at Freeman's door and was shot dead. His funeral was held on 8 September at the police academy, and so many people attended. I heard reports from the Leader of the Opposition about that funeral and the huge number of mourners. He was a person who I think had wide support within the police. As the Leader of the Government has pointed out, his partner was Lisa Thompson, a sergeant at Benalla, and he had been at Wangaratta. He joined Wangaratta in July 2007 and was stationed there until his death. He was fond of fishing and hunting and spending time with family. The Chief Commissioner of Police saying that he was highly respected, highly regarded, very capable and a very experienced member of Victoria Police describes how I think we all can see this as a huge loss.

Vadim de Waart-Hottart's funeral was also very significant. It was held on 5 September. Again the Leader of the Opposition Brad Battin attended that event. He reported to a number of us the enormous outpouring of grief and the huge support for the work that Vadim had done. He was described as upbeat, quick-witted, honest and hilarious. He had served in the force for six years. Described by the

chief commissioner as one of the finest officers, he was fluent in English, French, Spanish and Flemish. He had travelled around the world but was on secondment in regional Victoria when he was killed. His family are going to feel very sad after this. His younger brother lives in Switzerland, and the extended family is in Melbourne.

I want to just reiterate that our police men and women step forward every day on our behalf, and it is an inherently dangerous business, perhaps becoming more dangerous at the moment. But either way, our love and affection are there for the families of the two who have been lost so tragically, and our wishes for them are very strong.

Sarah MANSFIELD (Western Victoria) (13:24): On behalf of the Greens, I rise to express our condolences for the family and friends of Detective Leading Senior Constable Neal Thompson and Senior Constable Vadim de Waart-Hottart. We know that these events have been devastating for the broader police community, and our thoughts are with them and all the workers who are involved in the ongoing and incredibly challenging search for the person responsible for these deaths. Our emergency services workers face risks every day in order to keep the rest of us safe, and we owe them our deepest gratitude for that. But no-one should die at work. Everyone should return home to their families and friends. Our hearts also go out to the communities of Porepunkah and north-east Victoria. The close relationships in rural communities are unique and mean that events like this hit hard. But that closeness is also a tremendous strength, and I know that they will support one another during this difficult time and know that we stand with them. Vale, Neal and Vadim.

Enver ERDOGAN (Northern Metropolitan – Minister for Casino, Gaming and Liquor Regulation, Minister for Corrections, Minister for Youth Justice) (13:25): On 26 August this year, in Porepunkah, our state was shaken by the devastating loss of Detective Leading Senior Constable Neal Thompson and Senior Constable Vadim de Waart-Hottart. Both men made the ultimate sacrifice in the line of duty. A third officer was also injured and remains in hospital, and I do wish them a full recovery. Today we all stand united with heavy hearts. We honour Neal and Vadim and acknowledge the immense grief felt by families, friends, colleagues of Victoria Police and indeed every single Victorian. Their loss is not just a blow to those that loved them most but a loss for our whole state.

As the Treasurer touched upon, Neal devoted nearly four decades of his life to protecting Victorians, beginning his service just down the road from this building at Collingwood police station and for the last 18 years being part of the crime investigation unit in Wangaratta. His career – and I have been reading a lot about him over the last fortnight – speaks of loyalty, perseverance and courage. Neal was known as a detective of immense skill but also as a colleague of humility and kindness. He was a steady presence in a demanding role and someone who showed that justice is not only about enforcing the law but also about compassion, fairness and humanity. Vadim represented the future of Victoria Police, and as has been touched upon, he spoke many languages and was well travelled. He joined the academy in 2018 and went to serve at St Kilda police station as part of the public order response team. At the time of his death he was on temporary secondment in Wangaratta. He was still early in his career, but he had carried himself with enthusiasm, professionalism and deep commitment. He had so much more to give to his colleagues, to his community and to the people of Victoria. His passing is tragic not only for his loved ones but also for the countless lives he would have touched over the years.

Since this tragedy the grief has been far beyond Wangaratta and Porepunkah. Across Eyewatch pages and at local stations we have seen the outpouring of love from our community, cards pinned to noticeboards, children's drawings taped to station doors, flowers laid on steps and trays of baked goods carried in by strangers to stations across our state. These acts may seem small, but they are powerful reminders that Victorians feel this loss deeply. They remind us that our police are not distant figures in uniform. They are neighbours, mentors, friends and protectors of all. When tragedy strikes, Victorians come together to hold up those who hold us safe. Behind every officer is a family who shares in their service – partners, children, parents, friends – left to live with the quiet fear of what each day may bring, and they all carry the burden of that uniform. To the families of Neal and Vadim, we

say: we cannot know the depth of your grief, but we honour it. We will always walk with you in the months and years ahead. Your loved one's sacrifice will never be forgotten.

This tragedy reminds us that policing is not just a job, it is a calling. Every day Victorian police officers confront risk so that the rest of us may live in safety. Their work extends beyond emergencies and crime scenes. I have seen it firsthand in their work in youth justice. They guide our young people through programs like Blue Light, work hand in hand with communities through neighbourhood policing and offer support and reassurance when they are needed most. Their presence strengthens our communities in ways that are not always visible but which are profoundly felt when they are taken from us.

Victoria is stronger because of the service of these two brave men. Their courage will echo in the memory of their colleagues, their families and the communities they served. As parliamentarians and as people, we stand in gratitude. May their memory be a blessing, may their service be remembered with pride and may their families find comfort in the love of a grateful state. Vale, Neal and Vadim.

Wendy LOVELL (Northern Victoria) (13:29): It is two weeks today since we were in this chamber when the tragic news came through, and I think many of us collectively gasped when we saw the banners come up on our phones to say that at that stage that there had been an incident – in Bright, it was reporting – where two officers were missing and one officer had been wounded. As we moved through the day we learned that it was far more tragic than that. We learned that it was more specifically in Porepunkah, and we learned that two of the officers had been shot and killed. They were Detective Leading Senior Constable Neal Thompson and Senior Constable Vadim de Waart-Hottart. We must remember that not only were Neal and Vadim killed but another officer was seriously wounded and has spent time in hospital recovering from his wounds. We wish him all the best for his recovery.

Neal and Vadim will go down as heroes. Neal had been a long-serving member of our police force. He was 59 years of age and had spent 38 years in the force. He was, ironically, due to retire from the force last Friday. Neal had grown up in Bendigo, also in my electorate and a town that is quite familiar with police tragedies, being the home of Steven Tynan, who was shot in Walsh Street. Neal's sisters Lois and Dianne have survived him, as does his partner Sergeant Lisa Thompson, and our hearts go out to the family of Neal in this tragedy. Vadim was a young man, and you could see from his photos his joy and his love of life. Only 35, he had moved to Melbourne from Belgium and became a member of Victoria Police in 2018. Vadim was someone who loved travelling, and he was fluent, as Mr Davis said, in French, Spanish, Flemish and English. He scuba-dived all around the world and did motorcycling trips with friends and colleagues. He had a real joy for life, and it is just so tragic that that life has been cut short. Both officers have been awarded the Victoria Police Service Medal, the National Police Service Medal and the National Medal, as well as the Victoria Police Star, which is a medal that is reserved for those killed or seriously injured in the line of duty. I extend my deepest condolences to Neal's partner Lisa, his sisters Lois and Dianne, his extended family and friends and the entire police community. I also extend my condolences to Vadim's parents Carolina and Alain, his brother Sacha, his extended family and friends and the entire police community.

My own home town of Shepparton has felt this tragedy quite deeply. We have had two services over the last week. The first one was on Sunday 31 August at St Augustine's, and then we had one last Thursday, 4 September, at St Brendan's church, which was an interfaith service. We do this because our town is a town that has been seriously touched by the loss of police over many years. The first loss of a policeman from the Greater Shepparton region was on 26 October 1878 when Constable Michael Scanlon was one of three officers ambushed and murdered by Ned Kelly and his gang at Stringybark Creek. Before he left Mooroopna, where he was stationed, Constable Scanlon obviously knew that he was in severe danger, because he told his mate that he could have his dog if he died while he was chasing the Kelly Gang.

The second loss of life of a policeman in Greater Shepparton was Constable Victor Nelson, who died of a blood infection that was caused by an altercation he had with an elderly man who was refusing hospital treatment. That was on 12 July 1925, and both Constable Nelson and the man that he was attempting to help died due to the infection that passed from one to the other. The third death was the father of a friend of mine. Gail Jenkins is my friend and her father, First Constable Ray Denman, was killed on 3 May 1964 by an accidental discharge of a shotgun while he was attending a domestic incident in Numurkah. And of course the fourth was a very dear friend of mine, Constable Damian Eyre, who was only 20 years old when he was lured to Walsh Street in South Yarra, deliberately lured there to an abandoned car by people who ambushed and murdered him on 12 October 1988 alongside Constable Steven Tynan, who was only 22 at the time. So our town has been seriously touched by this. I know that the entire Victorian police community are seriously touched when somebody is killed in the line of duty. The police stand between us and those who would hurt us. We must support them, and we must give them every opportunity to defend themselves as well. My condolences, as I have said, go out to the family of Neal and Vadim and to the entire police community.

Jeff BOURMAN (Eastern Victoria) (13:36): It is my sad duty to associate myself with this motion. Neal Thompson and Vadim de Waart-Hottart were murdered on 26 August 2025, and another officer was seriously injured. The funeral for Vadim was on 5 September and the funeral for Neal was on 8 September, both at the Mount Waverley Victoria Police Academy chapel. The honour guard was all the way down View Mount Road and to the roundabout, which was a fair effort, because all the people that were on duty were unable to make it and obviously were not there, but there were so many. From the contributions made, they were two very different people on a very similar path. Vadim was young, idealistic, effective and appeared to be a bit of a lad, but he was also worldly and travelled. It has been mentioned how many languages he spoke. He was going somewhere. He had a good future, which was stolen from him. Neal was a very different person, doing exactly the same thing. Neal was older – a little bit older than me. He loved his outdoors, he loved his fishing, he loved his hunting and he loved his family, but he was also quite obviously an effective police officer. It was said a number of times that he was always first through the door. But Neal also had a funny side to him. There were some very funny anecdotes, which I will not go through, but it was clear that Neal lived his life to the fullest, and to have his retirement stolen about a week before is unbelievable. My heart goes out to the families, the friends and of course the colleagues of the two boys. Vale, Vadim and Neal. And to the other members out there, particularly in Porepunkah: take care, please.

Harriet SHING (Eastern Victoria – Minister for the Suburban Rail Loop, Minister for Housing and Building, Minister for Development Victoria and Precincts) (13:38): I rise to associate myself with this motion, and in doing so I want to emphasise the humanity and the care that has been shown to the entire police community and to the communities across rural and regional Victoria, who are in the midst of such uncertainty, so much ache and so much grief at this time. When police get into the profession it is with a sense of duty and a sense of calling. We see this time and time again, and we saw this no more evidently than in the careers and the work of Detective Leading Constable Neal Thompson and Senior Constable Vadim de Waart-Hottart. These two members of Victoria Police gave of themselves in the most extraordinary of ways: in their service, in the relationships that they fostered and in the way in which they met people where they were to provide support, assistance, information and intervention. Policing is hard and often thankless work. It often involves problem-solving, the need for dexterity, thinking on one's feet and teamwork at the heart of it all, to the ends of the greater good, of community safety, of dignity and of broader responses to making sure that people are made and are kept safe. That is exactly what these two members of the force did and were doing when they lost their lives, and across Victoria and around Australia and around the world, people are united in grief. Those people who continue in the field, in the search for the accused at the moment, continue to feel the sting of loss and of grief, even while they continue their work on the front line. I want to extend, again, thoughts to that third member who continues to receive treatment, and we wish him a speedy recovery and all of the support and the care that is needed now and also into the future.

The partner of Detective Leading Senior Constable Neal Thompson, Lisa, gave the most extraordinary contribution in memory of the love of her life's contribution. In talking about him and about their relationship she paid tribute to what was and can only be described as a great love. She aspired to be a farm wife while they were in the process of making sure that their new farm could be up and ready for scratch. The wonderful place for him to retire to was testament to their wonderful bond and the bond that they created and shared through the force and their work as well. To Lois and Dianne, his sisters – again, the grief that has been described is one that is palpable, one that for so many of us is unimaginable and one that deserves to be recorded and part of the work that we do in committing to support the force now and into the future.

Senior Constable Vadim de Waart-Hottart, 34 years old – a man of worldliness, a man of humour, a man who loved Batman and a man who aspired to do good in all that he did. To his parents Carolina and Alain and his brother Sacha, our condolences, our love, our respect and our gratitude. As Wayne Gatt, secretary of the Police Association of Victoria, said about both men:

You wore the uniform with honour and you represented it with kindness, compassion and a just heart ...

We across our communities are so grateful for those attributes. Flags have been at half-mast across every police station around the state, from the tiniest of rural stations right through to the middle of Melbourne. Gifts, tributes and condolences continue to flow, and they flow because we as a community continue to feel grief and continue to feel a sense of determination and purpose to make sure that these two extraordinary lives are reflected, are remembered and are respected. Vale, Detective Leading Senior Constable Neal Thompson, and vale, Senior Constable Vadim de Waart-Hottart.

Gaelle BROAD (Northern Victoria) (13:42): On behalf of the Nationals and as the representative for Northern Victoria I would like to extend our sincere condolences to the families, friends, colleagues and community who knew Detective Leading Senior Constable Neal Thompson and Senior Constable Vadim de Waart-Hottart, who paid the ultimate sacrifice in the line of duty. Last week was Legacy Week. Legacy embodies the true Australian spirit of mateship, loyalty and compassion, the same spirit that was reflected in each of these men. Today we reflect on two individuals who shared the same values and gave the ultimate sacrifice for each one of us. We gather today in this chamber from all sides of politics to pause and reflect on their sacrifice and honour their legacy.

Neal has been remembered as an adventurer and lover of the great outdoors, described as someone larger than life, who enjoyed being with his mates. He was a hunter, a fisherman, a rock climber, a hiker, a farmer and a mentor. He joined the force in September 1987 and was soon due to retire. He was looking forward to the next chapter together with his partner Lisa and more time with family and friends. Vadim, just in his 30s and on secondment in the north-east, had only been in the region for one week. He spoke several languages, loved learning, was a keen scuba diver and had recently bought his first home in Melbourne. He has been described as someone who loved helping people and, by his brother, as a superhero. Over this last week family, friends and colleagues gathered to remember their legacy, lives given in service to others. John 15:13 in the Bible states:

Greater love has no one than this: to lay down one's life for one's friends.

Today we reflect on the enduring impact of their service. To all those who knew them and loved them we extend our deepest and most heartfelt condolences. As we reflect on the service and the lasting legacy of both of these officers, we are reminded that as Australians we have a shared responsibility to support those who give so much for our freedom and to uphold the values of care and respect that define our regional communities and us as a nation. To the local residents who feel this loss and continue to face uncertainty, we acknowledge the pressures you are under and we will continue to stand with you.

Trung LUU (Western Metropolitan) (13:45): I wish to rise and offer my deepest respects during this condolence motion and pay tribute to my two fallen colleagues Senior Constable Vadim de Waart-Hottart and Detective Leading Senior Constable Neal Thompson. I expressed my sorrow in this

chamber on Tuesday 26 August when I first heard the news. There is nothing more profound and distressing for the policing community, the policing family, than news of an officer killed in the line of duty. Those in this job would understand that you never cease to be a police officer. As the saying goes, 'Once a copper, always a copper.' You always feel connected to those who serve. This event is particularly close to home, especially because I worked in the same area as one of the officers who was killed. When Thommo was serving in Collingwood I was stationed in the neighbouring station in Fitzroy. Those in the job would understand the connection between the two stations' members. They would understand the night shift, the midnight barbies by the Yarra and the early openers between the stations. Thommo and I again crossed paths in the late 1990s in the major fraud group.

But firstly, I would like to speak about the young and enthusiastic police officer who had been in the job for only six years, Vadim. Vadim was awarded the Victoria Police Star, a medal for those who are killed in the line of duty. He was also awarded the Victoria Police Service Medal, the National Police Service Medal and the National Medal. After the 34-year-old graduated from the academy in 2019 he was stationed in Maryborough and St Kilda before joining the public order response unit. My deepest sympathy goes to his family, especially his parents and brother Sacha. No parents should have to experience the funeral of their child, let alone witness their son's life being taken away in the way it was. Though Vadim was in the job for only six years, those who knew him recognised that he wore the uniform with honour and had a kind and compassionate heart.

On the opposite scale of a policing career, Thommo, a 59-year-old veteran officer, was just days away from retirement. Similarly, he was awarded the Victoria Police Star; the Victoria Police Service Medal, with a 35-year clasp for service; the National Police Medal; and the National Medal. Thommo began his career in 1987, starting with general policing in Collingwood and later serving in the major fraud and state crime squads before settling at Wangaratta in 2007. As most police like to do, he wanted to finish off his career where he loved to be – at home. He will be remembered by his colleagues and those who knew him as a man of courage, integrity and deep commitment to serving the public. My heartfelt sympathy goes to his partner Sergeant Lisa Thompson.

The courage, dedication and commitment of both officers to protect their community will never be forgotten. This disastrous loss is a stark reminder of the dangerous life police officers face every single day in the line of duty. When we go out to serve, when we get out of the van, the last comment from your colleague is 'Be safe; come back safe'. My thoughts and prayers are with their families and the families of the entire police community as we mourn the passing of those brave officers who made the ultimate sacrifice while serving the community.

Rikkie-Lee TYRRELL (Northern Victoria) (13:51): I rise today to pay my respects to the two Victorian policemen who were killed in action at Porepunkah on 26 August: Detective Leading Senior Constable Neal Thompson and Senior Constable Vadim de Waart-Hottart. No doubt both men started their day just as routinely as any other, yet still fully aware that in their line of work they face risks that many of us do not need to face on a daily basis. It is because of these frontline workers that we can go about our own daily business, knowing that our police will have our backs when we need them.

Detective Leading Senior Constable Neal Thompson was only moments away from 40 years of service with the Victorian police force. With the finish line in sight, he was eagerly counting down the weeks until his retirement; he had planned to spend the rest of his days hitting personal goals with his partner Lisa. He was a keen outdoorsman and embraced the beauty of his home in the north-east of Victoria. From listening to the eulogies given by his family and friends, Neal was a true blue, genuine bloke who was always there to lend a helping hand when needed. I would like to send my sincerest condolences to Neal's partner Lisa and to each and every one of those mourning his loss at this time.

Senior Constable Vadim de Waart-Hottart, although European born, chose Australia as his home and committed to bravely serving Victorians under the Victoria Police badge. Vadim was full of life and loved dearly by all of his family and friends, who are now gravely mourning his life, which was taken way too soon in the line of action. His younger brother used to call him his Batman because Vadim

was his hero, always there for him. Vadim had a zest for life, a love for the outdoors and a gift for cheering up those who needed a smile. These men were providing the Wangaratta community with their invaluable service and will be remembered for the joy they brought to those they knew and deeply respected by those of us who have only just learned about the lives that they gave in the line of duty. Their duty to the people of Victoria will never be forgotten. May they rest in peace.

The PRESIDENT: I ask members to signify their assent to the motion by rising in their places for 1 minute's silence.

Motion agreed to in silence, members showing unanimous agreement by standing in their places.

Petitions

Petitions qualifying for debate

David DAVIS (Southern Metropolitan) (13:55): I move, by leave:

That this house authorises the petition titled 'Victorian Fisheries Authority Workforce Changes' tabled by Bev McArthur on 12 August 2025 to be given precedence over all other items listed under petitions qualifying for debate on Wednesday 10 September 2025.

Motion agreed to.

The PRESIDENT: Before I call the next motion, I acknowledge in the chamber a previous member of this place Mr Craig Ondarchie.

Business of the house

General business

David DAVIS (Southern Metropolitan) (13:55): I move, by leave:

That the following general business take precedence on Wednesday 10 September 2025:

- (1) notice of motion given this day by me on the emergency services tax;
- (2) order of the day 1, listed for Wednesday 10 September 2025, resumption of debate on the second reading of the Safer Protest with a Registration System and a Ban on Face Coverings Bill 2025; and
- (3) notice of motion given this day by Jeff Bourman referring matters relating to Transurban's categorisation and tolling of private use of utility vehicles to the Economy and Infrastructure Committee.

Motion agreed to.

Motions

Middle East conflict

Katherine COPSEY (Southern Metropolitan) (13:56): I move, by leave:

That this house:

- (1) notes that:
 - (a) starvation of civilians is prohibited under international humanitarian law and constitutes a war crime under article 8(2)(b)(xxv) of the Rome Statute and customary IHL rule 53;
 - (b) the Integrated Food Security Phase Classification has confirmed famine phase 5 in Gaza governorate and projects expansion of famine to further areas by the end of September 2025, meaning that at least 500,000 people face starvation, destitution and death;
 - (c) United Nations officials and agencies including WFP, UNICEF, OCHA and WHO report continuing child deaths from malnutrition and severe obstacles to aid access and warn that famine will worsen daily without unimpeded at-scale humanitarian relief;
 - (d) recent credible reporting records new starvation deaths and the killing of children in a designated safe zone while fetching water, demonstrating the collapse of basic civilian protections alongside famine conditions;

- (2) condemns the use of starvation and obstruction of life-saving aid against civilians in Gaza and the targeting of people seeking food, water or medical care, consistent with Victoria's commitment to human rights and the protection of children;
- (3) calls on the government to advocate to its federal Labor counterparts to:
 - (a) impose sanctions on the State of Israel until there is compliance with international humanitarian and human rights law, including targeted measures aimed at those responsible for serious violations;
 - (b) immediately suspend any two-way arms trade between Australia and Israel, including the export, import, licensing and co-production of components and dual-use items associated with weapons systems; and
 - (c) calls for an immediate and permanent ceasefire.

Leave refused.

Members statements

WRAD Health

Jacinta ERMACORA (Western Victoria) (13:58): I was honoured to host the Minister for Mental Health Ingrid Stitt in the south-west on 21 August. We visited the Western Region Drug and Alcohol Centre in Warrnambool, where we were joined by CEO Mark Powell, board chair Helen Taylor, Eastern Maar chair Allan Miller, Gunditjmara Aboriginal Cooperative CEO Danny Chatfield and a number of WRAD's senior clinicians. We heard about the existing range of services currently available at WRAD and discussed the community's deep commitment to the Lookout project. The WRAD team provided us with a progress update on the feasibility study which was funded by the minister earlier this year. I want to take this opportunity to thank WRAD staff for the work that they do across our region and their expertise and skills, which are valued and appreciated.

Community safety

Georgie CROZIER (Southern Metropolitan) (14:00): It is the responsibility of any government to keep their community safe. What we have seen over the last few days – indeed weeks, months and years – is significant concern amongst the community that now feel that they are not safe. The crimes that have occurred in recent days have been horrific – children have been murdered by other young people, there have been horrific carjackings of mothers going about their business, with their children being taken – terrifying experiences for all concerned. I really do feel for everybody involved. We have just had a condolence motion for two very brave police officers who had been serving our community, Senior Constable Vadim de Waart-Hottart and Detective Leading Senior Constable Neal Thompson, who I also want to acknowledge in this members statement given the protection that they and many members of our police force provide to our community. Given their contributions and their sacrifices, the government must do more. Our community does not feel safe. The police are doing all they can, and at times when communities feel like they are having these horrific crimes – (*Time expired*)

Queering India

Katherine COPSEY (Southern Metropolitan) (14:01): Last sitting week I was pleased to attend the world-first parliamentary screening of the documentary *Queering India*, and I thank the creative and activist communities behind this wonderful film and my Legislative Council colleagues Ms Payne, Mr Puglielli and Mr Galea for hosting this wonderful event. The documentary examines the long road being walked towards the right to same-sex marriage in India and the hurdles faced by activists to recognition of equal love as well as the deeply personal stories and injustices motivating those fighting for their human rights. It contains a fascinating and well-researched examination of the way same-sex love in India was once celebrated, not silenced, through culture and a call to action to make this the case once again. Queer journalist and actor Swapnesh Dubey has shared this story as a heartfelt and rigorous retort to the stigma and injustice faced by the LGBTIQ+ community in India, and it is an honour that our Victorian Parliament has been able to help spread this message and elevate

the calls for same-sex marriage rights in India. Thank you once again to the filmmakers and our MP sponsors for bringing this call into the Parliament.

Vasey RSL Care Bundoora

Sonja TERPSTRA (North-Eastern Metropolitan) (14:02): I recently had the pleasure of visiting Vasey RSL Care Bundoora, a remarkable aged care facility dedicated to supporting veterans, war widows and older Australians. Located in Bundoora, this 90-resident home offers a warm, welcoming, stimulating and supportive environment, with 24/7 nursing care. What struck me the most during my visit was the strong sense of community and respect that fills every part of the facility, from the commemorative spaces to the beautiful courtyards. During my visit I was impressed by the warmth and professionalism of the staff, the calm and welcoming environment, and the strong sense of community. The facility offers 24/7 nursing care, dementia support through a dedicated memory support unit and the award-winning Thrive lifestyle and leisure program, which keeps residents active and engaged. Twenty new small townhouses are being built as part of Vasey RSL Care's program to offer social and affordable housing to veterans, which is very commendable, and I was privileged to be able to take a tour of the new housing that is nearing completion. Also at Vasey RSL Care they offer services from shopping and meal preparation to clinical care and personal assistance. The highly qualified Vasey RSL Care staff have extensive experience in assisting their residents and offer expert guidance to assist in choosing the support services that are needed. I also took the opportunity to donate some food to Vasey RSL Care. It was a small gesture, but it reminded me of the incredible work these types of organisations do each and every day to support our veterans with dignity and care. It is a privilege to be able to support them in their time of need, and it was a great visit.

Community safety

David DAVIS (Southern Metropolitan) (14:04): Today I want to draw the house's attention to the serious decline in community safety. The state government, the Allan Labor government, after 11 years in power has lost control of our streets. It is actually very serious what is happening. The severity of the injuries that we are seeing, the vicious nature of the home invasions, the carjackings – these are very, very serious situations. The state government's pat or trite responses – I watched the Premier in her news conference just a few hours ago on the Sky News direct feed. She was, frankly, hopeless, as she clearly does not get the severity and seriousness of what is going on in this state. People are frightened that their homes will be invaded, and they have good reason to be frightened. The truth is that these carjackings are just out of control. Who can forget the image of those two young kids in the car when the thugs were coming from the side? Who can forget the story of Mick Malthouse? All of these are incidents that are occurring now. The death of two young boys out in the western suburbs is completely unacceptable. Jacinta Allan has got to pay heed. She has got to wake up. She has lost control of this, and she clearly has not got the heart to understand what is going on.

Treaty

Sarah MANSFIELD (Western Victoria) (14:06): On this historic day I am so proud to share my support for treaty. Treaty is a step towards true justice, freedom and healing. It comes hundreds of years too late, but that it is happening is testament to the strength of First Peoples; to the endurance of culture, country and kin; and to the work of advocates over many decades for recognition of First People's sovereignty. The realisation of this nation's first ever treaty is monumental. While we cannot change the truth of the harm done to Aboriginal people, by genuinely giving power to First Nations we can change our collective future for the better. Sharing power is a beautiful thing. It is an active choice for change, a reason for celebration. It is an acknowledgement that we cannot keep operating in the same ways that we always have. It puts us in a position to walk together. There is nothing that could fill me with more gratitude than to be part of the moment that treaty becomes a reality. As a mother, daughter, sister, friend and community member first and a representative in this Parliament second, I feel grateful in a way that is hard to put into words to know that I will be able to say I was there when treaty was first established in Victoria.

Francesca Giovanna Mulholland

Evan MULHOLLAND (Northern Metropolitan) (14:07): It is good to be back. Recently my wife Brigid and I welcomed the arrival of our third child, Francesca Giovanna Mulholland, joining Saoirse and Theodore, in our growing family. It was a real privilege to spend that quality time with the family.

Michael Labrador

Evan MULHOLLAND (Northern Metropolitan) (14:08): I would like to congratulate my friend Michael Labrador on his election in the Lalor ward by-election in the City of Whittlesea, achieving an extraordinary feat, ending decades of Labor rule in the area. His victory goes to show the community saw through the Labor games in the north, with four candidates in the same by-election having the same authorisation PO box address, which just happened to be the Labor Party PO box address in the area. The community welcomes this fresh start.

Father John Vespa

Evan MULHOLLAND (Northern Metropolitan) (14:08): I would like to also congratulate my friend Father John Vespa, who was selected as the only Australian to be ordained by Pope Leo in a special ordination in Rome last month. It was great to join thousands for thanksgiving masses in both Greensborough and Mill Park to join in the celebration with the community.

Our Lady Garden of Plants Chaldean Catholic Parish

Evan MULHOLLAND (Northern Metropolitan) (14:08): It was a joy to join thousands at Our Lady Garden of Plants Chaldean Catholic Parish as they celebrated 20 years of their wonderful parish. I would like to particularly thank the parish priests, Father Thair Sheikh, Father Mahir Murad, the Reverend Fathers and all the wonderful parish committee and community who joined in such a joyous celebration for the community.

Sarala Khadka and Areeza Suwal

Georgie PURCELL (Northern Victoria) (14:09): I rise to pay tribute to two heroic women who were tragically killed on the Hume Highway in Craigieburn last week. Sarala Khadka and Areeza Suwal were helping a kangaroo that had been hit by a car when they too were struck by a vehicle. Sadly, they could not be saved. It has been revealed that these two women had relocated from Nepal to work as nurses at the Alfred Hospital. They were best friends, and at the time of their crash they were on their way to celebrate Areeza's birthday. I hope that the loved ones of these two women can find some peace in knowing they will be forever remembered for their final kind act. Their compassion speaks volumes about who they are as people. This heartbreaking incident has also sent shock waves throughout the animal rescue community and is a stark and devastating reminder not only that wildlife road strike does harm our animals, but that it also continues to place human lives at risk. It is a tragedy that it has taken this incident for some to realise this, but I hope now that we can all listen and work with the wildlife rescue community to address this increasing threat to the people and to the animals who call our state home.

Dau Akueng and Chol Achiek

Bev McARTHUR (Western Victoria) (14:10): I rise to send condolences to the families and friends of Dau Akueng and Chol Achiek and the Cobblebank community. I never expected such horror on the streets of my Western Victoria Region electorate. The motto of our once-great state is 'Peace and prosperity'. Migrants from all corners of the world come to Australia to create a better life for themselves and their children, for a safe life. Over the weekend we had two bright young lives tragically cut short – boys walking home from basketball. It is so good to have our young people involved in sporting activities – fit, healthy and engaged. These boys should have had bright futures. They should have been safe walking home. The senseless violence should be the focus of another day, but we have obviously failed a cohort of youth, who find their identity more readily in a gang than in something constructive, such as a basketball club. Our thoughts are also with our brave police as they

search for the perpetrators while also trying to protect and build trust with the youth of Melton and surrounds. Every violent crime leaves trauma and fear. This is up there with the worst imaginable – innocent, unarmed children being set upon by multiple armed offenders, who remain at large. There are many people reporting a fear of leaving their homes or even of being in their homes, such is the rise of violent crime in our state.

Goulburn Valley Kart Club

Rikkie-Lee TYRRELL (Northern Victoria) (14:12): I recently had the exciting experience of attending the 2025 Australasian Kart Titles, hosted by the Goulburn Valley Kart Club at Numurkah Raceway in the north of my electorate of Northern Victoria Region. The Numurkah track is one of the oldest in Victoria, and the club hosts this prestigious event each year. Being my first go-kart event, I was surprised the youngest class included drivers starting from six years old, going all the way up to classes with more mature aged drivers. Even some retirees still get behind the wheel and show the youngsters how it is really done, although from what I witnessed the kids are fearless and drive better than a lot of people who are licensed to drive on our public roads do. After the racing was done and finals were won I got to stand in the crowd during presentations and really take in who was involved in this racing community. I was delighted to discover a welcoming, family-focused, joyful bunch of people who are happily dedicated to maintaining and growing this fun and competitive sport for the next generation of racers and spectators alike. I would like to thank the committee of the GV kart club for the invitation to attend the championships, and I congratulate all the participants and winners of the respective classes for putting on such an exciting display of racing.

Ian Wilkinson

Renee HEATH (Eastern Victoria) (14:13): Yesterday was the sentencing of triple murderer Erin Patterson. But today I do not want to talk about her. I want to talk about the response of the sole survivor. Pastor Ian Wilkinson is the pastor of the Baptist Church in Korumburra. I have watched in awe over the past two years seeing the type of person that he is. Through what has been described as one of the worst crimes in the world, he would have been well within his rights to show vindictiveness, victimisation and anger. But he has done the complete opposite. He has shown forgiveness, thankfulness and kindness. After losing his beautiful wife of 44 years Heather, who he spoke of with affection, describing her as his soulmate and constant companion, and after losing his best friends Don and Gail, he did the unthinkable: he extended forgiveness. And then yesterday, after the woman who murdered them received a triple life sentence, he made another public statement. This time his message was thankfulness. He encouraged everyone, from police to healthcare workers, to keep showing up and helping others, and he implored everyone and all of us to show kindness. That is pretty incredible. Forgiveness, thankfulness and kindness – sometimes hearing those words can seem quite flaky, but when you see those words in action, they seem to be like a sledgehammer when it comes to impact. So today I want to give a shout-out to somebody who has blazed a new trail in the most horrific situation, who was shown a response that is well and truly countercultural: Pastor Ian Wilkinson, thank you for showing us a new way.

Business of the house

Notices of motion

Lee TARLAMIS (South-Eastern Metropolitan) (14:15): I move:

That the consideration of notices of motion, government business, 278 to 1068, be postponed until later this day.

Motion agreed to.

*Bills***Drugs, Poisons and Controlled Substances Amendment (Medication Administration in Residential Aged Care) Bill 2025***Second reading***Debate resumed on motion of Harriet Shing:**

That the bill be now read a second time.

Georgie CROZIER (Southern Metropolitan) (14:16): I rise to speak to the Drugs, Poisons and Controlled Substances Amendment (Medication Administration in Residential Aged Care) Bill 2025. What the bill does is seek to amend the Drugs, Poisons and Controlled Substances Act 1981 to strengthen medication safety in aged care settings, with the aim of qualified health professionals being responsible for the administration of specific medications. As we will recall, in 2018 the then Morrison government established the Royal Commission into Aged Care Quality and Safety. That was a very significant body of work that looked into the safety components of aged care settings. It looked at what was in the best interests of residents and really did a significant amount of work to try and improve some of the issues that had occurred in residential aged care settings and had come to light. The royal commission made around 58 recommendations, including on a number of things around safety and quality, and providing support, amongst other things, but also looking at establishing a taskforce and looking at the rights of the older person.

It is a really important area, because as Victorians age and find that they do need the support of aged care facilities, everybody wants those residents to be safe. I know this from personal experience. When I was maintaining my nursing registration I worked in the sector and I saw firsthand some excellent care that was provided, but I also witnessed some care that I thought was very substandard. I can relate to what this bill's intentions are about in relation to providing safe care to elderly residents and providing medications. I recall that sometimes it took hours and hours to do that medication round and ensure medications were provided at the time they were prescribed to be. Those aspects are really, really important. I can also say that I have experienced it with my own family in recent years with the excellent care that was provided to my father in his last few months of life and how grateful we were as a family to have that care provided by so many fabulous people. We were really quite fortunate because of my father's mental capacity and his ability to speak for himself, but many are not in that situation. I am pleased that stakeholders and others who have provided me their feedback are very much advocating on behalf of many of those residents who do not have the same mental capacity and who cannot speak out if they are experiencing pain or some other aspect in relation to their medication.

What this bill does, as I said, is it looks at the administration of medication and asks that only healthcare professionals, whether they are enrolled nurses or other health professionals such as doctors and pharmacists, may administer prescribed drugs such as drugs of dependence, schedule 4, 8 and 9 medications and also other medications that are prescribed, such as antibiotics or analgesics, local anaesthetics and benzodiazepines. Some clinical trial medicines are also included in relation to the scheduling of drugs, and obviously drugs of addiction like pethidine, morphine and oxycodone, which need to be closely monitored and generally are in relation to the administration of these medications. The intent of this bill obviously, which I understand completely, comes off the back of the framework, as I said, from the royal commission in looking at those safety and quality aspects that the Commonwealth had looked at through the royal commission and looking at those aged care standards that have been addressed through the royal commission.

The government has said that the changes will address the risk of harm from current practice, which allows personal care workers to administer some of these high-risk medications, and reduce the demand on the acute health system. The government argues that hospitalisations due to medication issues are more likely to occur without the clinical expertise and oversight that only qualified nurses and other health professionals can provide, and I very much have some sympathy around that

argument in relation to how prescribed drugs need to be administered appropriately and on time, as I have mentioned. Of course what we want to see is qualified nurses to be able to do this. The royal commission in its final report did mention this and did take note of where there was incorrect administration. In fact it said:

We also heard about incorrect administration of medicines, and of poor prescribing and dispensing practices. These included overuse of medication in lieu of more suitable treatments, and the prescription of medications that have negative interactions with each other.

...

... We heard numerous instances of inappropriate management of medication regimens. We heard about aged care staff members failing to administer medicines correctly or administering medicines but failing to ensure residents swallow them. We heard of failures to administer medicines at the correct time or in the correct dose, and of residents being administered incorrect medicines.

That is at a national level, and of course we understand that those issues can arise. But they do not arise everywhere, and I think that there are some concerns around the unintended consequences of this bill and how that will apply, and I will come to that.

As I said, some of the stakeholders that did reach out and provide feedback, including Dementia Australia, provided me with information to say that 54 per cent of people living in aged care have dementia and pain management is challenging when they are unable to communicate pain levels effectively. And really, to get on top of that pain you need to be administering that pain analgesic properly and in accordance with how it has been prescribed. Obviously they and many other stakeholders understand the intent of this and are in support of the measures to improve the assessment and treatment of pain and other issues by qualified staff in residential aged care settings for people with dementia. Pain and the effect of medication need to be assessed regularly by nurses and others to ensure that residents are getting that prescribed medication and it is working for them. As I said, it can be very difficult in some of these settings when you are dealing with residents who are very frail and have got multiple conditions. Sometimes their health conditions are very complex, and the medication and the number of medications need to be monitored carefully.

In saying that, they do have other issues that need to be assessed as well, like wound management and like the ability for nurses to deal with some of those areas around a resident's ability to communicate, their ability to ambulate, their ability to even express that they have got something going on with them. As I said, pain management and wound management is incredibly important, because invariably some of these residents do have very significant wounds that need to be attended to as well, and that can at times need oversight by a registered nurse. The issue here around some of the concerns that have been raised with me is if you take a registered nurse away from being able to oversight a lot of these other issues because they are dealing with the medication administration, will that then put a resident at further risk because of their inability to be able to deal with the residents in a holistic manner? As I said, part of the reason for this is because of those findings from the royal commission, but also the government has said that there are a number of unplanned hospital admissions because of the inappropriate use of medicines – and they are not insignificant. I have to acknowledge that they are quite concerning figures. I do not know what the breakdown for Victoria is in terms of those hospitalisations, but nationally those figures are quite high.

Again, I think everybody understands exactly what the government is trying to achieve here to prevent those people from ending up in hospital because of inappropriate use of medication or the wrong administration of any medication that has been provided. What this bill does, therefore, with clause 9 is actually require the provider to ensure that medication is only administered by a registered nurse, an enrolled nurse or other authorised health practitioner who can administer it. As I have said, either a pharmacist or a doctor can then provide that administration to those residents. The department in their briefing and the government have said there are a number of exceptions to where this may be applied, and that applies to voluntary assisted dying substances and the self-administration of medications by residents where appropriate and safe. With the voluntary assisted dying substances obviously the

resident is therefore responsible with that. The other component of it is in emergency circumstances or unexpected staff shortages where no appropriately qualified staff are available and delaying medication would place that resident at risk. That is in the instances of bushfires or floods, where clearly there is an issue around either nurses being able to be onsite and attending to their workplace or there is a shortage because other staff are unable to attend. So it is really looking at it in a commonsense approach around those exceptions, which we thoroughly understand.

The government has said these exceptions are not intended, however, to apply to rosters with insufficient numbers of nurses but are for those unplanned and temporary shortages, as I have described. The penalties if a provider does not adhere to that are pretty steep. It is 600 penalty units for a registered provider with noncompliance, which equates to around \$122,000, and that is going to put a lot of pressure on many providers given the workforce shortages that we have now. Many providers are really struggling, especially in regional Victoria, where they cannot have a never-ending agency supply of staff. It just does not work like that in regional areas like it does in metropolitan Melbourne. For instance, when I worked in this area, as I said, I was agency staff, where they would call me up and ask me to go to various places. That does not occur in regional Victoria, so there is real concern around those providers – and they are very much a part of their local communities – and how those workforce issues will be addressed. I will be asking more about that in committee.

At the briefing that we were provided by government, when we queried around these pretty steep penalties that are in the legislation, I was told that educational steps will be in place before penalties are imposed. That is okay, but it does not take away from the issue if you have got a chronic staff shortage. Your staff are there, and they know those residents and they know the routines in some of these areas. Again, I worked in this area when I worked in my hometown of Casterton in a hospital setting where we had some elderly residents who were in that acute setting as part of their aged care component. You do get to know those residents, and I see Ms Bath is nodding because she understands this coming from a regional community very well. That is the problem, or some of the unintended consequences that I think this bill has, which I have got real concerns with, and I will go to my amendment to that. Talking about the workforce capacity, it has been reported that the government expects the sector will need to hire around about 650 new nurses to meet the legislative requirements for this legislation. This comes into place next July – 1 July 2026 – and the government has provided a 90-day grace period until 29 September 2026, when no enforcement will be pursued. But there is concern around that. That is 12 months away. It is not that far away. Providers are very, very concerned about how they are going to gear up and how they are going to get that workforce in place to be able to comply with this legislation without being whacked with that huge penalty of \$122,000 or that constant threat of how they are going to be able to operate.

We know that there are shortages of nurses across the state. We know that now. We know there are workforce shortages that are really impacting some regional areas, in particular their ability to provide care. The last thing you want to do is to close beds because you cannot meet the government's own requirements. What then happens to those residents in those local communities? They are then forced back into the acute system or they are placed in residential aged care settings out of their local community, away from their families. That is not a good quality-of-life proposition. That will shorten their life, especially for some who are having tremendous care provided to them. I think that is something that needs to be looked at more closely than perhaps it has. If you cannot get this right in the next year, there is just going to be a lack of confidence in the sector to be able to provide the care that they are. They do not want their residents to be harmed in any way. They want that supported. They understand the government's intent on this, but they do want a bit of a commonsense approach, and they do need to have that support. I note that the minister's second-reading speech noted there was \$7.6 million over four years in the 2025–26 budget to support the state-funded services with implementation of this legislation. But there is nothing for private sector providers – the public sector services represent only 9 per cent of the market – so 91 per cent of the market where this is going to apply. Admittedly, not all are in regional Victoria, where I think the workforce shortages are more

notable, but that is still a significant amount. There is nothing in there for private providers for the implementation.

There are a range of issues that I have raised: those workforce shortages with the inflexible requirements that will worsen the existing workforce shortages, making it difficult for aged care providers to comply, and the impact on clinical care and the issue around registered nurses being able to assess and assist with that wound care. It is not only that; it is the triaging and the support and it is when palliative care is required – the very, very necessary and important part of palliative care provides that support for those high-care residents at that time, at the end of their lives. The concern is giving these additional medication duties to others and taking them away from some who have them now may have a negative impact on the ability to provide essential clinical care to residents in these settings.

The other area of concern that has been raised is the risk of burnout and attrition because of the increased workload that this might impose if providers cannot adhere to what needs to be undertaken and there is more pressure put on nurses. Again, I have already mentioned potential bed closures, but that I think is a very alarming issue given our ageing and increasing population, where the demand is going to be greater, not less. If you have got providers not being able to assist in giving that care to residents at the time of the end of their lives and in giving support to the families, then that is one of those unintended consequences that I have mentioned. Delaying any care delivery, whether it is wound management, whether it is supporting palliative care or whether it is the administration of timely medications, will impact a resident's quality of care.

This bill is around quality of care. It is around the administration of medication in a safe manner. I fully understand that and I fully support that intent. What I do want to point out, though, are the concerns raised by a number of stakeholders, which I will question the minister about during the committee stage. But it is why there are those issues around the review, which the government is proposing to occur in 2031, so that is five years from next year. It is too long. It is just too long.

I am just wondering if I could have my amendment circulated, please. The amendment is a very simple one: it is really to try and provide the guidance and support to aged care providers to have that review in two years from next year – that is in 2028, so virtually three years from now – so that providers can plan and they can understand what is going on. They already have a lot of data around workforce, and they are saying that they just do not have the workforce capacity. Five years is too long to have that review. We should be working on that now. We should be trying to understand some of the issues now, working towards that, to assist with what the government is wanting to achieve here by providing that quality of care that the bill intends to do and not have those unintended consequences, as I have pointed out.

I would hope that members of the crossbench agree, and I have spoken to them. I know that Mr Ettershank, who has worked in this area for something like 20 years, I think he told me, understands exactly the intent of what the government is doing. I do not want to verbal him, so I will let him provide his contribution, but I am of the understanding that there are a number of crossbench members that think the five-year review is too long. I would have been very happy to work with government on this. I was speaking to the minister's staff last week and looking at whether we could come to some agreement about this review so that we can get it right. I understand that that is not to be. I understand that that is not the case. The government will not agree to a two-year review – or I would be happy to go to three years – but five years is too long. I think that for those crossbench members – especially the Greens, who represent areas where they are going to be impacted the most – it is imperative that they support having that review in a timely manner and do not push it out till 2031. That is just too long. It is 2025 now; that is six years away. We know we have got a workforce shortage issue. We know there are issues in the system, but having a review in 2031 is too far down the track, when so many providers need that clarity and need that support now.

As I said at the outset, whilst the Liberals and Nationals absolutely support the intent of this bill, I would hope that we could get a sensible compromise in the review process so that providers, whether

public or private, can have the assurance that they are doing what is intended by this legislation: that nurses are there to provide that support and, importantly, that the workforce is there that can provide not only medication administration but those other things like wound care, palliative care, triaging and supporting staff and the family members of those residents. As I said, I have seen firsthand some excellent care provided, and I do agree that we should be doing everything we can to provide excellence in care to protect elderly residents. Too often the horror stories have come out, but we have come a long way. The royal commission really did do a deep dive into that and did do some excellent work to provide assurances to the Australian community – and to all of us as we are dealing with this issue – that those elderly residents are given the care and the dignity they require if they do need to access and be supported and cared for in residential aged care services. Again, I say that I will have some questions for the minister. I do thank the minister's office for providing the information and answering a number of questions I have had, but we will seek some clarification in the committee stage.

Sonja TERPSTRA (North-Eastern Metropolitan) (14:42): I rise to make a contribution on the Drugs, Poisons and Controlled Substances Amendment (Medication Administration in Residential Aged Care) Bill 2025. This is an important bill that makes some really important changes. Notably, these amendments come about as a consequence of the 2021 Royal Commission into Aged Care Quality and Safety. Just before I came to this place I was privileged and fortunate enough to work for the Australian Nursing and Midwifery Federation Victorian branch, one of the biggest unions in this country. I am not a nurse. I was a lawyer and I was there to do industrial work, but I was very fortunate to learn all about all things nursing because I had some fantastic dedicated nurses in my team who I had responsibility for. I was really impressed by the depth of knowledge, the skill, the care and just the detailed knowledge and information and depth of that that nurses have in caring for people. I commend Ms Crozier for her contribution in this space; I know Ms Crozier's background as a nurse and healthcare worker.

What we are seeing in our healthcare system is that older people are increasingly entering residential aged care later in life and often with much more complex health conditions that cannot necessarily be managed safely in their own homes. The complexity is increasing and when that happens, you need really skilled, competent and qualified staff. One of the things that the royal commission noted was that there is a tiered approach to staffing. You have nurses, you might have enrolled nurses, but then you have also got personal care workers. What was noted in the royal commission was the importance of having skilled and qualified trained nurses being able to administer medications to reduce the risk of mistakes, or perhaps if you were administering medication and you were not there to monitor it, particularly when you are dealing with a resident who may have complex care needs, you need to make sure that the resident has actually consumed the medication that they have been given. If that does not happen, then the complexity of care that that resident may be facing can change. Things can get more complicated, and they can get very unwell pretty quickly.

Managing complex cases in that environment often requires people to take multiple medications, and that can increase the risk of medicine-related problems, and often the requirement for someone to monitor that patient or the resident more consistently and more intently would arise. It is interesting to note that the Commonwealth data that covers the period from July to September 2024 noted that 36 per cent of people living in Victorian residential aged care facilities – this kind of shocked me when I read it – are prescribed nine or more medications, which is the highest rate of polypharmacy in the country. Ninety per cent receive antipsychotics, which carry a particular risk if not managed appropriately. Obviously antipsychotic medication is one medication that is used to manage patients who may have dementia.

If I reflect back on the team members I had in my team – and I remember having a nurse who was experienced and trained in what they used to call 'psych-geri', which is psychiatric-geriatric – I learned about the complexity of care that is required in managing an elderly patient who is experiencing dementia. I was fortunate enough, as I mentioned in my members statement earlier today, to visit Vasey RSL Care at Bundoora, and we visited the memory unit and were able to visit with

patients who were experiencing dementia. I saw the settings that they were being cared for in, but I also noted the ratio of staff to residents, and the constant level of care that was provided to those patients I was really impressed with. You could just see the complexity of care that nurses were being presented with. This is why it is incredibly important. When you look at the number of medications that are being prescribed, the need to monitor consistently residents who are receiving either antipsychotics or other medications – you can see why that complexity would increase and of course the interactions of any other medications that might be experienced by patients.

This is why the 2021 royal commission into aged care noted that this was an essential area for improvement, and the royal commission's report highlighted the incidence of inappropriate management of medications, including medicines not being administered correctly or residents being given tablets without oversight to ensure they swallow them. As I said, you have got to make sure they get swallowed. While medication harm can occur at different points of the process of using medicines, including prescribing, dispensing and administration, the Victorian government is responsible as to who can administer the medication in residential aged care, and that forms the basis of the amendments to the act that we are proposing today. Effectively what the bill will do is place an obligation on Victorian residential aged care providers to ensure that only registered and enrolled nurses administer prescribed and dispensed drugs of dependence, including schedules 4, 8 and 9 medications – they are medications that are listed in the schedules.

It will also provide that regulations may prescribe circumstances where the obligation does not apply – so of course there may be some exemptions provided for in regulation – and how these circumstances should be managed. The bill will also modernise language and terminology, including to align with the Commonwealth government's new Aged Care Act 2024. It is proposed that these obligations would commence from 1 July 2026 and would give industry providers nearly 12 months notice to make any workforce changes if they are required. Obviously they need to make sure their workforce is informed and trained and able to manage these changes, but also, consistent with the Drugs, Poisons and Controlled Substances Act 1981, the obligation will carry criminal penalties of 100 penalty units for noncompliance. Again, what this is all aimed at doing is driving down the potential for any mistakes or errors or non-consumption of medication, because obviously what the royal commission found was that in this particular area there was room for improvement and more effective management of patients with complex care needs. So again, the obligation will only apply to residents who do not administer their own medication and only while they are at a residential aged care home.

The bill will not remove a person's right to administer their own medication if it is safe and they wish to do so. Again, these changes are not overriding anyone's agency or ability to administer their own medication if they have the capacity to do so. It will also not impact other registered health practitioners such as GPs, dentists, pharmacists and paramedic practitioners administering medication as and when deemed necessary, and it will have no impact on the voluntary assisted dying framework. It will also not impact Aboriginal and Torres Strait Islander health practitioners and Aboriginal and Torres Strait Islander healthcare workers.

Importantly, even though the royal commission did happen some years ago, in regard to these particular changes the Department of Health has consulted thoroughly on this reform. These changes also build on the initial consultation from 2022. More recently the department has been working with unions, peak bodies, the Commonwealth government, industry experts and providers to design how the reform will be implemented, ensuring it maintains its robustness while being practical and contributing to improvements in the quality of care for older people living in Victoria's residential aged care homes. These reforms are targeted. As I said, they have come about as a direct consequence of the royal commission, which noted that these reforms were necessary.

In terms of support for the sector, whilst some providers may need to make workforce changes to comply with the requirements and recruit additional nurses, most residential aged care homes have nurses administering medications already, so some providers may find there is no need for them to make any changes. Nevertheless, on average, based on a 2024 survey, nurses administer medications

91.2 per cent of the time in government-run facilities and 81.2 per cent of the time in non-government homes. As mentioned, the commencement date of July 2026 will give the sector around 12 months to prepare and be ready to implement any changes if they are required to. This is in addition to the 90-day grace period that means no enforcement action will be taken on any provider until 29 September 2026. All of these measures have been done in consultation with the sector. The government has listened to the sector in terms of the proposed timelines that it has said that it would need and which may be necessary in order to accommodate these changes, and the changes are a direct result of that consultation process.

Also, the new Aged Care Act has financial reforms that are expected to increase the financial sustainability of the sector, which is also critically important. There is work already occurring under Commonwealth reforms that mean that reforms can be delivered without significant investment from the sector. This is direct support for the sector, and this includes workforce adjustments; funding model reforms, which will provide greater funding certainty and allow for more adequate staffing levels; and also minimum care minutes, which include 44 minutes of direct care by a registered nurse. Those care minutes are directly tied to funding, and that gives certainty to the sector. Again, we see more Commonwealth funding flowing to ensure that the appropriate level of care can be given to elderly patients – this locks that in, it bakes it in, at a more appropriate level.

Other Commonwealth reforms, including the decision to fund the Fair Work Commission's pay increase, will likely continue to contribute to improved supply across government and non-government sectors. It is critically important that our nurses and people who work in the aged care sector are appropriately remunerated. We need more people to work in aged care as more and more Australians require aged care support. As I said at the beginning of this contribution, more and more people are going to be needing support as they age, but we are seeing more complex care needs that are being presented when people are coming into aged care, so we definitely need a more skilled and experienced workforce who are able to manage these complex care needs. In March 2025 Ageing Australia CEO Tom Symondson said:

We're hearing reports from across the sector that it's becoming easier to attract and keep aged care workers ...

and that really is good and welcome news. I can mention other supports proposed, including the model of care in-person forum that will bring together government and non-government providers to exchange best practice and improve quality and potential efficiencies in the medication process.

It is good to see there is a commitment from the sector to see a continuous improvement model coming forward, because again, wherever the sector can work together to ensure we bring down any unintended consequences from medications – whether it is from people not consuming it properly or mistakes and the like – any of those things are going to be welcomed, particularly when they improve the quality of care for elderly patients. Again, there is a voluntary insight survey that will also provide an overview of how this reform is being implemented. So it is good news when you see the sector working together to make sure that patient outcomes are improved.

In addition to this, the Victorian government has ongoing initiatives, incentives and policies to support and increase the nursing workforce, including in aged care. Before I came to this place, as I said, I was working at the nurses union, and there was constant discussion about how we could improve the pipeline of nurses coming through. One of the things that this government has done is make the diploma of nursing available under the Victorian government's free TAFE initiative, which we hope will increase the pipeline for additional enrolled nurses for government and non-government health and care sectors. That was one initiative that the government took. We also have the making it free to study nursing initiative, aiming to increase the public sector nursing workforce, including in public sector residential aged care services. You can see also the 28.4 per cent increase over four years to nurses and midwives in the enterprise agreement 2024 to 2028.

The clock is going to beat me. There is much more I could say about this, but I know other people in the chamber also wish to make contributions on this. I will conclude my contribution there and commend this bill to the house.

Melina BATH (Eastern Victoria) (14:57): I am pleased to rise to make a short contribution on the Drugs, Poisons and Controlled Substances Amendment (Medication Administration in Residential Aged Care) Bill 2025. In doing so I would like to put on record that the Nationals and the Liberals are not opposing this bill. We do have a very sensible amendment put forward by my colleague and lead speaker Ms Crozier in relation to a two-year review rather than a five-year review of this particular initiative. In doing so I would also like to begin my contribution by thanking all the wonderful staff that work in our aged care facilities right across Victoria, but in particular in my Eastern Victoria electorate. It is a very special place that people choose to work in, an aged care facility. As a family member of relatives who have entered into the aged care sector, really we often know that they are regularly in the last stages of their life and that we really want them to be treated with the utmost care and compassion. The aged care facility becomes an extension of a home-like environment in which family members who cannot, for various reasons, be with a loved one 24 hours a day know that that loved one – that friend, that relative – can get the very best care to support them in their twilight years.

Some of that care of course comes from personal care workers. Certainly I know my former father-in-law, as I call him still, was in metropolitan Melbourne, and one of his personal care workers encouraged him to sing. He was a singer, and they would sing duets together. This enlivened his day; revived the beautiful music that he experienced throughout his life, which he could sing so beautifully; and provided much entertainment and merriment for the other participants and aged care residents. I also know in my own home town family members have gone to Woorayl Lodge in Leongatha, and I know of the very important work done by not only the personal carers but the staff and the management, who are so very important; the enrolled and registered nurses; of course the doctors that come through and support the residents; and the cleaners, the diversional therapists, the kitchen staff and the maintenance staff.

It all tends to become, when it is working well – and I underline that, when it is working well – a greater sense of family. I also know that many, many volunteers in the community, whether it be on boards, really embrace their towns' aged care facility – or multiple if you are a larger centre – because it is such a valued entity in our lives and in our communities. So I am putting on record my thanks for those. Indeed there are many volunteers who fundraise for extras and provide that support and donate and create that family environment. One particular lady I would like to single out is a lady by the name of Lorraine Bartling. Lorraine is now well into her 90s, and she has devoted her life. She instigated and was one of the founding members of Yallambee village in Traralgon and then Margery Cole in the 1960s. She has been a nurse and has actually worked in these facilities as well as in hospital settings. She has also been the Traralgon city mayor, a trailblazer in her time. I saw her at a combined dinner for the emergency services and defence force only a few Saturday nights ago, and she herself has formerly said to me she has stood down from – get this – issuing and being present for aged care people in those centres doing palliative care. So she has had her whole life in service to her community. Whilst I single her out for our great thanks, I also want to put on record that there are many other shining examples of these wonderful people, male and female, who devote their extra time, maybe their retired time now, in the service of their communities in aged care facilities.

In relation to the bill, we will not be opposing the bill, and we certainly recognise the intent to improve the medication safety in aged care facilities and bring Victoria into line with other aged care standards from the Commonwealth reforms. I know my colleague Ms Crozier spoke about the royal commission some years ago. The issue that we have very regularly in regional Victoria of course is workforce shortages. You can call them thin markets, you can call them a rostering headache for administration; it is these situations that many aged cares in regional Victoria have to accommodate and cope with. I guess that is one of our concerns or flags for the government when there will be penalties of up to \$120,000. If after the time of, we will say, consideration of and adaptation to this legislation, if people

end up breaking the law, as it will be in the legislation, then there could be some hefty penalties. I am putting forward my concern about those thin markets in regional Victoria and in my electorate.

In terms of what this bill actually does, it amends the Drugs, Poisons and Controlled Substances Act 1981 and ensures that only qualified health professionals, registered nurses and enrolled nurses with medication accreditation or doctors or pharmacists can administer schedule 4, 8 and 9 medications, which include opioids. There are some fairly strong drugs in here: benzodiazepines, antibiotics, anaesthetics and other clinical drugs. So those personal care attendants that do exist in our centres are no longer able to administer these high-risk medicines. Of course we have heard that there is a section in this legislation that says residents that are still able and capable of providing their own self-administration can continue to do so. There is also a section that says that if there is an emergency or unplanned staff shortage, someone may be able to administer if a delay in giving that medication while waiting for a registered nurse or an enrolled nurse to come in would then endanger the life of the resident.

We know the bill does not interfere with assisted dying practices, which were brought in some years ago. It brings Victoria into line with laws from other parts of the nation. What is quite concerning, and we have heard it in other contributions in the house today, is the amount of medications that some aged care residents can be on. Thirty-six per cent of Victorian aged care residents are on nine or more medications, and 19 per cent are on antipsychotics, making clinical oversight, clinical understanding and measurement and review of medications very, very important. Many years ago, when I was a wee girl, I ran a health food shop – Leongatha and District Health Foods; it was very exotically named. We offered vitamin C and all sorts of things, but I regularly asked people, if they were considering taking some form of vitamin supplement or herbs, to make sure that there were no contraindications with any medication that they were taking. It is these interactions, these contraindications, that play a key role in the formulation of this legislation in a national setting but drilling down. I sometimes am quite alarmed. I heard from a constituent recently that one of my constituents was hospitalised because they were on multiple, multiple, multiple medications. They were not in aged care, but the multiple medications were being prescribed by a doctor. This happens – this is not an isolated case. The interactions between that layering of those medications created a most unwell status. I put on record that our medical profession, our doctors, need to be across these sorts of medications.

We do value very much our nurses, both enrolled and registered. I have said this before in the past. I have two children, and one of my sons is a nurse. I am very proud to be the parent of a qualified nurse who is doing great things, unfortunately in a different state. One other thing I would like to raise in relation to this is that element of dementia. The work that Dementia Australia does is very important; I think it is a federally funded organisation. It seems like there is an almost evolving prevalence of both Alzheimer's and dementia.

Going back to the very important work that nurses do in assessing and administering medications in all sorts of settings, the Pharmaceutical Society of Australia estimated that 20 per cent of unplanned hospital admissions from aged care facilities were a result of inappropriate uses of medication. That is where that holistic look needs to be attended to, both the doctors prescribing the medication in the first place and then the administration.

I go to a point that my colleague Ms Crozier raised in her debate in relation to this legislation and accommodating this legislation. It is all well and good to bring legislation into the Parliament with good advice, but it is also around how that is managed. Victoria will need an additional 650 nurses statewide. I know my colleague Mr Tim Bull, member for Gippsland East, across his brief also made comments in relation to the need in our community, particularly in his community, which is also in mine in Eastern Victoria, in East Gippsland and the concern that he has in relation to meeting those needs. One of the key phrases in this legislation is 'must ensure' that a qualified person administers the medication after this time period. Sometimes that is going to be very, very challenging for aged care settings in the region. I know the bill allows for these unplanned shortages, but what about those thin rosters that continue to be taken on? In conclusion, again I endorse the Liberals–Nationals

amendment, which looks at narrowing that review back from five years, which is a long way out into the future – once this begins it is 2031 – and reduces that down so that there is some consideration, there is analysis, there is review to see if there are any issues that are going to emerge from this. So I endorse, certainly, our amendment to bring that down to two years.

In conclusion, I again want to put on record that this is often a vulnerable and tender age that people in aged care facilities exist in. It can be the very best of times, when families can feel very comforted by the great care that is given, but what we do not want to see is two things: (1) of course those hospital administrations by mixed medications not reacting well, and (2) we want to see that this can be achieved by all of our aged care facilities, particularly, in my case, in regional Victoria, so that this can work, so that these centres can deliver very high care and so that families can go to sleep at night knowing that their loved one is looked after and is well in their twilight years.

Jacinta ERMACORA (Western Victoria) (15:12): I am pleased to speak on the Drugs, Poisons and Controlled Substances Amendment (Medication Administration in Residential Aged Care) Bill 2025. This bill will ensure that in residential aged care medicines are administered by health professionals who are trained, registered and accountable. The issue of safety for elderly people is one that all Victorians would feel strongly about. In the south-west of Victoria it is an even more pressing issue. We have a higher proportion of older people in all age brackets above 65 than Melbourne, and that is where I am going to focus some of my contribution today. By proportion of population, we have 30 per cent more people aged between 80 and 84 and 40 per cent more aged over 85. We also have equal or higher needs for complex health care. The Australian Institute of Health and Welfare reports that rural areas have higher rates of arthritis, asthma and COPD, which require ongoing expert treatment. As is the case across Victoria, our elderly people are entering aged care later in life. The national median age for people moving into permanent residential aged care is now 85. Almost three in five residents are over the age of 85. At the same time, many older people are supported at home for longer. That means that when people finally do enter residential care, they are older and frailer and their care is more complex.

As my colleague Ms Terpstra mentioned a few moments ago, more than one-third of Victorian aged care residents are prescribed nine or more medicines, and this is the highest rate in the country. About 19 per cent are given antipsychotic medication, and these drugs need some very, very careful oversight. For too long in some homes unregulated personal care workers have been placed in an unfair position of administering powerful medicines. These are dedicated people, but they are not registered or trained as nurses, and they should not carry this responsibility. In consultations on the bill, the Australian Nursing and Midwifery Federation was clear that in the past residents were sometimes given medicines unsafely as a result. The Pharmaceutical Society of Australia has estimated that one in five unplanned hospital admissions from aged care is linked to inappropriate use of medicine. In small towns, when a medicine error leads to deterioration, the only option is often an ambulance ride to a larger centre and a hospital admission far away from family. Getting medicines right the first time is a lifeline that prevents avoidable transfers and trauma for families and patients alike.

This bill strengthens our approach to reducing these risks. It amends the Drugs, Poisons and Controlled Substances Act 1981 so that only qualified professionals can give the highest risk medicines in residential aged care. This includes registered nurses, appropriately qualified enrolled nurses and authorised health professionals such as GPs and pharmacists. It allows residents to continue to give their own medicines if it is safe for them to do so, and we have certainly had that mentioned by Ms Bath and also by Ms Terpstra. It is really important that a piece of legislation like this does not sweep up and capture inappropriate situations. It does not change the arrangements in hospitals, in the home or under the voluntary assisted dying scheme. I think that is very important too – they have got their own set of rules and obligations in those spaces.

This bill is practical. Regulations will set out what to do in exceptional circumstances, such as when a qualified professional is not available and a delay in medication would put a resident at risk. This will not be a get-out clause for understaffing. It reflects the reality of busy residential care homes where

there may be a sudden patient emergency or, as we know, every now and again a whole community in a small town can catch the same bug going around – both staff and residents – which can lead to a situation with understaffing. In smaller rural care homes that may rely on a smaller number of staff, it may also be required when a staff member is unexpectedly unavailable. This government recognises that it may take time for services to prepare for these changes, and we have set a start date of 1 July 2026, with a further 90-day grace period for organisations to get their act together from a practice perspective and get their policies and procedures reflected in their practice on a daily basis. Compliance will focus on real risks, not on the technicalities. There will be communication with the sector, opportunities to share best practice and a five-year review to make sure the reform is working.

Public sector residential aged care services form the overwhelming majority of rural residential care services. Recognising the particular challenges they face, we have allocated \$7.6 million in support in the 2025–26 budget to help them to implement these reforms. Whilst these reforms are applicable to every aged care service provider, the state government is supporting its own state-run facilities to implement these changes. This is not a reform designed in isolation. The government consulted widely in 2022 and again in 2024. Providers across the public, private and community sectors, unions and peak bodies took part. The bill reflects what many good homes already do, and it helps the rest of the sector get there.

Nurses are strongly behind this reform. Australian Nursing and Midwifery Federation Victorian branch secretary Maddy Harradence said in support of the bill, on 4 August:

Medication administration is a core nursing responsibility and these changes support nurses to work to their full scope – delivering safe, high-quality, person-centred care and improving job satisfaction.

As in the whole of the country, qualified healthcare workers are in high demand across regional Victoria. Thousands of additional nurses are needed across the state in coming years, and that is why this bill is matched with strong workforce support. This government is providing 10,000 free university places for nurses, and we have made the diploma of nursing free at TAFE. Student nurses can work in clearly defined and appropriate roles while they study. To encourage more people into the profession, nurses and midwives are receiving a 28.4 per cent pay rise over the four years under the new enterprise agreement. There is also \$95.1 million over four years to support the health workforce, including rural nursing, graduate programs and skills development. As the Minister for Ageing has said:

These changes are about putting the safety of residents first – making sure our older Victorians ... receive the right medication, safely and at the right time, from the right professionals.

That is what families expect, and it is what older Victorians deserve. In small rural facilities this reform will save residents from avoidable decline and hospitalisation. A nurse on a medication round can assess, decide and act if something is wrong. The nursing federation has said the changes will reduce clinical risk and cut down hospital transfers caused by medication errors. That will relieve pressure on regional emergency departments and keep older people closer to home. It also meets community expectations. The Minister for Health has said:

These reforms will ensure that medication in aged care is handled with the same care and clinical oversight you would expect in any hospital ...

In country areas, where the aged care home is often part of the local health service, that consistency will strengthen the already existing trust.

This bill also fits the national reforms. The Commonwealth has introduced mandatory care minutes and new funding models. Victoria is the only state to make it law that only registered health professionals can give schedule 4, 8 and 9 medicines in aged care. I do point out that this is another example of national leadership from the state of Victoria. Let us remember what this means for families in Western Victoria, my electorate. Residents in our towns often live with several chronic conditions at once. They may be taking a dozen medications with complex interactions. One missed

antibiotic dose or one sedative given without the right clinical judgement can turn a manageable problem into a hospital transfer hours down the highway. This reform reduces that risk at the source.

It also supports our healthcare workers. I must say it is a very, very stressful experience to be in any workplace where you are asked to do something that you are not qualified to do or not skilled to do. This reform provides a clear framework and expectation for staff that is supportive of staff. And if you flip it the other way, it is also stressful as a staff team member to observe unsafe practices without any recourse to actually require those practices to be fixed. So I think it is no surprise that this bill is supported by the people who are going to be implementing it, which is the nurses. It says to personal care workers: your work is essential, but you should not be asked to do what you are not trained or registered to do. And it says to nurses: we value your skills, and we will support you with laws, pay, training and staffing that respect your skills and your role.

Most of us will one day care for or be an older Victorian, if we are lucky, who needs help and medicines. Victorian families are entitled to be confident that the right person with the right training is giving the medicine at the right time. This bill makes that possible. It reflects the best of Victorian health care. It is evidence based, centred on the patient and fair and supportive to the workforce, and it is backed with the funding and workforce planning needed to succeed in every community, especially in rural and regional Victoria, and I commend the bill to the house.

Ryan BATCHELOR (Southern Metropolitan) (15:27): I am pleased to rise to speak on the Drugs, Poisons and Controlled Substances Amendment (Medication Administration in Residential Aged Care) Bill 2025 in the context of health and health care being a fundamental priority of this Labor government. We fund health care; we support our healthcare system and our healthcare workers to make sure that health care in this state is accessible, and because we think it is so important to have a strong, accessible and well-funded healthcare system this government has made record investments in Victoria's healthcare system since being elected in 2014, because quality health care should not be a choice but one of the many pillars that support all Victorians. That is why we have continued to invest in health care here in Victoria.

Recently we saw that the community pharmacy program has been such a success that we have made it permanent and expanded its scope so that more conditions can be treated by pharmacists, saving people time and money. We have invested in our paramedic practitioners, an Australian first, allowing practitioners to deliver high care to patients when they need it. We have invested in virtual women's health clinics, providing free expert medical advice and treatments for a range of women's health needs right across the state. All of these investments provide one thing, accessibility – accessibility to our healthcare system, accessibility to medicines and accessibility to quality healthcare workers, because we understand that different parts of the community require different healthcare needs.

Older people, as they enter the residential aged care system, often do so with more complex health conditions and medications, and with that complexity comes requirements, often for protections and making sure that they have accessible professionals that can meet their unique needs. Supporting that system is at the core of this legislation that we are debating here today. The bill increases the clinical capacity of our healthcare workforce so that only those with the education and clinical training – nurses and registered health practitioners – can administer drugs of dependence and schedules 4, 8 and 9 medications to people living in residential aged care. The bill improves accessibility to healthcare workers, giving older people living in aged care increased access to their registered medical professional. It improves the accessibility to receive safe medicines so that people living in aged care can be administered their complex medications safely and accurately, and it improves our healthcare system by reducing the amount of unplanned hospital admissions from residential aged care as a result of inappropriate medicine use, and this all results in improved health outcomes for people living in aged care.

We know that as people enter aged care, older Australians have more complex health conditions. Obviously depending on the advice of their treating doctor they are often required to take multiple

medications, and the risk of medicine-related problems increases. Based on Commonwealth data from the period July to September 2024, 36 per cent of people living in Victorian residential aged care facilities are prescribed nine or more medications, which is the highest rate of polypharmacy in the country, and 19 per cent receive antipsychotics, which can carry particular risk if not managed appropriately. As the number of medicines people take increases and the complexity of their care needs increases, the risk of medicine-related problems also increases. In 2020 the Pharmaceutical Society of Australia estimated that 20 per cent of unplanned hospital admissions from residential aged care are the result of inappropriate medicine use. In 2021 the Royal Commission into Aged Care Quality and Safety identified medication management and safety in residential aged care as an essential area for improvement. The royal commission's report highlighted inappropriate management of medications, including medicines not being administered correctly or residents being given tablets without oversight to ensure that they actually swallowed them. While medication harm can occur at different points in the process of using medicines, including prescribing, dispensing and administration, the Victorian government is responsible as to who can administer the medication in residential aged care.

This legislative reform has its genesis in 2018, when the Victorian government undertook a review of how medication was administered in residential aged care settings. That review found gaps between best practice and what was actually occurring and recommended that legislative change be made to improve practices involving medication. A subsequent sectorwide consultation was undertaken in 2022, exploring opportunities to strengthen medication management and administration in Victorian residential aged care. Consultation included unions, aged care providers, personal care workers and people with lived experience. The aged care royal commission's report also found that the routine care of older people in residential aged care often did not meet expectations, and as such mandatory care minutes were introduced so that older people in aged care would receive specified and dedicated care time as required. Since October 2023 healthcare providers have increased their staff numbers and are now including 44 minutes of direct care by a registered nurse to their residents. Commonwealth reforms have given certainty and improved funding to providers so that more appropriate care for the needs of residents are met. This change has allowed for adequate staffing levels to provide quality care for residents.

This bill helps ensure that older Victorians receive the best and highly skilled care from our registered and enrolled nurses in residential aged care. The bill, on its terms, seeks to avoid medicine-related problems for people living in residential aged care through amendments to the Drugs, Poisons and Controlled Substances Act that will place an obligation on Victorian residential aged care providers to ensure that only registered and enrolled nurses administer, prescribe and dispense drugs of dependence and schedule 4, 8 and 9 medications; provide that regulations may prescribe circumstances where the obligation does not apply – exemptions, for want of another term – and how these circumstances should be managed; and modernise language and terminology, including to align with the new Commonwealth government's Aged Care Act 2024. These obligations are proposed to commence on 1 July 2026, giving providers nearly 12 months notice to make the workforce changes if they are required. In keeping with the provisions of the drugs and poisons act, the obligations will carry penalties of 100 penalty units for noncompliance.

I think it is important in the context of a debate like this, and particularly when we are outlining what the bill is going to do, to just clarify what it is not going to do. The bill is not removing any person's right to administer their own medication if it is safe and they wish to do so. The bill will also not change how medication is administered in other settings, such as in someone's own home or in hospitals; it only applies to the residential aged care sector. The bill will also not change how the voluntary assisted dying scheme operates. It will not impact on how other registered health practitioners, such as GPs, dentists, pharmacists and paramedic practitioners, administer medication, and it will not impact on Aboriginal and Torres Strait Islander health practitioners and Aboriginal Torres Strait Islander health workers.

The Department of Health has consulted widely on this legislation. It has consulted with almost a third of the non-government sector involved in the area, such as charity and community, religious and culturally and linguistically diverse providers in both regional and metro locations. Most recently, the department engaged the sector on this reform for its implementation, both in the development and the implementation plan for this legislation, so that it remains strong and protects people while balancing practicality and ease of implementation. This will ensure the bill continues to improve the care for older people living in Victoria's residential aged care homes. Through our wideranging and extensive consultation we have designed a bill that has listened to industry concerns and meets community needs.

In response to direct feedback from the non-government sector, from the commencement date of 1 July 2026 a 90-day period will be allowed where there will not be any enforcement action by the health regulator. We understand that unforeseen circumstances can influence nursing staff availability, whether that is through resident emergency, unexpected staff shortages or other factors that can impact on a nurse's ability to administer medication. For this reason, the bill provides the power to make regulations to prescribe circumstances where the obligations will not apply. While this will be further consulted on as part of the regulation-making processes, the current policy intent is to account for unforeseen circumstances that impact nursing availability. This is not intended to cover rosters with insufficient nurses, but rather unplanned situations that may occur from time to time, and it will be circumstances as defined in regulation, rather than providers needing to apply for exemptions. It is part of a range of measures that both the government at a Commonwealth level but also here in Victoria have been making to improve the aged care system.

One of the most significant things that we have seen in recent years has been the very significant pay increase that has been provided to the aged care sector by the Fair Work Commission. We very much welcome the Commonwealth Labor government's decision to fund those reforms and the extra work that the Commonwealth government is doing to improve the supply of workforce and the supply of aged care across the government and non-government sectors. I think both the recognition and value of the work that workers in the aged care sector do and the remuneration that is being provided to support that work and demonstrate the respect, putting our money where our mouth is, so to speak, is demonstrating that there is more support for the aged care workforce, particularly coming from the Commonwealth government, and that that, according to the sector itself, is demonstrating that it is becoming easier to attract and retain aged care workers. I absolutely welcome the efforts that are being made to better support the aged care workforce and to keep more aged care workers in the aged care workforce being done at Commonwealth level.

In addition to that, the state government here in Victoria has some ongoing initiatives, incentives and policies to support and increase the nursing workforce, including in aged care. We have got our diploma of nursing being made available under the Victorian government's free TAFE initiative, which will increase the pipeline of enrolled nurses for government and non-government healthcare sectors. I do want to acknowledge, particularly in light of the support that the Victorian government provides to our TAFE sector, those members of the TAFE sector that are joining us in the building today to celebrate the wonderful way that free TAFE delivers vocational pathways and career opportunities for more Victorians. The nursing sector is just one of those opportunities that the Victorian government is supporting, particularly through our support of the TAFE sector here in Victoria. In addition, we also have other initiatives, like the Making it Free to Study Nursing and Midwifery initiative, which have aimed to increase the public sector nursing workforce, including in our public sector aged care services, and there is obviously support for nurses in the landmark pay rise in the nurses and midwives enterprise agreement, which across the board should be expected to support the attraction and retention of nurses in the government aged care sector.

There is also \$95 million over four years in the 2025–26 state budget to support the health workforce in Victoria through initiatives, including registered undergraduate students of nursing, transitional support programs and capacity development for rural nurses. These are some of the measures that this Labor government is taking, because we know that as older people enter the aged care system with

increasing and complex health conditions, this requires nuanced and tailored approaches to care for their unique needs. We want to make sure that older people living in aged care receive the best and highest skilled care from our talented, hardworking registered and enrolled nurses. We want to make sure that older people are not needlessly going to the emergency department because their medication was not dispensed or administered properly. We want to make sure the healthcare system is there for them. Older Victorians deserve to have access to the best quality health care, medicine and medical professionals but also access to a quality of life that they deserve. That is what is fundamentally at the heart of this bill, and I commend the bill to the house.

John BERGER (Southern Metropolitan) (15:41): I rise to speak in support of the Drugs, Poisons and Controlled Substances Amendment (Medication Administration in Residential Aged Care) Bill 2025, which when enacted will amend the Drugs, Poisons and Controlled Substances Act 1981. Now to the wording of the bill itself, it will provide for the administration of drugs of dependence of schedule 9, schedule 8 and schedule 4 poisons to persons accessing funded aged care services in residential aged care homes and make amendments consequential to the repeal of the Aged Care Act 1997 and the enactment of the Aged Care Act 2024 of the Commonwealth. Furthermore, in line with the amendments made to the federal legislation, changes will be made to the language used to align with national standards.

Victorians in residential aged care facilities deserve to be treated with both dignity and the highest level of medical care, and it is critical that those who provide residents with medication are trained and qualified to the highest standards. Through amendments of the act, only registered nurses, enrolled nurses with specified qualifications and other authorised registered health practitioners will be able to prescribe schedule 4, schedule 8 and schedule 9 medications on prescription. With Victorians increasingly choosing to enter residential aged care at later ages and with more complex medical requirements, it is critical that medical professionals in the industry are able to provide the best standards of care. Schedule 4, schedule 8 and schedule 9 drugs are all substances that are monitored and distributed with care. Respectively, they are prescription-only medications, controlled drugs with risks of dependence and prohibited substances only approved for medical and scientific research. Through the Royal Commission into Aged Care Quality and Safety in 2021 concerns were raised regarding inappropriate administration of routine medication. In 2020 the Pharmaceutical Society of Australia determined that around 20 per cent of unplanned hospital admissions by aged care residents resulted from incorrect medication administration, and that is a staggering number. With Victorian seniors entering care with increasingly complex medical needs, care must be taken to prevent concerns such as missed dosages and adverse drug reactions. From July to September 2024 it was determined via national data that 36 per cent of Victorian aged care residents were prescribed nine or more medications, and the types of medications impacted in this bill – schedules 4, 8 and 9 – largely have either high risks of interaction or other potential for dependence, which requires training and other care in order to ensure that they are administered correctly under accurate and quality medical advice.

Residents will retain the right to administer their own medication if they officially consent, and if they are determined to hold the capacity they do so through regular clinical assessments. This bill does not intend to change this right, but what this bill will do is ensure that residential aged care facilities are providing sufficiently qualified staff to administer medication as required. Compliance standards are being amended, as was mentioned earlier, as to who can administer these medications. It will be a criminal offence worth 100 penalty units for all providers for noncompliance without a reasonable excuse. This is to ensure that Victorians get the very best care that they deserve, and pay for, and that the quality of their care lines up with the community's expectations. This will not apply in circumstances where these medications are self-prescribed by residents or where there is a notated exceptional reason for noncompliance. This could be, for example, a genuine risk to the resident from a delayed or misused medication if qualified staff are unavailable. This ensures that residents that need medications as a matter of urgency or necessity are not inhibited by any shortfall in the number of available qualified staff. Nor will the changes in this bill impact the capacity for registered practitioners with existing authorisation under the act or regulations, such as GPs, geriatricians, pharmacists or

dentists, to prescribe or administer medication to aged care residents. The Allan Labor government recognises that these changes will disrupt the standard operations of aged care providers, and upon commencement of these changes to compliance standards on 1 July 2026 a 90-day grace period will be provided for residential aged care facilities to amend their procedures and operations before any action is pursued. But these changes matter, because the safety and quality of life of Victorian seniors in aged care facilities cannot be neglected.

This bill comes from many years of investigations and consultation with key stakeholders and expert bodies, including public sector residential aged care services, Ageing Australia, the Victorian healthcare authority and the unions who advocate for aged care workers, including the Australian Nurses and Midwifery Federation and the Health Services Union, as well as the federal government and the regulatory bodies that provide oversight over aged care standards and compliance. I would like to thank all the individuals and organisations involved in this process for providing crucial advice and expertise to ensure these changes are appropriate for the sector today and in doing so providing the highest standards of care for seniors in Victorian residential aged care facilities, building upon the work already being done at a national scale, such as mandatory care minutes increasing the dedicated care and staffing targets in these facilities from October 2023, including 44 minutes of one-to-one care for residents by a registered nurse. Victoria's largest public aged care facility, the Boollam Boollam Aged Care Centre, was recently completed – a \$139.6 million facility, creating 247 construction jobs with a capacity of 150 residents, providing modern single rooms inclusive of private ensuite bathrooms for residents with complex medical care requirements.

These legislative changes could not have been introduced at a better time, with a \$34.6 million investment through the Victorian state budget in 2025–26 to deliver quality aged care across the state as well as \$7.5 million to upgrade existing facilities. Reforms like this one are only ever made possible when you have a strong, skilled and sustainable nursing workforce. An important part of maintaining that is ensuring that we are recruiting, retraining and upskilling our nurses. Backing our nurses and doing everything we can do to recruit more of them might seem like a fairly uncontroversial thing to do. It might seem like one of the most obvious things the government could do when faced with the challenges in the healthcare and aged care system that we face today and will face into the next few decades. In fact there was a health minister in a past Victorian government, still within living memory, that wanted to cut nurses' numbers and replace them with health assistants. It is an incredible thought that we once had a government in this state that believed that the health system and the aged care system would be better off if we had fewer nurses around the place.

When past governments have gone into battle against our nurses, the people who have suffered the most are the patients in the healthcare system and those residents in the aged care system, people who know better than anybody how important our nurses are and how impactful their work is. They are the most vulnerable in our community and the ones who need it more than anyone. That is why the Labor government takes supporting our healthcare workers seriously. We all know that what responsible governments do when health and aged care are under pressure nationwide is invest in our healthcare and aged care workforces. Nurses are a critical part of all of that, which is why some of the Allan Labor government's initiatives to continue to grow the nursing workforce are just so crucial to the system's long-term sustainability.

Making nursing free to study under the Allan Labor government's free TAFE program will help boost the workforce in public and private sector health and aged care services; and having more qualified nurses will mean patients get the care they need and the quality they expect. We also implemented the making it free to study nursing initiative, which is aimed at these most prominent aspects in scholarships for undergraduate nursing students. But those initiatives also included other important measures such as re-entry and refresher pathways for those who had left the sector, as well as a graduate sign-on bonus and more funding for graduate positions. We need more nurses across the healthcare sectors, and one way we can get them is to provide these sorts of incentives to people to make the career as attractive as possible.

Another thing that made a lot of us on this side of the chamber especially proud last year was when we reached a deal with the Australian Nursing and Midwifery Federation to give public sector nurses a 28.4 per cent pay rise over the next four years. After all the work they did during the difficult years of the pandemic, I think we can all agree that they deserve this. The Allan Labor government will always stand on the side of workers having a fair go, and that includes our nurses who worked long hours every day while COVID spread throughout the community. We have also strengthened nurse-to-patient ratios in Victoria: back in 2015, we became the first state government to introduce safer nurse-to-patient ratios, and the Allan Labor government made it even stronger this year. It is good for patients who get the care they need and the assurance that there will always be a nurse available to help them, and it is good for the nurses who already have long working hours managing a lot of patients, who will now be supported with more qualified nurses thanks to the efforts to grow the workforce. We have also made it easier for diploma of nursing students to work in the sector while they complete their studies. This is something that benefits the system itself by providing more workers, but it also benefits students, allowing them to earn an income while they study.

Everyone stands to benefit from these crucial reforms. The challenges we face in the healthcare system are not going to go away and are going to become more difficult and more complex over the next few decades. That is why it is important that these investments, which need to be made at some point, are being made now. In fact we are not just making them now in 2025 – we have been making them ever since we first came into government back in 2014. Victorians deserve the security of knowing that the system that supports them and their families today will still be there in the coming decades. If we want to be able to implement this bill and ensure that the sorts of medications we are dealing with are being administered by registered nurses, then we need to ensure that we have the workforce necessary to service this requirement. But this is not necessarily just about creating further demand for nurses, this is about the smarter use of existing resources. As I mentioned earlier, it is estimated that 20 per cent of unplanned hospital admissions coming from residential aged care facilities are the results of inappropriate use of medicines. So if we can get this right, this amendment to the act, and we are able to reduce the number of hospital admissions being caused in these ways, we will be able to take a little bit of pressure off our hospitals.

Remember, maintaining long-term sustainability for our hospital system means increasing the availability of care but also helping prevent people from needing a hospital in the first place. We see implementing this requirement for a registered nurse to administer certain types of medication as a way to ensure that they are administered by those with the expertise to do so. It is also important to ensure that medical problems are not made worse by the incorrect use of these medications, leading to developments that might require them being moved to a hospital. Of course we recognise that in some situations it is impossible for a registered nurse to be able to be onsite to administer the medication, which is why it is so important that this bill provides for the creation of regulations around situations where nurses cannot be in place. It is simply not possible for nurses to be everywhere at any given time, and we do not want the law change to inadvertently put pressure on nurses to be in multiple places at once or to work themselves day in, day out, because this bill is about improving the quality of medical care received by aged care residents, not about making the lives of nurses harder and their work hours longer. This bill follows the principle that it will always be the most qualified person available who administers these sorts of medications, which is why we are legislating that it should be a registered nurse. But in cases where the medication needs to be administered immediately and no nurse is available, we want to ensure that a protocol exists to cover these sorts of situations, even if we hope that it will only need to be used occasionally.

This bill is about ensuring that patients get the care that they need. They deserve the very best care, and this bill will help bring it up to community expectations. We are continuously improving and building on our healthcare system in Victoria, with a long list of reforms delivered by this Allan Labor government over the past decade. These reforms are centred on ensuring patients and the public get the best possible care from our hospitals and on ensuring that our workforce is looked after. Nurses are the backbone of our health system, often working long hours juggling a long list of patients, and

this bill ensures that patients get the medication they need without overworking and backlogging the work that nurses do for all of us. The approach of these reforms by the Allan Labor government is in stark contrast to the era of cuts and closures under previous governments, because this government puts Victorians first and leads the country with our reforms. On that I commend the bill to the chamber.

Michael GALEA (South-Eastern Metropolitan) (15:56): I also rise today to speak on the Drugs, Poisons and Controlled Substances Amendment (Medication Administration in Residential Aged Care) Bill 2025. As has been canvassed by a few other speakers on this side already, the purpose of this bill is to improve the quality and the safety of care for older people living in our state's residential aged care homes. Aged care is about how we treat the people who raised us, who built our communities and who shaped the Victoria that we know and love today. It is about the care and dignity that we provide to our mums, dads, grandparents and, as a matter of fact right now, my nanna, who is in an aged care facility in northern Victoria receiving excellent care from her facility there, and I would like to take a quick moment to acknowledge all the amazing staff at that facility and the incredible work that they do – it is no small task. Every Victorian family wants to know that when their loved one enters an aged care facility they will receive not just shelter, not just food but genuine, safe, respectful, warm and professional care.

This bill today will deliver a significant reform that will better ensure that the medication that is given to these people living in aged care facilities is handled only by those with the training, the skill set and the clinical judgement to do so in a safe manner. It will achieve this by making amendments to the Drugs, Poisons and Controlled Substances Act 1981 so that only registered nurses, enrolled nurses with specified qualifications and other authorised registered health practitioners will be the ones to administer drugs of dependence and schedule 4, 8 and 9 medications to people in residential aged care for whom the medication has been supplied on prescription. These changes reflect the Victorian government's commitment to reducing the risk of medicine-related problems in residential aged care.

I will take up a comment made by Mr Berger, actually, in relation to nurse-to-patient ratios. It is certainly a good point indeed that we do have the federal minimum care minutes, but I do note as well indeed that it is Victoria again, this state, that is leading the way, leading all other jurisdictions, when it comes to nurse-to-patient ratios in other healthcare settings such as hospitals. Indeed, after seeing some vicious attacks on the working conditions of nurses in the former Baillieu–Napthine governments a while back, when this government came in in 2015 it was legislated that those nurse-to-patient ratios would be fixed in law, and then they were indeed again strengthened just earlier this year – very important steps to support the people who do so much to support all of us. Those nurses do incredible work, and it is a good thing that in Victoria the nurse-to-patient ratios and the other various metrics of the care that is provided to patients exceed not just the targets but the national average and indeed other jurisdictions across the country as well. That is a testament to the work of our nurses that is supported by the significant investments both in legislation of course but, more importantly, in the resourcing of our nurses from this government.

When it comes to prescribing medications, including schedule 4 medications, we know how important it can be to access the medications that you need when you need them. That is why it is so important that through the state budget this year we have seen the expansion of the community pharmacist program, which is now going to be expanded to 22 services. All Victorians will be able to go to their pharmacist and have a consultation. Unlike other states where this program has been rolled out, in Victoria that consultation will be completely free, so effectively bulk-billing, if we were to use that terminology. Not only does it save a trip to the doctor, freeing up that other very important primary care resource so they can attend to other and more critical needs, it means that you can have that chat, that consultation with your pharmacist who is enrolled in the program completely free of charge, as I said, in Victoria, unlike other states, whether it is for shingles, for psoriasis, for an oral contraceptive or indeed for an uncomplicated urinary tract infection. These things are just some of the examples of conditions that can be treated through the community pharmacist program with that free-of-charge

consultation providing more and easier access and also, importantly, reducing the cost of living for all Victorians to access the health care that they need.

Indeed when it comes to purchasing many of those prescription products, we have also seen – and I will take this opportunity to welcome a very significant announcement by the Albanese federal Labor government, who recently announced new legislation – that the cost of medications under the PBS is to be dramatically slashed, in fact by about 20 per cent, as of 1 January next year. The cost of that, which is currently set at \$31.60, will now be reduced to \$25. It is a very significant step, an important further step, to ensure that Victorians, and indeed in this case all Australians, have access to the medication that they need and that it is not going to hit them in their hip pocket. Whether it is at state level with the nurse-to-patient ratios or whether it is supporting our paramedics, our nurses and our medical professions – unlike going to war with them, like Mr Davis did when he was in office – we have seen that at the state level Labor governments support the healthcare system. They support patients, and they support the people who give their lives to that care: the nurses, the doctors and the other incredible support staff that work across a myriad of ways in our healthcare services.

It is indeed good to see, after nine bad years at the federal level of attacks on bulk-billing – attacks time and time and time again undermining the bulk-billing system so that it was pretty much on its knees and on the edge of extinction at the end of the last federal Liberal government and the myriad of prime ministers that they had as well – that we have had significant investment into Medicare, into primary care and into bulk-billing from the Albanese Labor government as well. As members in this place will know, Victoria was not prepared to wait for the end of that disastrous government to implement improvements to the primary care system. Even though primary care is a responsibility of the Commonwealth, Victoria, along with New South Wales – a Liberal government at the time, I add – stepped in with the implementation of primary priority care centres, otherwise better known by the name of urgent care clinics. It has been wonderful to see that the federal Labor government – a government that actually does care about primary care – has now stepped in and is now co-funding 17 out of the 29 urgent care clinics operating across Victoria, with the remainder of the funding coming from the state government, because we recognise that whichever part of the healthcare system that you are looking at, primary care is such an important part of it. It is such an important component of getting things right before they go wrong down the track. That is why the urgent care clinics have been such a resounding success, with I believe around about 8000 visits a week in the state of Victoria to urgent care clinics. We heard from the then Secretary of the Department of Health in the Public Accounts and Estimates Committee financial and performance outcomes hearings late last year that, from the survey and the research that they have done, around 50 per cent of those patients would have otherwise gone into emergency departments, adding pressure to those services, or the other 50 per cent would not have sought care in a timely fashion, which is very, very problematic for those people and would have led to, for many of them, significantly worse health outcomes.

The urgent care clinics provide a really, really important tool in that step between primary care and tertiary emergency departments. That is why it is so important that Victoria, along with New South Wales, pioneered these clinics in the midst of a complete vacuum of leadership from the former federal Liberal government. Now that we have a federal government that is prepared to support health care in this country and support health workers as well, Ms Crozier, we now see some federal funding towards this as well and it is a very important part.

Georgie Crozier interjected.

Michael GALEA: If you were listening, Ms Crozier, you would have heard me give some credit to the New South Wales Liberal government as well, which, along with Victoria, implemented those PPCCs as they were then called, now the urgent care clinics. But they are an important step, as is primary care at the level of GPs, as are the pharmacists and the pharmacies themselves. Each year members of the pharmacy industry come into the Parliament to talk to us about the various things that they are up to, but also to offer flu shots and other things like that. It is a great experience, and I will

give a shout-out to Carolyn, who is in fact a pharmacist from my region who often comes in for that program. It is always good to see her here in the Parliament.

Whatever range of the healthcare system you are looking at, it is important that we are making those investments because it is all interrelated. Whether it is the federal intervention of reducing the PBS co-payments from 1 January next year – a 20 per cent reduction in what users will have to pay – whether it is this state government implementing nurse-to-patient ratios, legislating them and improving them in further legislation or whether it is in the community pharmacist program, we are seeing that investment. On this particular matter, we know how important it is to get residential aged care settings right. Again, coming back to the various types of medications, we know that people in these aged care settings can often have complex needs. Typically, they are entering these facilities at a later and later age. The result of that is that the residents who are there are more likely, as a proportion of the total cohort, to have more complex health conditions, which can become increasingly difficult or in some cases impossible for them to manage on their own or in their own home safely. We know that they are needing that assistance more often, which again goes to underscoring the importance of nurse-to-patient ratios, or in this case the federal minimum care minutes in aged care facilities.

We know that recent Commonwealth data shows that 36 per cent of people living in Victorian residential aged care facilities are prescribed nine or more medications, which is the highest rate of polypharmacy in the country. In addition, the data shows that 19 per cent of these residents receive antipsychotics. The bill before us today and the principal reform to the administration of medication are in large part a response to the 2021 Royal Commission into Aged Care Quality and Safety, which identified medication mismanagement and safety in residential aged care as an essential area for improvement. Noting again that whilst from a principal point of view aged care in this country is a responsibility of the Commonwealth, there are a large number of intersections where the state has a role to play, and the bill before us is an example of one such particularly pertinent point of that, which is in relation to the dispensing of medications.

We know that the royal commission drew attention to various incidents of inappropriate management of medication regimens, including in some cases medicines not being administered correctly and residents being given tablets without oversight in some cases to ensure that they were actually swallowed. It was clear from the report that the prevalence of residential aged care not meeting community and medical care expectations was far too routine. The mandatory care minutes that I have discussed earlier were introduced in response to the royal commission to ensure that older people in aged care homes receive the dedicated care time they need, and again I acknowledge the work of the federal Albanese Labor government to implement them.

It has been a long time, indeed about eight years, since Victoria first legislated nurse-to-patient ratios, and I recall as far back as 2018 being out talking with voters in the then seat of Gembrook, in the federal seat of Latrobe, and people coming to us and saying, ‘We have this wonderful thing for nurses, why do we not have it for aged care?’ It was a very good question. It was a good question then, and it was certainly a question that became all too obvious and relevant in light of the findings of the royal commission. It should not have taken that royal commission in order for that to be implemented. The former federal Liberal government could have, of course, implemented it had it chosen to do so, but we know that they are not invested in healthcare outcomes for older Australians, just as they are not invested in healthcare outcomes for any Australians, and that certainly rings true today. Only a Labor government will deliver on those things, and only a Labor government delivered those mandatory care minutes in the aged care settings. Indeed, it is good to see them taking those steps towards the level that we have in nurse-to-patient ratios in Victoria, noting again that they are still, by some measure, nation leading.

Since October 2023 those providers have increased their staffing profile to meet the targets, which include 44 minutes of direct care by a registered nurse. There are also further Commonwealth reforms in relation to this royal commission, such as the implementation of the Australian national aged care classification funding model, which does see those providers have greater certainty over their funding

and, more appropriately, that appropriate amount of funding to meet the needs of their residents. Here in Victoria the state government will continue to do the work it needs to do to support aged care residents, and this bill is a very important part of that.

Ingrid STITT (Western Metropolitan – Minister for Mental Health, Minister for Ageing, Minister for Multicultural Affairs) (16:11): I do thank all members for their contributions in relation to this bill. In 2022 the government made a commitment to amend the Drugs, Poisons and Controlled Substances Act 1981 so that only those with the appropriate education and training – nurses and registered health practitioners – could administer medication in residential aged care. The bill will lead to improvements in the quality and safety of care for older Victorians living in our residential aged care homes, and they are very consistent with and complementary to the reforms being undertaken by the Commonwealth government. These changes are good for older Victorians, putting their safety first, making sure they receive the right medication safely and at the right time from the right professionals. These changes are good for our nurses and personal care workers, who will have the appropriate knowledge, skills and capability to provide the incredibly important care that they do, whether that is to meet the emotional, social or physical care needs of residents. The changes will be good for our health system, with reduced risk of harm from avoidable hospital admissions due to medication maladministration, taking pressure off the system and saving hospital beds for those that need them.

I note that Ms Crozier has raised a few concerns on behalf of some providers, and she is concerned about how providers will meet the requirements contained in the bill. She has some concerns that the workforce is not there to implement the reform and that the government has not done the work to understand the implications. I just want to take a moment to address the key aspects of that. The Victorian government has consulted extensively since 2022 regarding the scope of the reform with peak bodies, including Ageing Australia; the Victorian Healthcare Association; unions, including the Australian Nursing and Midwifery Federation (ANMF) and Health Services Union; and the Commonwealth government, including the regulatory bodies that oversee aged care. There has been significant input from non-government sector providers, who have been consulted and have contributed to the development of this bill. Through this engagement with providers, I understand that some providers are already commencing changes to their model of care, with nurses now administering most medications.

The department has worked with the sector to develop an implementation approach that waits until after significant Commonwealth reforms have been implemented before commencing this new requirement on 1 July 2026, so we are providing that time for the sector to get ready. Since October 2023 legislative requirements to meet Commonwealth RN care minutes, including 44 minutes of direct care by a registered nurse and RN 24/7 requirements, have increased the nursing workforce profile within our homes. Mandatory care minutes, as a number of my colleagues have mentioned, were introduced by the Commonwealth in response to the Royal Commission into Aged Care Quality and Safety to ensure that older people in aged care receive the dedicated care time they need and deserve. Victorian providers, both public and private, are overwhelmingly meeting or exceeding their direct care minutes requirements and the requirements to have an RN on site 24/7. 84 per cent of Victorian providers reported meeting at least 95 per cent of the mandatory direct care minutes. Ninety-two per cent of facilities reported meeting 24/7 registered nurse requirements. Ms Crozier, of note to you I think, of the 8 per cent of facilities not meeting the 24/7 requirement, more than half were within 30 minutes of the requirements. So those Commonwealth reforms are being bedded down significantly. Drawing on the data from an early 2024 survey to government and non-government providers undertaken by my department, it is estimated that at that point in time medication was administered by an RN or EN 91 per cent of the time in public sector residential aged care facilities and 81 per cent of the time in non-government sector providers. Since this survey was conducted, the Commonwealth workforce initiatives have continued to see an increase in care delivered by nurses in residential aged care.

Further Commonwealth reforms to funding residential aged care and the implementation of the Australian national aged care classification funding model have seen providers have greater certainty over their funding and more appropriate funding to meet the needs of their residents. This change has allowed for adequate staffing levels to provide quality care for residents. Rural and regional facilities receive a higher daily rate for funding depending on the classification and their location, and in addition, eligible facilities under the funding model also receive a supplement for the RN 24/7 requirements. So there is additional Commonwealth funding going into aged care. The government expects as a result nurses are now administering medication even more frequently than the 2024 survey indicated. In addition, 2025 consultation with the sector indicated many providers are already making changes to the models of their care to embed the role of medication administration within the nurses' core responsibilities.

Pending passage of the legislation, the department will resurvey the sector to inform the development of the regulations and change management supports for the sector. The six-monthly surveys will then contribute to, Ms Crozier, a four-year review of the reform, alongside other available data, information and insights, and I think that is an important point. We are not going to wait for the implementation of the bill next year, in July. We are going to start the work with the sector immediately, should this bill pass the house, so that we can get on with getting our providers ready for the change. The survey will provide regular feedback on to what extent providers are complying with the reform. Any unintended consequences and any opportunities for improvement we will take on without delay. The ongoing surveys will enable regular feedback, as I have indicated, and an early review would not allow sufficient time for education for providers to understand their obligations and to work through potential workforce changes. But I think that a four-year review will provide an adequate amount of time to gather the appropriate data and insights. Similar to the Aged Care Restrictive Practices Substitute Decision-maker Act 2024, which we passed last year, this is not a legislative review but a departmental review. I want to thank my department for the way in which they have been actively engaging with the sector on these reforms.

The opposition has also raised some issues with the enforcement model, which is consistent with other elements of the Drugs, Poisons and Controlled Substances Act. The health regulator will adopt a risk-based and responsive approach to enforcement, with a priority focus on addressing significant harms from noncompliance. The government's focus is on supporting providers to comply and deliver high-quality care through medication administration. Should noncompliance be established, the health regulator has discretion to first consider education with the provider or issue an improvement, enforceable undertaking or prohibition notice. So there are a series of steps that can be taken, and prosecution may occur when noncompliance is persistent. The health regulator will take an education-first approach prior to other instruments such as an improvement notice, enforceable undertaking or prohibition notice. Should a serious risk of adverse harm occur and a provider be found to have been noncompliant with the requirement, the provider is likely to be subject to prosecution and possible criminal penalties under the proposed bill. Consultation with the sector will also continue as part of making regulations to allow for circumstances where the obligation will not apply if there is a risk of harm to a resident from delayed medication. With time to prepare, the reform will not commence, as I mentioned, until 1 July 2026, and there will be a 90-day grace period where no enforcement action will be pursued. The government in this way is enabling additional flexibility for those providers that need to make change.

I want to take a moment to thank the valued stakeholders that I mentioned earlier for their meaningful input into this reform. I also want to acknowledge the tireless advocacy of Lisa Fitzpatrick, who has recently retired as secretary of the ANMF this year, leaving an incredible legacy to Victoria's nurses, midwives and personal care workers. Medication administration is a core nursing responsibility, and it is a critical aspect of safe, person-centred care. Nurses are often the final checkpoint before a medication is given, ensuring it is correctly prescribed and dispensed. This requires medical literacy, physiological understanding and knowledge of how medications affect older people – skills that nurses develop throughout their career and their education. Importantly, medication administration is not an

isolated task. In aged care it offers nurses a valuable opportunity to assess a resident's physical and psychosocial wellbeing, monitor therapeutic responses and identify evolving care needs. These insights directly inform and enhance the quality of care provided. I do understand that members may have some questions in committee, but can I also thank members for their engagement in relation to the provisions contained in this bill. I commend the bill to the house.

Motion agreed to.

Read second time.

Committed.

Committee

Clause 1 (16:23)

Georgie CROZIER: Minister, thank you for your summing-up and providing some clarity around some of those issues that we have been discussing over recent days and also for starting I think the survey or the assessments with providers now, not when this bill actually commences next year, and also for reviewing that timing. Despite that, I still have concerns around the timing, and I will come to that. But I would like to just go to a couple of points around the workforce issue, which has been of concern to me and a number of providers. I am wondering: you have said that there is work being undertaken and that nurses will be undertaking this work, so what modelling has been undertaken, particularly for regional areas, regarding the availability of registered nurses (RNs) so that providers can comply with the legislation?

Ingrid STITT: I think I went to a couple of those points in my summing-up, but for completeness, there has already been, as I mentioned, extensive consultation with the sector undertaken by my department, and then there was a survey conducted in 2024 to get a deeper understanding of, across the sector, including private, not-for-profit and PSRACS, the public sector residential aged care services, what classifications of the workforce were providing medication administration currently. Those were the statistics that I read out earlier, which were that 91 per cent of medication administration in PSRACS was being administered by nurses – RNs, enrolled or registered nurses – and 81 per cent in the other providers, the not-for-profits and the private sector providers. Since that survey there have been a number of reforms that have been implemented through the Commonwealth reforms, including the care minutes and the requirement to have a 24/7 nurse. That is one of the reasons why my department is very keen, should the bill pass the house today, to immediately get on with the task of surveying the sector again so that we have a baseline of data and we can be confident about what targeted supports are going to be required to bed down these reforms across the sector.

Georgie CROZIER: Just with that extensive survey that was undertaken in 2024 – and you have got that data back – one of the key stakeholders has said to me that they were provided with information from the government that this bill was coming in but there was really limited input. Was that the consultation that you referred to and many of your backbench MPs have said was extensive consultation? Is that the survey area you are speaking of? Is that the only consultation that was done?

Ingrid STITT: Ms Crozier, that was only one element of the engagement that the department has undertaken with the sector. There was that 2024 survey. There were also quite a number of visits to aged care homes and various meetings, round tables and discussions with representatives of both non-government and government parts of the sector, and the department has actually just continued to engage with the sector as part of making regulations. I think I mentioned in my summing-up that there will be further consultation around the exclusions that will be detailed in regulations. So there was consultation from 2022, then further consultation with the sector in 2023 and 2024. I would not want you to get the impression that it was only the survey that was undertaken. There were other significant discussions that occurred.

Georgie CROZIER: If I could just go back to that point that you made: 91 per cent in the public sector and 81 per cent in the not-for-profit and private sector that are adhering to the nurse administration – is that correct?

Ingrid STITT: Yes, that is right, Ms Crozier. That is the data that came back from the sector.

Georgie CROZIER: So you are aiming for 100 per cent, correct?

Ingrid STITT: We are taking a sensible and staged approach to supporting the sector implementing these changes. The bill would not commence until 1 July 2026, and then there would be an additional 90-day period when there would be no enforcement penalties applied. The regulator would take a very educative-based approach to getting the sector ready. At the end of the day it is in everybody's interests for these reforms to work, because they are about the safety and care of our residents in aged care.

Georgie CROZIER: I agree. I think everybody is in agreement and understands the intent of that. What is the government's assessment of the numbers of registered nurses or enrolled nurses that will be able to undertake this legislative requirement? What is that figure? And is there a breakdown for the regional areas and the metropolitan areas that the government has identified?

Ingrid STITT: That is not a straightforward one to answer, because the government do not hold the data for not-for-profit and private providers. I can give you figures for the public sector workforce if you would just let me get my fingers on that particular information, but we have relied heavily on working with the sector to get the data through surveys and through consultation that we have been undertaking through the department since 2022. There we go; I have got it. So in our public sector residential aged care – and bearing in mind this is data from 2021–22, so I will have to take on notice whether we have got any more recent data available – we have a total of 4356.36 FTE workforce; over 850 are registered nurses and over 1590 are enrolled nurses.

Georgie CROZIER: Thank you for that clarification. Yes, those figures are probably somewhat outdated, I suspect, but it gives an indication. The reason I ask this is: given the surveys, surely that is one of the issues the government would want to identify with the not-for-profits and the private sector, exactly as you have just given to me – that FTE in the breakdown, understanding that it is not going to be static, because of workforce conditions and just the practicalities of what occurs. But surely the government with those surveys have asked the sector: can you meet the requirements of what we are proposing, and if not, what is the workforce shortage? Was that not asked of the sector in that consultation process?

Ingrid STITT: Of course workforce came up quite a bit in the development of the bill and in what I think I would describe as pretty constructive engagement between my department and the sector peaks and operators. The survey is really but one part of the picture. I think that when you combine – I do not want to be repetitive, but it is important – these reforms with other reforms that the Commonwealth are introducing that complement our reforms, with the care minutes and with the 24/7 requirement for an RN; when you also look at the Fair Work Commission decision recently to award a pay increase in the aged care sector, which has really improved the ability of services to attract and retain their workforce; when you consider that our PSRACS already have good wages and conditions, secure employment and nurse-to-resident ratios; and when you add that to some of the other workforce initiatives that the Victorian government has funded, such as the diploma of nursing being available through TAFE, making it free to study nursing and industrial arrangements that make it more attractive to work in these sectors that have historically been undervalued because they are dominated by women, plus additional workforce initiatives that we have provided in the 2025–26 budget to the tune of \$95.1 million to support our health workforce – when you combine all of those things, my department are very confident that these reforms will be able to be implemented effectively, given that we are not coming off a ground zero base already. Our services are saying that in over 80 per cent of the time nurses are already doing this work in the not-for-profit and private providers. That is one of

the reasons why we are going to give time for these reforms to be implemented effectively. But certainly workforce has been a key consideration of the government in shaping the bill.

Georgie CROZIER: Minister, some weeks ago, there was an article in the *Herald Sun* which said the government had indicated that 650 staff would be required. Is that your understanding? Where did that number come from? On 31 July it was in the *Herald Sun* article.

Ingrid STITT: Yes, I did see that article. That is not current data. We estimate that, as I have indicated, 81 per cent of not-for-profit and private sector providers are already administering administration through the nursing classifications within their workforce and 91 per cent in PS ranks.

Georgie CROZIER: I will leave that there around the workforce. I do have problems around it. I do have problems around the fact that there have been these figures reported on. I do have a concern that you are saying 81 per cent and 91 per cent. You have said that you have surveys that are going out, saying you have done extensive consultation, and therefore I am a little concerned that you do not have an overarching number like that number you could provide for the public sector with the current workforce. I do have concerns around that, because I do think that is a very significant issue for the not-for-profit and private sectors. They need to be able to plan and support their providers with this model that is going to be put in place. I think they would appreciate any updates on that. But given the surveys that are starting, that is an improvement. So that is good, because I am hoping the government will be able to get that information. I am not sure why they do not have it now.

Could I go to a point, Minister, that Ms Terpstra stated in her contribution? She said that residents receive medications from nurses 82 per cent of the time, and that is what you have just alluded to. So that is the public sector –

Ingrid STITT: No.

Georgie CROZIER: Sorry, private sector. I beg your pardon. Someone, I am not sure if it was Ms Terpstra but I think it was, spoke about the high rates of admissions from aged care services. I was just having a discussion with Mr Ettershank, because he has worked in the sector, and I was also speaking about an example that I know of where an elderly resident who had Parkinson's disease, whose medications were badly affecting both her physical and cognitive ability, had to be admitted into hospital to be stabilised and to have that sorted out. Now, that was not a nurse error. That was a doctor, physician, gerontologist prescribing error. So I am just wondering what the numbers are that you have got around the numbers of admissions from medication mismanagement or medication errors by nurses that a lot of this legislation is based on. Have you got the figures for Victoria?

Ingrid STITT: I can certainly see what I have got, Ms Crozier, in answer to that question. I know that the royal commission into aged care that the Commonwealth undertook did go into some detail around the maladministration, if you like, of medication being a significant problem. So I will see what actual data we have. But what I will say is that this is one of the reasons why it is important to have nurses oversighting the administration of medication, because even in the scenario that you have just put, having someone with that training and that ability to pick up on adverse –

Georgie CROZIER: I am not disagreeing.

Ingrid STITT: No, I know you are not. I am just making the point. This is the whole reason why we would want to make these reforms. Just let me check with the box if we have got any numbers on hospital admissions.

Ms Crozier, what I can share with you is some research that our friends at the Pharmaceutical Society of Australia undertook in 2020. They estimated that 20 per cent of unplanned hospital admissions from residential aged care are a result of inappropriate medicine use. Now, that is obviously not a kind of headcount for Victoria, but an overall figure for Australia.

Georgie CROZIER: That was national.

Ingrid STITT: Yes, that is right. And in 2021 the AMA estimated nationally \$21.2 billion could be saved in public and private health care from avoidable hospital presentations, admissions and stays from older people living in residential aged care and the community. So there has been some research into this issue. What I will also share with you is that we know that in Victoria we have much less ‘bed block’, which is a terrible term – older Victorians having to stay in hospital because there is no bed available. Our numbers are significantly lower, by a significant margin, compared to other jurisdictions because in part we do have access to public residential aged care beds across the state. We have also recently signed up to a number of strengthening Medicare initiatives with the Commonwealth, which is also about trying to avoid avoidable hospital admissions for aged care residents, and that is some of the great work of our nurses doing in-reach programs into service providers.

Georgie CROZIER: Minister, can you clarify whether this legislation is similar to other jurisdictions, or do other jurisdictions still have personal care workers administering certain medications – not the high-risk ones but more like antibiotics and the lower risk medications? Has Victoria deviated from other states in this regard?

Ingrid STITT: I can indicate, Ms Crozier, that in other jurisdictions, such as Tasmania, they have restrictions in place as to who can administer prescribed and dispensed medications in residential aged care. We have the reforms that are before the house today for Victoria. Each jurisdiction is responsible for its own drugs, poisons and administering of medication legislation, but certainly there have been recommendations made through the royal commission into aged care that this is an area that jurisdictions need to improve their safety mechanisms around, and that is one of the reasons why the government has pursued these reforms.

Georgie CROZIER: Tasmania use carers to administer those medications. Did the government look at any alternate models to assist in this, or are you just saying that the royal commission said, ‘This should be addressed. We’re going down this line. We’re not looking at other jurisdictions in terms of perhaps the readmission rates that they have or the issues that they have, like carers administering these medications in other jurisdictions’? Were any alternate models used or modelled on from other states or territories?

Ingrid STITT: What informed the bill were a few things, not one single thing. But there was a review that was conducted in 2018 that made recommendations. We also looked closely at the Commonwealth data. From July to September 2024, for example – and I think a few of my colleagues noted this in their contributions in the debate; we have got residents entering aged care older, with more complex health needs – 36 per cent of people living in Victorian residential aged care homes were prescribed nine or more medications, and that is the highest in the country. Certainly that was a factor in the government pursuing these changes. In addition, this was an election commitment that the government made in 2022, to change the legislation and strengthen the requirements around medication administration in residential aged care.

Georgie CROZIER: Just to go back to the issue around the providers, were any nurses surveyed, or was it just the providers that were surveyed? How were those surveys undertaken, and did nurses have an input into their work given they do provide other care? As I said in the second-reading debate, whether it is triaging of care and support, wound care, supporting family members, palliative care or looking at those emergency issues that arise in aged care facilities sometimes far too regularly, they are doing a range of things, not just administering medications. So did nurses have an input into this? Not through the union – I mean through the surveys that you did.

Ingrid STITT: I can indicate that staff did participate in strong numbers in the 2018–19 review that was undertaken, which did include surveying the workforce. I take issue with you saying that the Australian Nursing and Midwifery Federation consultation is separate to the nurses, because they very much speak on behalf of tens of thousands of nurses, so they have been consulted throughout this process, yes.

Georgie CROZIER: I was not meaning that. What I was meaning was, with the surveys that were undertaken, did it not go just through to the union on their behalf? What I was meaning was: did the surveys go to the providers and the providers then spoke to their staff and they had an ability to participate directly in that manner?

Ingrid STITT: I note that I was not the minister then, but obviously I have been provided with advice from my department. My advice is that providers were surveyed and that staff participated in that original review in 2018–19, including the survey. In 2022 nurses participated in round tables, so did providers. The survey went to providers and directors of nursing in particular. There was quite a bit of engagement with nurses, as you would expect.

Georgie CROZIER: I will not labour the point. Again, I will just go to the point that those surveys were conducted in 2018 and 2019. That was six, seven years ago. We have had COVID since then, we have had a whole lot of issues that have arisen because of the stresses through the system during that very difficult time. Therefore I am just a little perplexed that the department has not done a survey since that time and taken on board considerations following COVID. Is there any reason why they have not done a survey since 2018 and 2019?

Ingrid STITT: They have, Ms Crozier, in 2022 and 2024, in addition to the surveys that were conducted and the consultation in 2018–19, so there have been three separate opportunities for providers and their staff to have input. As you would expect, my department is not just relying on surveys to be returned, they are also actively engaging with key peaks and also sector providers and unions to make sure that we are getting the balance right here.

Georgie CROZIER: Thank you for that clarification. Can I just go to the funding, the \$7.6 million I think it is that the government has provided to the public sector for implementation. What is the government's intention, that that money will assist with implementation?

Ingrid STITT: That work will be conducted closely with providers, with PSRACS. It is really about making sure they have the support for change management in preparation for the reform.

Georgie CROZIER: Change management; the private providers obviously will be footing that bill themselves, or the not-for-profits. Has the government got any idea of what those change management costs would be to the not-for-profit and private providers, given they are a significant number of the workforce?

Ingrid STITT: We are going to continue to work with the non-government parts of the sector to understand what supports they need to implement these reforms. But as I took you to earlier, Ms Crozier, I think in my summing-up contribution, the Commonwealth – and it is great to have a partner in Canberra who is committed to continuing to invest in aged care, particularly given the shocking revelations in the aged care royal commission. Those rural –

Georgie CROZIER: That the coalition government initiated.

Ingrid STITT: Whoever initiated it, it was the right thing to do. The findings were shocking, and the investments that have been made to date we absolutely welcome, because it is about strengthening the whole sector and providing appropriate care to vulnerable older Victorians. As I indicated in my summing-up, regional and rural facilities will receive a higher daily rate for funding depending on their location. Through the Commonwealth funding reforms, there are additional eligible facilities under that funding model that can receive a supplement in addition to wherever it is they are located for the RN 24/7 requirement. It is not just support from the Victorian government, it is support from the Commonwealth as well.

Georgie CROZIER: I should have asked this at the outset, Minister: how many providers are there across the state – public, not-for-profit and private? Have you got those numbers?

Ingrid STITT: There are approximately 770 residential aged care facilities across Victoria, with approximately 60,000 beds. They are figures from December 2023, so we are relying on Commonwealth data for those figures. I am sorry that it is not more up to date, but we can check to see if there are more up-to-date numbers. 157 of those are public sector residential aged care.

Georgie CROZIER: Could we have also a breakdown of the number of surveys that were provided from the private, the not-for-profit and the public sector from 2018, 2019, 2022 and 2024? The department would have those figures.

Ingrid STITT: I will probably have to take that one on notice, Ms Crozier, but please be assured that in the work that the department will undertake to do a new survey to get a new baseline of data to support these reforms we will definitely be asking providers to give us that full breakdown.

Georgie CROZIER: I would appreciate that. I think it is important that we know how many responded to the survey out of those 770 in those years that you have told the committee that surveys went out so that we can have an understanding of the baseline. You would hope that the vast majority of the 770 would be responding given these reforms are coming into place, so I look forward to receiving those figures.

David ETTERS HANK: Can I say, first of all, that Legalise Cannabis welcomes this initiative. We commend the government for biting on the bullet, and we commend the Australian Nursing and Midwifery Federation for their advocacy on behalf of their members and their sheer determination to chase this issue I think over about 20 years before they have finally run it to ground, so strength to their arm and blood to their brain.

We all have a vested interest in having the best possible aged care system – I think we can all agree on that – and I take on board the minister’s comments with regard to compliance with nurse minutes under the federal legislation; running at more than 80 per cent is really encouraging. But at the same time, as with most legislation, it is not the majority but the exceptions that are often the issue, and there are clearly issues with simply getting division 1 or med-endorsed division 2 nurses in many rural and regional areas. I recognise that the state plays an important role in filling those holes in rural and regional areas, but at the end of the day, the last time I looked, public sector residential aged care makes up about 8 per cent of the total beds in Victoria, so that still leaves the other 92 per cent. Quite clearly there are not-for-profits in rural and regional areas, and also in some inner-city areas, that have great difficulty accessing staff, particularly the div 1s and the med-endorsed div 2s. Also, notwithstanding the significant workforce initiatives that the government has undertaken through free TAFE and suchlike, and those are really good and important initiatives, I am told that in some regional and rural areas it can be difficult for mature age division 2 nurses – in other words, those who precede the introduction of the current diploma course – to access that top-up training in medication administration, and they clearly need that certification.

Minister, forgive my rather long prologue there, but could I just first of all indicate that Legalise Cannabis does have some concerns with the proposed statutory review five years down the track and we do envisage a very real possibility based on discussions with providers and staff that there may be issues. So could I ask you: can we get an operational review in a shorter timeframe than the five years proposed under the bill?

Ingrid STITT: Can I also just before I answer that particular question indicate that it is close to 30 per cent PSRAC beds in regional Victoria. So there are more in regional than there are in metro in terms of beds compared to the other parts of the sector. I think that is an important point to make.

The issue around the review of the reform has been the subject of a bit of discussion across the chamber, and I thank members for engaging with me and my office about this. The government is committing to a four-year review process of the reform, which will be informed by six-monthly insight surveys that will commence shortly following the passage of the bill, alongside other available data, information and insights. That is important because we want to get moving straightaway, not wait.

The review will be completed by 1 July 2030, and the ongoing surveys will enable regular feedback on to what extent, for example, providers are complying with the reform and if there are any unintended consequences and opportunities for improvements. I certainly would give you this commitment that we are not going to wait for the end of the review period; if there are issues that arise, we will act to address them. The reason why we do not want to undertake a review that would finish any earlier than that is it will not allow sufficient time for those concurrent Commonwealth reforms to be fully implemented, as well as time for education, ensuring providers understand their obligations, and to work through any necessary workforce changes. So this is a very similar approach that we took to the Aged Care Restrictive Practices Substitute Decision-maker Act 2024, which we dealt with last year here. So I can indicate that the government will agree to reducing the length of the review from five years to four years.

David ETTERSHANK: I am really appreciative of the discussions that have occurred with you at length and also with your office. Minister, my understanding and that of some colleagues is that the government was going to offer a three-year operational review. Could I perhaps get some clarification on that, please?

Ingrid STITT: I can certainly clarify – and we are absolutely on the same page here. It is just that my timing is to commence straightaway the collection of data and so on, so that is why I am calling it four years, but the conclusion of the review would be 1 July 2030. So it is the same outcome essentially, because the bill does not commence until 1 July 2026, but as I have indicated to many of you in conversations, the department will start the work on surveying the sector again to get that baseline data and to get those understandings early so that we can support them being ready for implementation. So I am kind of treating that as part of the review. I hope that makes sense and does not confuse things further, but we certainly have been open to the suggestions that have been made.

David ETTERSHANK: I think there might be some confusion as to that, so that is of some concern, but I am happy to discuss that further later. Can you advise the chamber who will be conducting that review, please?

Ingrid STITT: My department.

David ETTERSHANK: Obviously with all such reviews where they are not actually being undertaken through a public process, Minister, in terms of participation and transparency, could you advise us as to whether this review will provide public access to residents, providers, family members and the general public as part of that process and in an open and transparent manner?

Ingrid STITT: The review will be informed by consultation with residential aged care, with the sector broadly, including public and private providers, with unions and with sector peak bodies. I think I have already indicated that we would include six-monthly insight surveys that will commence shortly following the passage of the bill that will provide that key feedback mechanism directly to the department on implementation issues around the reform. I am committed to being transparent and working constructively with people, and I am committed to releasing the key findings of the review. At the end of the day, this is really about providing higher standards of care for residential aged care providers, so I am happy to give those commitments.

David ETTERSHANK: Sorry, forgive my lack of perspicacity in interpreting your comments, but will that process be advertised publicly as part of the engagement process with the public?

Ingrid STITT: It is not a public review. We want to get to the nub of making sure our services are ready and supported to enable them to implement these changes, so it is very much directed at the sector, but I take on the point that you are making around whether other people – outside providers and the workforce and so on, and the peak bodies and unions – can have input into the department process. I cannot see why not. I am not committing to some full-blown public review with all the bells and whistles, but I am not ruling out that there are opportunities for anyone with a keen interest in these reforms to have input through my department's processes.

David ETTERSHANK: I draw some comfort from that that there will indeed be public transparency. There will be public advertising and a calling for submissions to the review process. Am I correct there?

Ingrid STITT: It is not a public review, Mr Ettershank. It is a review that will be conducted by my department, but I am certainly open to everybody who has got an interest in having input into that review being able to do so unhindered.

David ETTERSHANK: I do not know that I actually get the unhindered bit, I am sorry. Could I just ask again: will this be publicly advertised to invite people to make submissions?

Ingrid STITT: It is a department-led review, so it is not the practice normally to do that, but I am not going to stop people who have a keen interest in these reforms having the opportunity to have input, whether they are directly connected to the sector or not.

David ETTERSHANK: I am sorry, I am having trouble, because there is obviously a bit of disconnect happening in terms of the discussions we have had with your office.

Ingrid STITT: I am happy to answer. I am advised, and I am sorry if this has been confusing, that regular reviews that are conducted by the department include an Engage Victoria process so that people can publicly submit their views. I am very sorry that there has been a misunderstanding. I do not have a problem with that in this instance.

David ETTERSHANK: We should work on dental soon – talk about pulling teeth. I really appreciate that; that is terrific. Could I just confirm your earlier statement, which is that the report of the department arising from this process, the Engage Victoria process and suchlike, will actually be released publicly so people can understand what has happened and the government has got a true level of transparency over this process?

Ingrid STITT: As I indicated, Mr Ettershank, I am committed to releasing the key findings of the review and being transparent. I will put a caveat on that in that there will be some information contained within the review that the department undertakes that could be sensitive or confidential information from individual providers or individuals. I am not going to give a kind of blanket commitment around sensitive, confidential information, but I am committed to releasing the key findings of the review.

David ETTERSHANK: Again, forgive my slowness here, but when you say ‘key findings’, for many people in the public realm – and you understand this as well as or better than I do – often the outworkings of government are a bit of a mystery, or there is a desire to understand how people came to that conclusion. I know we are looking at some time into the future, and we probably need to clarify how far into the future, but can I clarify with you what people could legitimately expect, by way of access to understanding what the department was thinking and why it came to those conclusions and how those key findings were arrived at? Would it be reasonable to assume that people could expect that there would be a narrative that provides that background information and provides the rationale as well as the findings?

Ingrid STITT: The issue I am feeling kind of sensitive around is I want to ensure that aged care providers are confident that any sensitive information that they provide to my department as part of this review is kept confidential and treated appropriately. That is where my reticence is in answering your question. But I think you have dealt with me enough now to know that this is not about trying to avoid transparency. It is in everybody’s interests for these reforms to work, and I am absolutely committed to making sure that the review is meaningful and that issues that emerge out of the review or may emerge out of the review are addressed and taken on by the government. I hope that gives you some confidence about my intentions around all this.

David ETTERS SHANK: Just to clarify: excluding that sensitive or confidential information, as per my last question, there would be that narrative, that background, that rationale, as well as the key findings?

Ingrid STITT: There is not much use having findings without any context or any narrative, so I am fine with that. I just want to make sure that the sensitive nature of some of the information that might be gathered during the review period, bearing in mind there are going to be six-monthly surveys of the sector, is treated appropriately.

Georgie CROZIER: Just following on from that last point, what is the sensitive information that you are concerned about, Minister, given this is just around staffing and an ability to undertake what the legislation is asking to do? I do not know why you are so exercised about sensitive information in a review that might be undertaken to look at this in the interests of safety and for the absolute purposes of what this bill is trying to achieve. Can you elaborate a bit?

Ingrid STITT: Well, for example, any kind of sensitive information about residents' health issues, medical records and the like. I am also mindful that providers who are not government providers or not public sector providers would be participating in this exercise on a voluntary basis, so I want to give them confidence that any data would be treated sensitively. It is no more than that, really.

Georgie CROZIER: I am a little bit curious about that. I mean, we do have independent agencies that undertake reviews of very sensitive material, and I think they do it in a way that provides that transparency to the public, so I just find that a bit extraordinary. I want to ask: has the government modelled the risk of any aged care providers needing to close beds or reduce their capacity due to the inability to meet those staffing requirements? Given that we know that in some areas of Victoria there are numbers of carers that conduct a lot of this work, what is the risk therefore to areas, particularly in regional Victoria? As I said in my second-reading speech, you have got agencies where you can get staff in the metropolitan area very quickly, but you cannot in regional Victoria. So has the government identified areas in regional Victoria or done any modelling of where providers may need to close beds or reduce their admission capacity as a result of the staffing component that the legislation is looking to address?

Ingrid STITT: The department has, as I have kind of repeatedly gone to today, worked with the sector to develop the implementation approach to the reforms. That includes waiting for significant Commonwealth reforms to be implemented before commencing this new requirement on 1 July 2026. Some of the data indicates – for example, the StewartBrown data indicates that from 2025–26 the sector is expected to see fiscal improvements due to Commonwealth reforms that are aimed at improving the sustainability of residential aged care. That includes that additional funding that I went to earlier.

Georgie CROZIER: What is the StewartBrown data?

Ingrid STITT: The StewartBrown aged care financial performance survey report from 2024 in September.

Georgie CROZIER: Is that public?

Ingrid STITT: Yes, that is publicly available, that report. In addition, I have already mentioned the 90-day grace period where no enforcement action will be taken. That will give providers a lot more time, if you like, to get ready for the changes.

Sarah MANSFIELD: I have a couple of questions following up from Mr Ettershank's questions around the timing of the operational review. But at the outset I just wanted to thank you and your staff for your early engagement on this bill. It is very helpful. The dates you provided – if that review is to conclude in 2030, that is five years from now. We are in 2025 now, so if that concludes in 2030, that is five years from now but would be four years from the commencement of the bill. A three-year review period would be concluding in 2029. I want to clarify what the dates actually are.

Ingrid STITT: The government was originally suggesting that a five-year review be undertaken through the department. I have, in conversations with a number of members of the chamber today, agreed to reduce that to a four-year period, so the review would be completed and handed to me by 1 July 2030. That gives us – and this is important – enough time to start the work straight after the bill passes, should it pass, and then have that work completed in terms of getting the baseline data before the bill commences on 1 July 2026 and then do that work every six months, and obviously other work in between every six-month survey, to be able to deliver an informed piece of work to me by 1 July 2030, which reduces that time.

Sarah MANSFIELD: Thank you, Minister, for that clarification. There was probably an opportunity to reduce that timeframe, but I understand that you have got to sync with federal changes and other things. Given that that seems to be the earliest date you could conclude that review and have the report handed to you, what steps will you take along the way to address problems as they are identified and as they arise, and how will that be then publicly explained or relayed back to, at the very least, the sector?

Ingrid STITT: As I have indicated to a number of members in the chamber through conversations today and previous to today, we are very committed to if there is an issue that arises during the course of the review, that is a demonstration of the need for the government to act to support the sector in any way. If it is something that is impeding the good operation of these changes, then we will take action. My department wants to take a very proactive approach to supporting the sector with these changes so that they are able to be confident that the changes will not result in any adverse outcomes or any unintended consequences.

Sarah MANSFIELD: I am sure this has been touched on in different ways, but again, for some clarification, one of the biggest concerns that has been raised about this, and I know it is one you are familiar with, is that for some facilities just getting access to workforce is really difficult. It does not matter how much you pay them, they are just not locally available, and it is hard to attract people, especially to rural areas. What sort of practical support will be provided by your government to assist those facilities with fulfilling their requirements under the act if they have demonstrated they have done everything in their power to get an appropriately qualified nurse and are unable to meet those requirements?

Ingrid STITT: There are a number of ways that the department will support the sector. Some of that is within the review; some of that is just business as usual, supporting the sector to implement these changes. I think I have gone a number of times in committee today to the timelines and the time to prepare for the change. Communication is going to be critical in terms of providing webinars and other support material to ensure that there is clarity on the requirements. There will be further consultation around the regulations that will confirm the exemptions. The model of care exchange is something the department proposes. They want to host in-person forums to bring together government and non-government providers to share best practice in medication management and administration. This opportunity may assist in improving efficiencies and the quality and safety of medication management and assist providers in understanding and meeting the requirements of the reform. We have talked a lot about insights and surveys, so I will not repeat all of that educative enforcement approach.

Then in terms of workforce supports that our government is providing across the health system, particularly focused on building a strong pipeline of nurses, there are a number of initiatives, including the free TAFE diploma of nursing, which is available under our free TAFE initiative, and the making it free to study nursing initiative, which has increased our nursing workforce. I have talked about the additional enterprise agreement outcomes and the Fair Work decisions that cover both the private and the not-for-profit sectors but also in respect to the nurses agreement that applies to aged care facilities in the public space. Our 2025–26 budget provides \$95.1 million over four years to support Victoria's health workforce through initiatives, including registered undergraduate students of nursing transitional support programs and capacity development for rural nurses.

I think it is also worth noting that we are seeing increasing numbers of nurses graduating in Victoria, and that demonstrates that these investments are making a difference. Initial advice from health services indicates strong demand for graduate positions, including across our regional and rural placements. I know that there is more work to do in terms of the private and not-for-profit providers in aged care, but our efforts, combined with the Commonwealth reforms, I think are already making quite a big difference, as demonstrated by the fact that over 81 per cent of services already have a nurse administering medication.

Clause agreed to; clauses 2 to 10 agreed to.

New clause (17:29)

Georgie CROZIER: I move:

1. Insert the following New Clause to follow Clause 10 –

‘10A New section 36G inserted

After section 36F of the Principal Act **insert –**

“36G Review of operation of this Division as amended by the Drugs, Poisons and Controlled Substances Amendment (Medication Administration in Residential Aged Care) Act 2025

- (1) The Minister must cause a review to be conducted of the operation of this Division as amended by the **Drugs, Poisons and Controlled Substances Amendment (Medication Administration in Residential Aged Care) Act 2025**.
- (2) The review must be commenced after the second anniversary of the day on which the **Drugs, Poisons and Controlled Substances Amendment (Medication Administration in Residential Aged Care) Act 2025** comes into operation.
- (3) The person who undertakes the review must give the Minister a written report of the review.
- (4) The Minister must cause a copy of a report of the review to be tabled before each House of the Parliament no later than the third anniversary of the day on which the **Drugs, Poisons and Controlled Substances Amendment (Medication Administration in Residential Aged Care) Act 2025** comes into operation.”.

The reason for doing this is to have a review that is not the timeline that the government has outlined through the second-reading speech, the summing-up and the committee stage. I still do have concerns around a number of things. The data not being provided, including the 82 per cent of nurses who are said to be administering medications – we do not have that data. Where does it come from? We still do not have the information around the surveys from the 770 providers and how many of those were undertaken in recent years and previously. I do think we need to have a proper review into this very significant issue, given the work of the royal commission, given the work of the federal government, and then ensure that this legislation that we are debating today is actually doing what it is intended to do. That is why I am saying that there should be a review in two years from next year – from the commencement of this bill, 1 July 2026 – which would effectively be three years of work if the department started that work in terms of gathering that data now. I think that is enough time for the department to get that data and provide it into a review process that then determines whether actually this legislation is achieving what it should be.

There are concerns from the sector, from stakeholders and from a number of providers around the issue of workforce and how they will meet the government’s requirements. There are still too many doubts from those stakeholders that I have spoken to around really the expectations, and they want to get it right too. That is why I say the initial review of five years, which would have taken it out to 2031, was way too far away and gave no certainty or clarity to the sector. There have been a number of discussions with the crossbench, and Mr Ettershank has done a great job in getting the government to somewhat move. However, I do think that we need to get this right, and I do think that it needs to be

an independent review. The department, providers and stakeholders can provide the data to see that this bill is actually doing what it is intended to do.

Ingrid STITT: The government will not be supporting Ms Crozier's amendment. To clarify the government's position on this, the government is committing to a four-year review process of the reform, which will be informed by six-monthly insight surveys and will commence shortly following passage of the bill, before the end of 2025, alongside other available data, information and insights. This review will be completed by 1 July 2030. The ongoing survey will enable regular feedback on the extent to which providers are complying with the reform, any unintended consequences and opportunities for improvements. An earlier review will not allow sufficient time for concurrent Commonwealth reforms to be fully implemented as well as time for educating, ensuring providers understand their obligations, and to work through any necessary workforce changes. Similar to the Aged Care Restrictive Practices Substitute Decision-maker Act 2024, this is not proposed to be a legislated review but a departmental review that will be provided to me as the minister.

David LIMBRICK: The Libertarian Party will not be supporting this amendment either. I am concerned about having this review before, as the minister indicated, the federal reforms are actually implemented. I think it should be done as soon as possible, but I do not really see the point in doing it before the federal reforms are implemented. Therefore I will not support this.

Council divided on new clause:

Ayes (15): Melina Bath, Gaelle Broad, Georgie Crozier, David Davis, Moira Deeming, Renee Heath, Ann-Marie Hermans, Wendy Lovell, Trung Luu, Bev McArthur, Joe McCracken, Nick McGowan, Evan Mulholland, Rikkie-Lee Tyrrell, Richard Welch

Noes (23): Ryan Batchelor, John Berger, Lizzie Blandthorn, Katherine Copsey, Enver Erdogan, Jacinta Ermacora, David Ettershank, Michael Galea, Anasina Gray-Barberio, Shaun Leane, David Limbrick, Sarah Mansfield, Tom McIntosh, Rachel Payne, Aiv Puglielli, Georgie Purcell, Harriet Shing, Ingrid Stitt, Jaclyn Symes, Lee Tarlamis, Sonja Terpstra, Gayle Tierney, Sheena Watt

New clause negatived.

Clauses 11 and 12 agreed to.

Reported to house without amendment.

Ingrid STITT (Western Metropolitan – Minister for Mental Health, Minister for Ageing, Minister for Multicultural Affairs) (17:41): I move:

That the report be now adopted.

Motion agreed to.

Report adopted.

Third reading

Ingrid STITT (Western Metropolitan – Minister for Mental Health, Minister for Ageing, Minister for Multicultural Affairs) (17:41): I move:

That the bill be now read a third time.

Motion agreed to.

Read third time.

The DEPUTY PRESIDENT: Pursuant to standing order 14.28, the bill will be returned to the Assembly with a message informing them that the Council have agreed to the bill without amendment.

Domestic Building Contracts Amendment Bill 2025*Second reading***Debate resumed on motion of Lizzie Blandthorn:**

That the bill be now read a second time.

Renee HEATH (Eastern Victoria) (17:42): I rise today to speak on the Domestic Building Contracts Amendment Bill 2025. In principle, this is a bill that the opposition will support. It seeks to modernise domestic building contracts to strengthen protections for Victorian families who embark on the great Australian dream of building their own home. It builds on earlier legislation passed this year, the Building Legislation Amendment (Buyer Protections) Act 2025. It amends the Domestic Building Contracts Act 1995, the Building Act 1993 and related legislation. Its provisions include requiring domestic building contracts to be in plain English and include essential details such as the scope of work and agreed price. It extends implemented warranties; tightens rules on deposits and progress payments; restricts cost escalation clauses, banned for contracts under \$1 million and capped at 5 per cent above \$1 million; allows owners to withdraw or terminate contracts if prices increase by 15 per cent or if work is delayed by 50 per cent over the agreed timeframe; transfers powers from Consumer Affairs Victoria to the new Building and Plumbing Commission, which replaces the Victorian Building Authority; and expands inspector and enforcement powers and compliance obligations. These are objectives that, in isolation, are worthy considerations, and that is why we will support it.

However, this bill cannot be debated in isolation. It is in fact a reactive response to a crisis that this government knew was coming and was instrumental in creating. Yet now the government is avoiding looking at its own reflection in a mirror. To debate this properly we have to take a few steps back. The immediate backdrop of this bill is the collapse of Porter Davis Homes in 2023. Its failure set into motion the destruction of the dreams of hundreds of families and interrelated businesses and trades. Over 2600 building contracts were left in limbo. Subcontractors were owed \$71 million, with more than 1000 unsecured creditors, including tradies. Employees were owed over \$18 million in unpaid wages and entitlements, and lost home deposits averaged between \$30,000 and \$50,000. One client, Richard Williams, lost \$38,000 – equivalent to, in his words, the eight rounds of IVF he and his wife were likely to need to have their second child.

The question we must ask is not just how this happened but why this happened. This government would have you believe that it was just a corporate failure. Inevitably it was, but it was also the predictable result of systematic pressures, which included unsustainable fixed price contracts, soaring costs, including higher taxes and compliance, and policy decisions that destabilised the sector. In the lead-up to the Porter Davis collapse over 530 construction businesses in Victoria had already gone under. Other major collapses include Probuild, Clough Group and PBS Building. Every one of them cited rising costs, fixed price contracts and project delays. It was a multifaceted, systemic industry-wide failure. It begins with the government's unrelenting push for home ownership from grants, schemes and targets, such as the shared equity scheme, that created a demand bubble. We saw this during the 2008 global financial crisis, but demand-side economics without supply-side balance inflates prices. The IMF warned of the risk, and the government continues to ignore this, even as it drives home prices higher, with 43 per cent of the cost of new home and land packages coming from taxes, regulations and charges. That is extraordinary – 43 per cent from taxes, regulations and charges.

Another catalyst was the government's insistence on the longest and harshest lockdowns in the world – 262 days that were, as we know, based on political calculations rather than clear health advice and amounted to a gross breach of human rights. The impacts on construction were absolutely devastating, with large sites cut to 25 per cent capacity and small sites capped at five workers. Small-scale projects saw up to a 66 per cent reduction and construction payroll jobs would drop 7 per cent in Victoria, worse than the national average. Builders locked into fixed-price contracts could not absorb the delays and cost blowouts. Supply chains were severely restricted and material costs skyrocketed. Labour

vanished. Small to medium builders lacked the cash revenue to survive the stop-start chaos. So while Daniel Andrews fronted daily press conferences, the vast majority of businesses –

Ryan Batchelor interjected.

Renee HEATH: Leave him alone? Isn't he in China? While Daniel Andrews fronted daily press conferences, the vast majority of businesses were brought to a grinding halt, often with little notice, and even less logically, leaving people baffled, mentally broken and financially decimated.

Jacinta Ermacora interjected.

Renee HEATH: Gosh, there is some excitement from the other side, isn't there? I shall soldier on. Then the government's Big Build infrastructure projects, its colossally priced vanity projects, acted like a giant vacuum sucking up what was left of trades, materials and labour away from the residential sector. As one industry put it, the Big Build was:

... sucking up resources from our industry and making things even more difficult.

This again drove up costs, worsened shortages and left home builders unable to compete on labour and material. The lockdowns exposed our fragile reliance on international supply chains, again driving costs through the roof. But did the government respond by strengthening local manufacturers? No, absolutely not. Instead this year we also saw the collapse of Oceania Glass, Australia's largest architectural glass manufacturer. Since 2022, 415 Victorian manufacturers have gone under – this is a fact. In 2024 Victoria recorded another 223 manufacturing insolvencies, nearly a third of the national total. South East Melbourne Manufacturers Alliance CEO Honi Walker has repeatedly warned that the government continues to ignore the local manufacturing sector, the very foundation of the building industry. This will only ensure a loss of more jobs while adding to the cost of everything.

The most damning are the documents obtained under freedom of information showing that in July 2022, a full eight months before Porter Davis went into liquidation, the then Minister for Housing, Danny Pearson, was briefed on the risk of potential insolvencies and was provided with options to de-risk. That is significant. He was provided with a brief of the insolvencies, he was provided with options to de-risk and he did absolutely nothing. It proves the government had advanced warning and clear options to mitigate the collapse, yet it chose not to act, even when Porter Davis requested a \$25 million loan. To put that into perspective, \$25 million is less than the interest we pay in this state in one day under this government. It has racked up so much debt that that is less than what we pay in interest alone, yet even when Porter Davis requested a \$25 million loan, repayable with interest, the government refused, deeming it not worth saving. The results: collapse, insolvency and a cascading impact across the sector, including the eventual \$15 million taxpayer bailout, a cost far exceeding the loan requested. Meanwhile organisations like Netball Australia received a \$15 million lifeline, and Metricon, another major builder that was under financial strain, received indirect support through accelerated state contracts. But Metricon was not just any builder; it was one of the largest contractors for Victoria's social housing, and it would later pick up hundreds of homes left unfinished from the Porter Davis collapse.

This is not an even playing field, because while private builders collapse, this government continues to pour billions of dollars into its own Big Build infrastructure projects that are drowning in cost blowouts and overspending. It shields its own failures while abandoning the businesses and families that drive our economy. It picks winners and losers not based on economic merit or public interest but on political convenience. Meanwhile the Victorian Managed Insurance Authority, which should have been the final safety net, was itself in dire straits, posting a \$250 million operating loss even before the Porter Davis collapse began to mount. It followed with a \$98.6 million loss in 2023–24, and it has repeatedly come under fire for underquoting contracts, withholding internal reviews and diverting claims to VCAT in ways that limit the Ombudsman's oversight.

Then there is the VBA, or the Victorian Building Authority. It has faced years of criticism for systemic failures. It routinely failed to investigate complaints, with only 0.3 per cent of practitioners disciplined between 2013 and 2015, even allowing unqualified or insolvent builders to maintain registration, sometimes under new names, after bankruptcy. Inspections were at times conducted remotely by FaceTime, or builders supplied photos. Repeated Auditor-General warnings since 2000 describe the consumer protection framework as ‘utterly inadequate and entirely ineffective’. Even by 2023 enforcement and complaint tracking still relied on spreadsheets. This is a striking example of regulatory dysfunction in an industry critical to Victoria’s economy, and this bill both consolidates and then hands over even more power.

It is against this backdrop of failures that we must assess the bill before us. While we support strong consumer protections, this bill must also address the source of the illness, and the critical gaps that remain will likely exacerbate the very problems the bill claims to be fixing. Taken together with Victoria’s fragile and shrinking economy, this failure could be catastrophic. Families today are facing unprecedented cost-of-living pressures, and unemployment is rising fast. The building and construction industry is not just under pressure, it is in freefall. In the year to June 2023, 619 Victorian construction and building firms went into insolvency. That is a 73.9 per cent increase, reaching levels described as ‘overall historically high’.

One of the most contentious aspects of the bill is the treatment of cost escalation clauses. For instance, under clause 11, builders can adjust contract prices in response to rising material or labour costs, but this is banned in contracts under \$1 million, a threshold that excludes the vast majority of domestic builds. While Master Builders Victoria welcomes the government’s decision to allow cost escalation clauses in contracts over \$1 million, it has warned that this will ‘incarcerate the majority of builders’. The MBV stresses that this reform does not go far enough. It says:

... we will continue to lobby on behalf of our members for cost escalation clauses for contracts under \$1 million, which represent the vast majority of contracts annually ...

This limitation means that most builders will remain trapped in fixed-price contracts and unable to respond to increasing market instability, the very reason that precipitated hundreds of these builder collapses. In the current environment of soaring costs and supply chain disruptions, this is not just impractical but financially hazardous. Master Builders Victoria goes on to warn that banning cost escalation clauses for contracts under \$1 million will force builders to inflate prices up-front – that is quite scary, and I think it is something that we should be considering – while small and medium builders already on the brink will face higher compliance costs with little flexibility to absorb shocks. This adds another layer to the many concerns about out-of-control building costs dealt with earlier, including concerns stemming from the buyer protections act and the legislation for the developer bond scheme, compounding compliance burdens and pushing up housing costs.

The bill also introduces new obligations using vague and undefined language. Terms such as ‘modern methods of construction’, ‘due care’ and ‘exceptional circumstances’ are left open to interpretation. This lack of clarity invites legal disputes, delays and increased costs. Another major concern is the deferral of another key detail to future regulators. For example, the percentages for progress payments that are critical to managing building cashflow are not specified in the bill itself but will be set further on down the track through regulation. Parliament is being asked to pass a law without knowing the details and trusting that the government will work it out later and do the right thing. It is backward, as it creates an atmosphere of uncertainty in that builders are being asked to prepare for reforms without knowing the full scope of their obligations.

Clause 19 allows an owner to terminate a contract if the price increases by more than 15 per cent or the completion is delayed by more than 1½ times its agreed timeframe. But it raises the question: what happens to those houses if they are half finished? Who has the right to possession of those, or will the shell left on a block of land be subject to a lengthy legal dispute?

A core problem also remains that this bill hands more power over to regulators which have already failed Victorians, even after the collapse of Porter Davis Homes. The Auditor-General's report in May this year found the VBA – now the Building and Plumbing Commission, BPC – is still not ensuring that all building permits carry the legally required domestic building insurance. As my colleague Richard Riordan noted, many families affected by the collapse of Porter Davis are still waiting, and some have been living in rentals for years as they battle insurers and regulators. We saw in January 2024 the collapse of Montego Homes, who once again failed to take out mandatory insurances before accepting deposits. This one affected 60 families, and they were not eligible for government financial assistance – 60 families that really have faced a lot of financial loss and potential ongoing devastation.

I will close on this note. The opposition will support this bill because home owners deserve protection, but let the record show the correct context and the proper diagnosis: this is an issue that the government was aware was coming and did nothing to stop. Without significant reform to the balance of rights of builders and consumers and correcting the structural reasoning for higher building costs, the pattern of collapse will continue, leaving more families and businesses to bear the cost, while home ownership will remain a distinct, far-off dream for many young people. For this, there must be accountability.

Ryan BATCHELOR (Southern Metropolitan) (18:02): I am very pleased today to rise in support of the Domestic Building Contracts Amendment Bill 2025. We know that Victoria is building more homes than anywhere else in Australia. We are approving more homes to be built than anywhere else in Australia. And when you have got a building sector producing more homes than any other jurisdiction in the country, you have got to make sure the consumers are protected too. We have got to make sure that the homes that are being built are of high quality and that the industry conducts itself in a manner that is fair to consumers, because we know that for many – probably for most people – building a home and buying a home are the most significant purchases that they will make in the course of their lifetimes. That is why this government stands with those who want to build their own home and those who want to buy a new home.

We have already legislated to increase protections for buyers of new apartments and houses through the Building Legislation Amendment (Buyer Protections) Act 2025, which ensured developers are building quality apartments and homes that Victorians expect and deserve, fostering the confidence in both buyers and developers to continue buying and developing. That is what we have done previously. This bill goes further, protecting more Victorians who are building their own family home, because for many, investing in their own home is the biggest investment they are going to make in their lifetime, and it is only right that they can be assured that their rights and the quality of their homes are protected.

The legislation that we see before us today comes about following a process that was initiated after the collapse of Porter Davis Homes in 2023, a sad and distressing event for many Victorians, which left them with unfinished homes and necessitated government intervention to protect consumers from significant financial losses. As part of that process, this government made a commitment to review the Domestic Building Contracts Act 1995, which we are amending today. The amendment bill we see before us is a result of that review, because no-one, neither consumers nor builders, wants a repeat of the Porter Davis Homes collapse in 2023. The bill before us today strengthens consumer protections and breeds confidence in the industry to advance the state towards meeting its necessary and ambitious housing targets, because that is what Labor wants to do, and that is what Labor governments do – protect consumers and back the industry. The government knows that certainty in the building industry, as the industry itself has told us, is critical to giving confidence to both consumers and developers, which will ultimately lead to more homes being purchased and more homes being built. And I think this government's track record on supporting the building sector, on supporting the supply of more homes and on supporting consumers to build their homes with confidence stands in stark contrast to the policy prevarications and frustrations that those opposite have led.

The bill today, the latest bill from the government, makes a number of key amendments to the Domestic Building Contracts Act. It makes clear that the rules around domestic building contracts are

clearer and better protect Victorians. It updates rules around how and when builders get paid. Some of these rules have not changed since the passage of the Domestic Building Contracts Act in 1995, a mere 30 years ago. We can all reflect I think on how much has changed in the last 30 years and why it would be necessary for the government, 30 years on, to make some changes to the rules, some of which have been around since 1995. The legislation today will facilitate a more modern payment framework, enabling regulations to prescribe deposit limits, progress payment stages and progress payment limits specific to different types of contracts, central to the principle that you should only be paying for work that has or is being done on your property – because what we saw in the collapse of Porter Davis Homes was that many Victorians were facing losses of money that they had put towards work that had not yet been completed. This bill has amendments to prevent consumers being charged for work that has not been completed, and the bill provides provisions that a builder will not be permitted to demand or receive any amount or instalment of the contract price that is not directly related to the progress of work actually being completed as stipulated in the contract. So if 50 per cent of the work has been done, a builder can only demand payment for up to 50 per cent of the total work under the contract, and for domestic building contracts that are not specified – for example, renovations or extensions – the bill will enable owners and builders to use custom payment stages and amounts.

Recent years have demonstrated the volatility of prices for building materials across the state, and this price instability provides an environment of uncertainty for builders and consumers alike. One of the aspects advocated for by the building industry is the ability to use cost-escalation clauses to enable the price of a build to be increased to reflect unexpected increases in the cost of raw materials, many of which are obviously outside the control of both the builder and the consumer and, as we have seen in recent years, subject to vagaries of the international markets. The bill therefore permits these clauses in major domestic building contracts valued at \$1 million or higher for an increase of no larger than 5 per cent, giving the industry flexibility to adjust to fluctuations in cost and to avoid circumstances where increases in costs can put financial pressures on a developer, something that has in the past led to some reasonably serious consequences. These clauses are only permissible in contracts of \$1 million or more, protecting the small-scale owner from what may be unviable increases in costs.

There are consumer protections in place with this bill to prevent developers from abusing the clause. One such protection, in addition to the 5 per cent ceiling on price increases, is an overarching 5 per cent cap on the increase of a price in the original contract through the use of these clauses. The bill also allows owners of buildings to end contracts under the act if the agreed completion time for the work extends past more than 50 per cent of the contract period and the contract price increases by more than 15 per cent. The amendment here specifies that consumers will no longer be required to determine whether the builder could have reasonably foreseen the cost increase; it is about flexibility and clarity while protecting consumers, and that is the heart of what we are trying to do here.

The bill will also provide for reforms around preliminary works and agreements, enabling consumers and builders to more easily enter contracts on preliminary works, by amending the definition of ‘domestic building work’. This is to allow builders to obtain up-front payment for this preliminary work. It contains tasks which can require substantial work to be undertaken to accurately price a contract and prepare it. We know that a more accurate price means less scope for unexpected price increases, so facilitating the payment for preliminary works will lead to more clarity and more certainty in the final contract. It also will reduce the regulatory burden on builders.

The bill, as with others that we have passed previously, supports the establishment and new operations of the Building and Plumbing Commission. The Building and Plumbing Commission is a new, more powerful watchdog for the building and plumbing industries in Victoria. It inherits powers transferred from Consumer Affairs Victoria to the Victorian Building Authority, which is now the Building and Plumbing Commission. It brings together under one umbrella all aspects of building quality and control, including regulation, insurance and dispute resolution. The bill transfers compliance, monitoring and enforcement functions and the powers currently contained in the Domestic Building Contracts Act 1995 to the Building and Plumbing Commission. The bill also transfers administrative

capabilities such as the administration of the Domestic Builders Fund. Functions will be conferred on the new commission to provide information and advice to builders and owners on their rights and obligations under the act, which we are amending today; it all means that the Building and Plumbing Commission becomes a one-stop shop for builders and owners to get the information that they need to ensure compliance.

The bill is part of a comprehensive suite of reforms developed through the review and extensive consultation with both the public and the industry that the Labor government is introducing. The measures will make rules and obligations around building clearer and fairer, meaning consumers are protected and the industry has the confidence to build. It lifts building standards and provides consumers with the belief that their product will be of a high quality, and the bill, as is the theme through our reform in this government, puts Victorians first and foremost. We are delivering modern reforms for a modern society, protecting Victorians who want to own and build their own home. As we go, I commend the bill to the house.

Moira DEEMING (Western Metropolitan) (18:11): Victoria's building and construction industry is one of the largest parts of our economy. It touches almost every family, from first home buyers trying to build a house to tradies earning their livelihood to subcontractors keeping projects moving. It is also one of the most heavily regulated sectors in the state, with layers of rules and regulators and insurance schemes that are supposed to give families confidence that in Victoria, if they sign a contract, their home is going to be safe and their investment secure. Yet despite all of the laws and all of the regulators, Victoria has been hit again and again and again by building disasters that have left families absolutely devastated, subcontractors unpaid and communities broken.

This is the reality that we are dealing with again today, and that is the context for this bill, but the root cause has been clear all along. Our building system was designed with a fatal conflict of interest in it, where the very surveyors meant to hold builders to account depend on them for the next job. That conflict has been raised over and over for more than 30 years, one of many, and yet Labor has been in power for 21 of the last 25 years and they have never fixed it, and today we are witnessing that same failure on repeat yet again. Take the Lacrosse fire of 2014: a single cigarette on a balcony set off a blaze that tore up 13 storeys in less than 15 minutes. It cost millions in damages and left families living in fear and uncertainty for years. Why did it happen? Because surveyors who rely on builders for future work signed off on noncompliant cladding, because approvals were fast, oversight was weak and accountability was absent. Not one regulator lost their job, not one surveyor went to jail and not one official was held responsible. The families who were the victims carried all the loss. Then came the Porter Davis collapse – more than 2600 family contracts stranded, over \$71 million owed to subcontractors and another \$18 million in unpaid wages. Porter Davis and the families begged for a \$25 million loan just to keep their homes alive, and as my colleague Dr Heath pointed out, that is not even the same amount of interest we pay every day. The government said no, it was too risky, but then only months later they somehow found \$15 million to bail out other builders. Why the difference? Again, no regulator resigned, no minister was sacked, no executive went to court – the people who had already lost everything were the only ones punished.

Then there is the insurance system – the last safeguard meant to protect families when everything else has failed. The most famous example is Montego Homes, which traded without holding the mandatory licence it was legally required to carry. Families signed contracts in good faith only to discover that the safety net they thought they had simply did not exist, and again no regulator was fined, no official was disciplined and nobody faced criminal consequences; the victims, the families, alone bore the burden. The Victorian Managed Insurance Authority has lost hundreds of million dollars underwriting such defective builders, and instead of using those losses to drive reform it has shifted the costs back onto families through levies and higher premiums. Meanwhile, the Victorian Building Authority allows builders and surveyors to keep operating even when their insurance has lapsed or been restricted. Families relied on this government to ensure that they could trust the institutions that it set up, but they were betrayed. They found out too late that they were unprotected, that the government

had not done its job, and they lost everything. This bill fixes precious little and perpetuates the core problems that resulted in these disasters in the first place.

Labor wants to restrict or ban cost escalation clauses. On the surface that might sound like it helps families, but here is the truth: builders themselves face real and legitimate risks. The costs of materials, the supply chain delays, the workforce shortages – these are pressures that are outside their control. They are symptoms of the broader economic crisis in this state, a crisis created and made worse by Labor’s endless taxes, levies and waste. As Dr Heath pointed out, earlier on in the chain the manufacturing industry, which is the basis of construction, was completely gutted. When Labor tell us that banning escalation clauses is going to somehow protect families, what they are really doing is just pushing the risk back onto the builders, who are already struggling. And when builders are forced to put that price in the up-front cost, it is again families who are going to be paying more for a home. Houses are going to be more expensive because of this – in a housing crisis.

And after all these failures, rather than fixing the system the government have decided to give even more powers, through these entry powers, to these bodies. It is unbelievable. What is that famous saying? ‘I’m from the government, and I’m here to help.’ That is the worst, most terrifying saying in the English language. But of course this is the socialist way: declaring that risks can be outlawed and that the laws of economics and human nature can be defeated by some paper decree. But politicians are not gods; we are flawed human beings, and without restraint and without accountability we fall prey to the same old temptations: power, privilege and corruption. That is one of the reasons why I am a Liberal: because I believe in checks and balances, in rights and responsibilities that apply just as much to governments and politicians as to the people that they rule over. That is the only way to manage risks fairly, to protect families and to keep faith with both the people who buy homes and the people who build them.

The coalition is going to support this bill, but let us not pretend that it is actually any kind of reform. This is the minimum that Victorians are now forced to accept, because this Labor government refuses to deliver the maximum that they owe to the people. Real reform would mean breaking the cycle of failure and building in accountability. It would mean independent surveyors allocated without conflicts of interest; rigorous inspections carried out onsite, not on paper; insurance that truly protects families before the work begins; and regulators who are accountable, with serious consequences that reach all the way up to the very highest people when failures leave innocent families in ruin. That is what accountability looks like, that is what the rule of law requires, that is what families in Victoria deserve and yet again, as per the norm, that is not what they are getting from Labor.

Lee TARLAMIS (South-Eastern Metropolitan) (18:18): I move:

That debate on this bill be adjourned until the next day of meeting.

Motion agreed to and debate adjourned until next day of meeting.

Adjournment

Ingrid STITT (Western Metropolitan – Minister for Mental Health, Minister for Ageing, Minister for Multicultural Affairs) (18:18): I move:

That the house do now adjourn.

Pick My Park

Ryan BATCHELOR (Southern Metropolitan) (18:19): (1916) My adjournment matter for this evening is to the Minister for Development Victoria and Precincts, and I seek information for my constituents about how they can participate in the Pick My Park program. One of the great things that we are seeing right across Melbourne, particularly in the Southern Metropolitan Region, is communities coming together wanting to improve their local communities, wanting to improve local infrastructure and wanting to improve local amenity. One of the ways that they can do that is through the Pick My Park program, a great initiative that gives people in our community the opportunity to put

forward new ideas and be creative about how they want to improve their local community. I have been out in various parts of southern metropolitan Melbourne talking with locals about what they would like to see to improve their local parks, so what I seek from the minister is information on how these constituents can participate in the Pick My Park program.

Planning policy

Wendy LOVELL (Northern Victoria) (18:20): (1917) My question is for the Minister for Planning. The action that I seek is for the minister to establish an advisory committee to review and consider the planning scheme amendments proposed in the Gisborne Futures structure plan and the Romsey structure plan. Planning in Victoria is becoming chaotic under the Allan Labor government, which is totally failing to meet its own housing targets. Current Labor policy is to make up for their housing shortfall by imposing massive developments in communities that simply do not want them while failing to do the forward planning for appropriate and sensible growth elsewhere. The state Labor government is on one hand approving huge and inappropriate housing developments, like the one that will double the size of the small town of Riddells Creek, totally against the wishes of local residents and the Macedon Ranges Shire Council, yet on the other hand Labor is taking too long to process new structure plans for Gisborne and Romsey that will enable steady and manageable housing growth into the future.

In May 2024 Macedon Ranges Shire Council passed a motion to adopt the Romsey structure plan as part of a sensible plan to grow Romsey from a township to a large district town by 2036. Then in July 2024 council passed a motion to adopt the Gisborne Futures structure plan, which has been developed to manage growth and change in Gisborne and New Gisborne over the next 30 years. Macedon Ranges Shire Council is doing its part to plan for the future, to plan for sensible growth and to plan for infrastructure and housing to be delivered together, but the Labor Minister for Planning Sonya Kilkenny has abandoned her planning responsibilities and done nothing to progress these plans through the approvals process. Council has sent three letters to the planning minister asking her to prepare planning scheme amendments and to commence the process for implementing the changes, but all that the minister has done is send a letter in September 2024 acknowledging receipt of the plans and council's decision to adopt them. Since then the minister has been silent, the plans have been sitting on the minister's desk for over 12 months and nothing has been done to move the process forward. These structure plans will define the town's boundaries for the future and are essential to realising additional land for housing and development in Gisborne and Romsey.

If the state Labor government wants more housing, why is it holding up the process to amend the planning schemes for these towns to allow them to build more housing? Many people will be affected by the changes proposed in these structure plans, and it will be important for the minister to consult widely and consider the views of stakeholders involved. Council believes the next step is for the minister to establish an advisory committee to review the structure plans, hear from all the parties affected by these changes and advise the minister on the appropriateness of the plans. The minister must stop the delay, prepare the planning scheme amendments and establish an advisory committee to hear from experts and the community about these proposals.

TAFE sector

David ETTERSHANK (Western Metropolitan) (18:23): (1918) My adjournment matter is directed to the Minister for Skills and TAFE, Minister Tierney. As I have mentioned many times in this place, western Melbourne is home to three of the fastest growing areas in the nation, with rapid population expansion in the Wyndham, Melton and Sunbury growth corridors. Despite this growth, the area has a limited number of higher education options, forcing many students to commute long distances to access universities and TAFE campuses. This creates barriers to education and limits opportunities for young people in the west. Education has the power to transform lives. This is particularly relevant for young people from culturally and linguistically diverse communities. Access to education can lift families out of poverty and disadvantage and towards a future with more security

and choice. Local residents are calling on the government to establish more university and TAFE campuses in the west. This will effectively tackle two issues simultaneously. Access to local campuses will cut travel time, reduce dropout rates and increase access, especially for low-income families. It will also provide growing local sectors with a skilled workforce right on their doorstep to meet regional demand and grow the economy.

We know that in Wyndham alone two-thirds of workers leave the west to work in other areas. This would go some way to cutting congestion and pollution and would also reduce cost-of-living pressures. There are plans to open two TAFE campuses in Melton and Sunbury in 2028. These will deliver training in the plumbing, electrical and construction trades. That is great, but the west also desperately needs job-ready skills in other fields such as health care, IT, education and child care, to name but a few. Residents of the Western Metro Region want to see a range of programs and courses that cater to the diverse needs and interests of the community, including vocational training, undergraduate and postgraduate degrees and continuing education opportunities. As the population continues to surge, the need for more tertiary and vocational education in a broad range of sectors, including the ever-growing care sector, is increasingly urgent. I ask the minister to meet with Kangan TAFE to discuss broadening their vocational training and higher education offerings beyond simply construction trades.

Power saving bonus

Jacinta ERMACORA (Western Victoria) (18:25): (1919) My adjournment matter is for the Minister for Energy and Resources Lily D'Ambrosio in the other place. The Allan Labor government's new \$100 power saving bonus is delivering relief for households, alongside advice from the energy compare website. The action I seek is for the minister to provide an update on this round of the power saving bonus. How many Victorians have taken up this offer so far, and particularly, how many in regional Victoria?

Community safety

Renee HEATH (Eastern Victoria) (18:26): (1920) My adjournment is for the Premier. Every single day Victorians wake to headlines of violence. Two boys, just 12 and 15, were hacked to death on Sunday by machete-wielding thugs. Since 2020, 25 boys under 25 have been killed with knives in Victoria. Too often they are not murdered by first-time offenders but by offenders known to police, repeatedly released back to our streets on bail. Families in Melbourne are so desperate they are sending their children back to boarding schools in Africa for safety. Violence has become so common that Coles and Woolworths are now equipping teenage staff with body cameras. Peace and safety have fled our state. Yet while parents are putting their children on planes, the Premier still releases violent offenders. For example, let us look at six out of the seven neo-Nazis who attacked Camp Sovereignty, leaving two women with severe head injuries. They were granted bail. They were judged to be not a danger to the community. Premier, you have shown Victorians that even when there is video evidence of offenders beating women with poles, you can still goosetep your way out of Victoria's courts. But it is at this point when we see action for the first time in three years: you see, one of those seven Nazis made the mistake of asking the Premier an unscripted question, and suddenly – no bail. You have crossed her line. Premier, it is clear that when it impacts you, you act immediately. If it does not, you leave victims out in the cold and you just host meetings. My adjournment question is to you: will you commit to the evidence-based bail reforms that the Liberals and Nationals have been calling for for over three years, so you stop repeatedly releasing violent offenders straight back into the community? Will you do this before more families are forced to send their children overseas to be safe from the Victorian streets?

Road user charge

Katherine COPSEY (Southern Metropolitan) (18:28): (1921) My adjournment this evening is to the Treasurer. The topic of road user charging has been raised by the federal government's economic round table, and I understand that state and territory treasurers met last week to begin discussing a

coordinated approach to introducing one in the next few years. To quote the recent comments in the *Guardian* of Helen Rowe from Climateworks:

If designed well, [a road user charge] could do far more than just plug a revenue gap.

It could help cut congestion, reduce emissions, lower infrastructure costs and improve the overall efficiency of Australia's transport network.

Victorian Labor's failed experiment with road user charging shows us what not to do – put a tax on electric vehicle drivers only, at a time when uptake of EVs was less than 1 per cent of new car sales. What could work better is a broad-based road user charge that applies to all vehicles, not just EVs, which can better account for the harms that vehicles do cause. Most EV drivers and experts are very open to paying their share for usage of the roads, but quite reasonably they expect that any charge is applied fairly, rather than singling them out. A road user charge that was based on vehicle weight times distance travelled could mean that people pay proportionately to the damage caused to the roads and encourage people to drive smaller and safer vehicles, rather than the American-style truckzilla utes we are seeing increasingly proliferate at suburban school drop-offs, sometimes with tragic consequences.

Petrol and diesel vehicles not only emit CO₂ that causes climate change but they also emit carbon monoxide, nitrogen oxides and particulate matter that cause health issues when they get into people's lungs. These pollutants contribute to over 11,000 deaths per year – 10 times the road toll from vehicle crashes – and broadly speaking, heavier vehicles produce more of this pollution than lighter vehicles. Large and heavy vehicles are also much more dangerous on our roads and far more likely to cause injury or death in collisions with pedestrians and other vulnerable road users. A weight-based road user charge would better account for these health impacts as well. A road user charge could also present an opportunity to directly tackle traffic congestion by including a mechanism for congestion surcharging in inner-city areas where congestion is worst and alternatives like walking, cycling and public transport are robust. If we get the details right, a congestion charge can be implemented in a way that makes sense for our local circumstances. Treasurer, as this nationwide conversation progresses, the action I seek is that you advocate for a road user charge that is fair and proportionate and reduces both emissions and congestion.

Virtual women's health clinic

Sonja TERPSTRA (North-Eastern Metropolitan) (18:31): (1922) My adjournment matter this evening is directed to the Minister for Health in the other place. The action I seek is for the minister to provide an update to the house on how Victorian women and girls are benefiting from the virtual women's health clinic, particularly in regard to abortion care, advice and treatment.

The Allan Labor government's virtual women's health clinic is now open to all Victorian women and girls of any age, providing free, expert advice on a wide range of health needs, including endometriosis and pelvic pain, menstrual health, cervical screening, menopause care, breast health and sexual and reproductive health such as contraception and abortion. The clinic is led by specialist nurses and can be accessed via telehealth either online or by phone. This makes it easier for women across the state, particularly in rural and regional and remote communities, to receive timely care without the barrier of distance. Traditionally services such as contraception and abortion have been harder to access outside metropolitan areas, and this initiative ensures that geography is no longer a barrier to this essential care. Operated in partnership with Each, the clinic delivers initial assessments and treatment and connects patients with GPs and other health professionals close to home. Referrals can also be made to community services that support mental health, alcohol and drug treatment and family violence prevention and support. This service complements the mobile women's health clinic, which continues to travel across Victoria, operated by BreastScreen Victoria, with a strong focus on Aboriginal women and those in regional communities. Both the mobile and virtual clinics are part of the government's landmark \$153 million women's health package, transforming the way women's health care is delivered across our state in Victoria.

Community safety

Moira DEEMING (Western Metropolitan) (18:33): (1923) My adjournment matter is for the Minister for Police. On Saturday night in Cobblebank two boys, 15-year-old Dau and 12-year-old Chol, were ambushed and hacked to death by masked youths wielding machetes as they walked home from basketball. Many of us have seen the footage where you can hear one of them screaming. Many of us have sons the same age. The poor father had to speak to the news on Father's Day about his child's death. This atrocity occurred just days after the government's machete ban took effect. Machetes are now prohibited weapons. There is an amnesty – you can put them into a box. And what has happened? Children are still being slaughtered, and it is just showing Victorians what we already knew, which is that laws that only live in press releases do not stop crime in the real world. When tragedies like this occur, people, it seems, are tempted to blame certain community groups. But the truth is, if we had a genuine culture of law and order in this state there is no group in our society that would feel so free to commit crimes like this, no matter who they are or where they come from. It is this government that has incentivised criminal behaviour in every sector of society. When youth offenders are treated as victims, when violence carries no consequence and the only response to rising crime is tweaking the edges of the law, going back and forth, the message is very, very clear in Victoria. When the government says, 'Don't commit crime,' criminals say, 'Or what?' And the answer is: nothing. My request is that you immediately take action to make Victorians safe.

Our Village

Georgie PURCELL (Northern Victoria) (18:35): (1924) My adjournment matter is for the Minister for Children and is in relation to the charity, Our Village. Last month I met with the CEO of Our Village, Ruth Holdaway. Ruth told me about the amazing work Our Village does collecting and rehoming essential baby and children's items. They do this by partnering with social services and maternal and child health nurses to connect families looking to donate goods with families who urgently need these essential items. Last year they rehomed over 70,000 pre-loved babies' and children's items to over 20,000 of our state's most vulnerable babies and children. Critically, this also meant that over 200,000 kilograms of waste was diverted from landfill. They have managed to do this with no government support, relying on generous donations and the power of more than 2500 volunteers. This is exactly the kind of critical community initiative that the government should put their support behind. Too many families struggle to make sure their newborns have all they need. A child's first 2000 days impacts the rest of their entire life. It is vital that they have absolutely everything that they need in order to thrive. As their website proudly states:

It takes a village to raise a child and save the planet. This is the power of Our Village.

By 2030, Our Village hopes to be able to support every Victorian child up to the age of six that needs them, but they cannot do this alone. So the action that I seek is for the minister to meet with the Our Village CEO, Ruth Holdaway, to hear about how the government can support their work in ensuring that no Victorian child goes without.

Melbourne Royal Show

John BERGER (Southern Metropolitan) (18:37): (1925) My adjournment is for the Minister for Consumer Affairs in the other place. Minister, I commend the efforts made to ensure the safety of all at the Melbourne Royal Show this year, but especially of the children attending. Every year families from the Southern Metropolitan Region and across Victoria go to the Melbourne Royal Show. For many, a highlight is the showbag pavilion, which this year will have over 400 showbags on offer. The minister's important work gives peace of mind to parents that the standards of Australian Consumer Law are being upheld to enable a fun and enjoyable experience for both children and parents. The continued due diligence of the product safety team in checking more than 2300 individual items and the checks carried out during the show gives confidence to families, allowing them to enjoy the festivities. These comprehensive pre-show inspections ensure toys meet safety standards and any unsafe or misleading products do not slip through. The action that I seek is for the minister to provide

information on how Consumer Affairs Victoria is educating families from across the state about purchasing at the Melbourne Royal Show and beyond, and keeping vigilant year-round in upholding products to a consistent standard.

Transport Accident Commission

David DAVIS (Southern Metropolitan) (18:38): (1926) My matter is for the Minister for WorkSafe and the TAC. I am informed that there is an expression of interest process that has commenced in the Geelong region to move the Transport Accident Commission head office from its current building, owned by Centuria Capital, to a waterfront location with a view. The cost to taxpayers of the new building, I am told, would be at least \$120 million. That is probably \$100 million more than the cost of an upgrade to the existing site, which would cost a mere \$20 million to extend its life and to ensure that the cost of relocation, including the moving and the decanting and so forth, would be avoided. I understand that there is a push to have a waterfront view for the TAC staff, but an additional \$100 million in Victorian money does seem a lot – bearing in mind that the costs of the TAC are met from, in part, the premiums that are paid by Victorians through their licence fees, and they are very significant. Victorians are doing it tough with the cost of living at the moment, and Victorians are feeling the cost of renewing their licence, which has got a large, obviously legitimate, component of TAC money. It is also true that the government is scooping dividends out of the TAC and in that process are making it more difficult for the TAC to undertake the work it does need to do.

What I am trying to understand here is what is driving this. Why is this such an urgent focus? I have seen economic modelling commissioned by Centuria which indicates that the cost, as I say, to taxpayers for public servants to be moved to a five-star building with waterfront views would be in the order of \$120 million. This will obviously affect neighbouring cafes. It will affect a whole range of different groups. We have got a shortage of housing at the moment. There seems to me to be a range of different alternatives for this money, but one obvious one would be to lower registration fees for most drivers. What I seek from the minister is that he make a public explanation as to why this EOI has been put out and why there is the urgency to move from the current location. Why not do a simple refurb at a much lower cost? Why is there such a push to get the waterfront views for these bureaucrats?

Power saving bonus

Sheena WATT (Northern Metropolitan) (18:41): (1927) My adjournment this evening is directed to the Minister for Energy and Resources in the other place. We know that many households are doing it tough with the cost of living. That is why the Allan Labor government has rolled out the \$100 power saving bonus for eligible concession card holders. This targeted support is providing direct relief for those who need it most, from pensioners to families on low incomes. It is all about putting money back into the pockets of our most vulnerable. Already within just two weeks of the bonus being available more than 70,000 applications have been submitted, unlocking over \$7 million in support. People can apply for the bonus online at the Victorian Energy Compare website. For many this is the simplest way to access the bonus, and it could also help them save money by checking if they are on the best energy deal. But it is equally important that local in-person help is available for those who need it. I know from speaking with my constituents in my electorate that not everyone is able to go online or is confident with technology, or sometimes they have concerns. That is why neighbourhood houses and community centres are stepping up to provide in-person support. More than 250 centres across the state, including the North & West Melbourne Neighbourhood Centre, are helping people apply face to face, making sure older Victorians, households without reliable internet and those who prefer a personal touch are not left behind. These centres are ensuring that the power saving bonus is accessible and that every eligible household can share in the benefit. The action that I seek is for the minister to provide information on some of the neighbourhood houses in the Northern Metropolitan Region that are available to assist concession card holders in applying for the power saving bonus.

Western Highway maintenance

Joe McCracken (Western Victoria) (18:43): (1928) My adjournment matter is for the Minister for Roads and Road Safety. I am sure everyone in here is familiar with the saying ‘One small step for man and one giant leap for mankind.’ That was of course in reference to the moon landing. However, those comments can also apply to the craters that are on the Western Highway at the moment, because that is what they are, and it takes one giant leap to get over some of these craters, they are that large.

Georgie Crozier interjected.

Joe McCracken: You are completely right, it is dangerous – so dangerous that in fact last Saturday there were not one, not two but seven cars in a row lined up on the Western Highway, all experiencing difficulties with the same section of road just near Trawalla, which is in my electorate. It got so bad that it even got mentioned on local media. Many photos were put online, and extensive damage was done to multiple vehicles. Tyres were done, thousands of dollars of damage was inflicted. You might think, ‘How did this happen?’ Well, the explanation from the department when they went on local media was, ‘Oh, it happened in the storm on the Friday. That’s how it happened. It wasn’t anything to do with the bad road conditions. It was a storm.’ I am sorry, but that is a complete lie. The conditions were poor much before that, and they have been notorious. So for the department to go there and say ‘Oh, it was a storm’ is a complete joke, and they really should be reprimanded for that, because to mislead the public like that is just shameful.

The action that I seek is for the minister for roads to fix that particular part of the Western Highway, and we are not talking about just re-sheeting it – it needs a proper fix from foundation up, because people are literally spending thousands and thousands of dollars repairing their vehicles, thousands of dollars that they could spend in other parts of their life. Maybe in a cost-of-living crisis the government might consider this to be a particularly important matter. Other parts of the country have very good roads, but in Victoria we seem hell-bent on spending money everywhere else but on our country roads. When you have got buses, trucks, commuters and bikes going on this every single day, I hope and I pray that we do not have a fatality, and my fear is that that might be the thing that finally jolts the government into action and actually doing something about this notorious stretch of road which needs significant work.

Working from home

Michael GALEA (South-Eastern Metropolitan) (18:46): (1929) My adjournment matter this evening is for the Minister for Industrial Relations, Minister Symes, and the action that I seek is for the minister to update me on the ongoing consultation regarding the government’s proposed work-from-home laws. I am happy to note that Berwick and the Clyde and Clyde North postcodes are amongst the 10 top postcodes in Victoria with the most participants in the government’s online survey so far, which has already across the state received over 18,000 responses. It is great to know that people in the south-east are engaged and indeed it is great to know that people in the electorate of Berwick are engaged in this process, certainly more so than the member for Berwick, who cannot seem to give us any sort of indication as to what he thinks of the policy. But constituents in the south-east, including in the Berwick electorate, have been very keen to be involved, and that is great to see. Victorians have until 28 September to submit their feedback on key elements of the proposed laws through the survey, including the types and sizes of businesses covered, the definition of what is home work and remote work and who can reasonably work from home. To reiterate, the action I am seeking is for the minister to update me on the ongoing consultation process for Victoria’s landmark work-from-home reforms.

Community safety

Ann-Marie HERMANS (South-Eastern Metropolitan) (18:47): (1930) My adjournment is to the Premier, and the action I seek is regarding the recent Victorian government announcement to ban the sale and possession of machetes statewide. I ask the government to develop a comprehensive, data-driven, multifaceted strategy that combines legislation with education, enforcement and social reform.

Until we have a program that addresses the whole gamut of the issue, this ban will remain a kneejerk reaction rather than an effective solution. The government points to a terrifying 161 per cent increase in edged-weapon assaults at shopping centres since 2014, and a lot of those have happened in the south-east, I might add, with machetes identified as a weapon in this trend. But banning only weapons over 20 centimetres is an arbitrary kneejerk reaction; meanwhile, kitchen knives and hunting blades under 20 centimetres remain legal. We need more evidence of the ‘machete ban only’ issue – a pocketknife or a blade under 20 centimetres can still cause a lot of harm or possible death in the wrong hands. While I understand we cannot ban tools of trade, we need to have a more definitive approach to the banning and use of lethal weapons in this state. Victoria Police seized nearly 15,000 edged weapons last year, with no publicly available breakdown of how many of these weapons were machetes. From a security and risk management perspective, this selective legislation is ambiguous and hugely flawed. While some police acknowledge the ban as a deterrent, many are sceptical and see it as nothing more than political posturing. It is seen as an attempt to show action just over 12 months before an election, but is it really addressing the root issues of gang violence and youth crime?

I visited three of the machete bins in Cranbourne, Frankston and Dandenong in the south-east, and I can tell you that I interviewed people that were in or near the area, and I can tell you that this particular situation where the government has put in these bins outside police stations does not pass the pub test – people do not think that it is good use of the public purse. This program has been hurriedly introduced outside of a required unified approach that incorporates engaging with our disaffected youth, education, mental health support and tackling the glorification of violence on social media. While the intention to curb the rise of edged weapon violence is vital, this policy is not comprehensive enough. The other glaring flaw of this ban is the inability to stem the flow of the machetes that can be purchased online from interstate and international sellers. There is no regulation or discussion by the government to stop this; this leaves a gaping loophole which will continue to be exploited. Without a coordinated federal partnership or targeted action on digital marketplaces, this initiative risks becoming little more than a superficial gesture. Please understand I am not arguing against the machete ban, I am arguing that this ban is not broad enough and not transparent – and neither is the effectiveness of the cost breakdown. This was the government’s opportunity to do it right, and it has failed again.

Beveridge North West Precinct Structure Plan

Evan MULHOLLAND (Northern Metropolitan) (18:50): (1931) My adjournment is to the Minister for Planning regarding the *Beveridge North West Precinct Structure Plan* (PSP). I note the minister has approved this against the wishes of the local community, who are dismayed at the approval of a quarry right in the middle of a growth area. I think the community are right to express their frustration to me. They are right to express their frustration very vocally to the absent member for Kalkallo, who has failed to advocate for her community. The member for Preston seems to be able to get changes to the Minister for Planning’s directions and her planning schemes, but the member for Kalkallo cannot. One thing that has angered my community is the lack of money for infrastructure in the Beveridge North West PSP. We all support more housing, particularly more housing in the north. But let me break down what the government has approved. Between Beveridge and Wallan the state government has approved 15,000 more homes. That is 50,000 people. If you look at the statistics, that is 100,000 more cars onto the Hume – because it will be the only way in and out of this estate – with absolutely zero dollars more for infrastructure. There is no additional money for infrastructure as part of this approval. There is no new Beveridge station. There is no new train electrification past Craigieburn. Two new stations were promised and then electrification to Wallan, but that is not on the table. There is no funding for an outer metropolitan ring-road, which would ease the traffic congestion. There is no funding for schools and for hospitals.

I saw the Minister for Planning out there on the day saying, ‘We’ve listened and we’re going to deliver this PSP in a new way,’ but there is no evidence of that. The minister only needs to look at their botched delivery of growth areas in Kalkallo and Beveridge. In Beveridge it takes 45 minutes for people to get off Lithgow Street onto the Hume. In Kalkallo it takes about an hour for people just to get onto

Donnybrook Road to get out of their estate. There is no better example than Donnybrook Road when highlighting the government's inability to plan for growth. It was the Liberals who duplicated the Mickleham side of Donnybrook Road because we signed developer contribution agreements to build infrastructure as people were moving in. On the Kalkallo and Donnybrook side it is still an old farm track with a single-lane bridge over the Hume. The action I seek of the minister is to come out to the outer north with me at peak hour and watch the traffic bank up from 2:30 in the afternoon on the Hume around the Donnybrook Road exit. She could admire the \$500 million white elephant in the quarantine facility, and she can come out with me and actually look at this and fund infrastructure when she is approving new housing in the north.

Tall Tree Wind Farm

Bev McARTHUR (Western Victoria) (18:53): (1932) My adjournment matter for the Minister for Planning concerns the proposed Acciona Tall Tree Wind Farm in the Lethbridge–Meredith area and its profound threat to Victoria's threatened bird population. The action I seek from the Minister for Planning is a commitment that a separate, comprehensive impact assessment focused specifically on raptor and falcon populations and habitats is a mandated component in the environment effects statement process for the Tall Tree Wind Farm. I would like to take this opportunity to summarise a comprehensive and detailed submission from Marilyn Maddy-Byrne, whose concerns, based on extensive research and investigations and supported by detailed references, raise apparently very serious questions about the potential ecological impact of the development. Before I go on, I also want to appeal to the Greens and the Animal Justice Party MPs in this place, who should surely take these ecological and animal welfare issues seriously. They are not here tonight, but they should all be with us on this.

Specifically, the submission highlights the danger posed to the long-term survival of highly concentrated raptor and falcon populations around the proposed project site. This area is known to host 17 out of the 23 known raptor and falcon species in Victoria. Blade strike from wind turbines is widely considered the second-biggest killer for these and other large birds in Australia. An accepted ecological formula projects the loss of one raptor or falcon for every two operating turbines annually. With 2500 turbines already operating in Victoria, this means an estimated 1250 raptors and falcons will be lost in the next 12 months alone, potentially reaching 25,000 deaths over 20 years. These are not hypothetical losses. I am told that peregrine falcons are already being sliced in half by moving turbine blades. In the view of my correspondent the proposed design creates a 14-kilometre-long, 7-kilometre-wide killing field. Turbines, nominally 500 metres apart, are effectively only 320 metres apart on the north–south axis due to blade arcs. For a fast-flying raptor or falcon moving at up to 300 kilometres per hour this leaves a mere 4 seconds of safe flight time between blades. Acciona has reportedly shown no intention of installing appropriate raptor- and falcon-specific detection or protection systems, and existing systems are acknowledged as inadequate. The proposed 200-metre buffer zones from nesting sites are grossly insufficient. At least 500 metres is required for safe flight.

ADHD services

Georgie CROZIER (Southern Metropolitan) (18:57): (1933) My adjournment matter this evening is for the attention of the Minister for Health, and it is in relation to the current regulations governing the prescribing of ADHD medication for adults in Victoria. Recently I was contacted by a concerned mother, Louise, whose daughter has been diagnosed with ADHD and autism. She is in Melbourne studying; she is doing her first year of uni and works four days a week to support herself. Louise's daughter requires medication to manage her condition, yet she has just spent two weeks without a prescription due to limitations on prescribing rules, which require an appointment with a psychiatrist. As we know, we have got a terrible wait time to see psychiatrists in this state. Often these psychiatrist appointments are booked out for months in advance. Louise's daughter was left without a prescription for two weeks as a result of not being able to get in and see a psychiatrist to get a prescription. It left her with withdrawal symptoms, migraines and a significant decline in her ability to study and work.

In Victoria GPs can apply for a special permit to prescribe these medicines, but this application must be renewed every two years, often requiring prompting from the patient, which is something that can be particularly burdensome for people with ADHD. In New South Wales a GP can prescribe ADHD medication to an adult patient with a prior diagnosis made by a paediatrician, psychologist or psychiatrist without the need for a special permit. As the case of Louise's daughter highlights, the current system may place vulnerable young people at risk of serious deterioration of their mental health and impact their capacity to manage daily activities and responsibilities. The action I seek is for the minister to consider Louise's request to look into making changes to ensure vulnerable Victorian adults with a diagnosis of ADHD can have better access to vital medication from a GP.

Fire services

Nick McGOWAN (North-Eastern Metropolitan) (18:59): (1934) For five long years not a single female firefighter in our state has received a pay rise. For five long years not a single male firefighter has received a pay rise. That is longer than the entire First World War; it is also longer than the Civil War. Five long years and not an extra cent for any of our male or female firefighters. I would call upon the Premier to rapidly intervene in the current negotiation of the EBA and make sure that those who protect us, the first responders, our firefighters – those who not only fight fires and protect life but also protect property – receive a pay rise. We know that in 70 per cent of cases they are the first on scene when it comes to being first responders in emergency response cases. For five long years – I will repeat that: longer than the entire length of the Civil War in America and longer than the entire length of the First World War – here in Victoria we have not properly paid our firefighters, our men and women, and given them the urgently needed pay rise they are entitled to and absolutely, thoroughly deserve.

I had the pleasure on Friday night of joining in a shift with our firefighters at fire station 38 down at South Melbourne. They are an exceptional bunch of men in that case, but there are women fire officers too right across Victoria. In this case there were 18 firefighters, and I had the privilege of accompanying them for the evening from 6 pm until 8 am. Throughout that shift I think I had a cumulative total of 1½ hours – that is 90 minutes – sleep. Those firefighters were called out on no less than 11 separate occasions – 11 separate call-outs – for all kinds of issues, including overdoses of our young and overdoses of people in the city of Melbourne, fires in two instances, emergency alarms that had gone off, the shorting of switchboards and a number of car accidents. Indeed there were three vehicles that had a multi-car pile-up in a critical area. Time and again these dedicated professional firefighters, within 90 seconds of an alarm having gone off, got into their appliance. In my case, I spent the evening with platoon B from fire station 38, and I also had the privilege to spend some time with the ladder platform platoon from fire station 35. I had the privilege of seeing the work these dedicated lifesavers do day in, day out. They are deserving of our appreciation. They are deserving of every cent they are paid. The fact they have not had a single rise in five years is a travesty, and I would urge the Premier to step in to immediately rectify the situation.

Fire services

Gaelle BROAD (Northern Victoria) (19:02): (1935) My adjournment is to the Minister for Emergency Services, and I raise serious concerns about the ageing fire truck fleets across Victoria, both in our CFA volunteer brigades and in our Fire Rescue Victoria stations, especially in regional centres like Bendigo. Last year documents confirmed that 429 CFA trucks are more than 25 years old and 193 have passed 30 years of age. Some brigades are still operating trucks built in the 1980s, and that is not good enough in 2025. These vehicles are well past their safe and effective working life, putting both volunteers and the public at risk. Fire Rescue Victoria is in no better shape: more than 40 per cent of FRV's fleet is older than 15 years, and by next year over 60 per cent will have passed that mark. According to union reports, 25 trucks are off the road at any given time awaiting repairs.

Recently I was advised that on Sunday 24 August one of Bendigo's primary urban firefighting appliances, pumper 73B, had a fault that put the truck out of commission. A pipe going to the water tank had corroded and broken, causing it to drop its entire 2000-litre water tank. Due to the truck crisis

that FRV is experiencing, and despite assertions from management to the contrary, there was not one spare truck in the entire state. The only truck Bendigo crews were able to access was Mildura's pumper 72C. It is not a spare truck but a reserve appliance stationed in Mildura due to the remote location. It is for use when both trucks are committed and local staff can be recalled to maintain coverage in Mildura. As there were no spares, the decision was made by superiors that a crew from Bendigo was to drive their truck to Mildura, pick up P72C and drive both trucks back to Bendigo, so that was a 9- to 10-hour round trip after they had already been on shift for 6 hours. When the crew was 20 minutes from Mildura, Mildura's pumper suffered an alternator failure and was put out of commission until the following Wednesday. To cover this, P72C was placed into commission in Mildura just minutes before the Bendigo crew arrived to pick up this truck. The Bendigo crew then drove the return trip to Bendigo without an operational vehicle. After that, Bendigo firefighters were again asked to drive, this time to Sunshine, to pick up a very old spare truck that had become available. The spare truck was completely empty and required the crews to go to the mechanics and move all the gear across to the spare truck, which was a long process. Think about moving 750 metres of hose as well as all the other tools and equipment.

In a regional city like Bendigo, where both CFA and FRV protect lives and property, these failures and the shortfall in operational trucks across the state are putting lives at risk. The action I seek is for the minister to outline what the government is doing to urgently replace CFA and FRV appliances, to expedite maintenance to minimise downtime, and to implement a transparent fleet renewal plan with clear timelines to guide future investment and restore public confidence.

Responses

Ingrid STITT (Western Metropolitan – Minister for Mental Health, Minister for Ageing, Minister for Multicultural Affairs) (19:05): There were 20 adjournment matters this evening to 13 separate ministers, and written responses will be sought.

The PRESIDENT: The house stands adjourned.

House adjourned 7:05 pm.