Mr LEIGHTON (Preston) - I welcome the opportunity of making my first speech in the debate for the adoption of an Address-in-Reply to the Governor's Speech.

The Cain Labor government's program as outlined in the address by His Excellency the Governor is one of reform and vision and one that is based on the principles of social justice. The program for the next four years recognises the need for continued economic growth, cooperation with the trade union movement, and targeting of government services to the disadvantaged, unemployed, and low-income earners. The government's commitment to and achievement of these goals is why Victorians have been prepared to return successive Labor governments.

I am proud to be entering this House from the trade union movement. The history of the Australian Labor Party is inextricably linked with that of the trade union movement. Indeed, the ALP was founded as the political wing of that movement. In the aftermath of the great strikes of the 1890s, working people recognised the need to organise politically as well as industrially. The establishment of the Labor Party was so successful that Australia saw the world's first democratically elected government in Queensland in 1899.

The relationship between the political and industrial wings of the Labor movement remains as vital 100 years later. The fundamental difference between the Labor Party and other democratic socialist parties is the formal and special relationship between the party and the trade unions. That is why, even in the 1980s, in a period of economic restraint, Labor governments have been elected and re-elected throughout Australia.

Nationally, this special relationship made possible the accord. The trade union movement has delivered in terms of wage restraint. The Federal government in carrying out its commitment to maintenance of real living standards must ensure that in any wages-tax trade-off that priority is given to taxation cuts for low and middle income earners.

In Victoria, the industrial relations record of the Cain Labor government is one of its strengths. It has a record that can be readily tested against that of its predecessor. Prior to 1982, Victoria experienced a level of industrial disputation 50 per cent above the rest of Australia. Not surprisingly, business sought only too often to transfer its operations interstate.

Since 1982 the level of industrial disputes in Victoria has dropped by approximately 80 per cent. For example, the number of working days lost in 1981 - when the last Liberal government was in office -was 1.235 million, a figure that is similar to the previous two years. By contrast, that number dropped to 368 000 working days lost in 1982 - the first year of the Cain Labor government. The number of working days lost has remained consistently low during the past five years. The figure for 1987 was 289 000, well below the final three years of the previous government when that figure was far in excess of one million days in each year. Also by comparison, in 1981 the number of working days lost per 1000 employees was 865. That dropped to 260 in 1982 and remains consistently low, with the 1987 figure being 164. This record is no accident. The Cain Labor government replaced its predecessor's fragmented and confrontationist approach by consultation and co-operation with the trade union movement.

Whereas previously the role of the Department of Labour was merely to monitor industrial disputes, under the Labor government it has a positive role as an agent of change; particularly through the establishment of the Industrial Relations Task Force and the appointment of industrial liaison officers. The prevention and early settlement of industrial disputes has been of benefit to the entire community.

However, that is only part of the story. The State government has had a strong commitment to the maintenance of real wages and living standards, as is borne out by the early application in Victoria of the last national wage decision. An aspect of the accord that has not received enough recognition is the social wage. The introduction of Medicare is a leading example of the social wage. In Victoria, the government's family Budget pledge is particularly welcome when viewed in the context of the social wage.

Other important initiatives aimed at making the workplace safer are the occupational health and safety legislation and WorkCare. WorkCare is an important reform because it places emphasis on rehabilitation and return to work. Under the previous system only the seriously injured could hope for large sums; less badly injured people could not expect similar compensation, and the compensation awarded to women was discriminatory.

Another initiative Is industrial democracy. This has been achieved in the public sector through technological change agreements, agreements relating to structural change, and the establishment of various consultative councils and forums. These provide employees with consultation while change is in the contemplative stage and, hence, a real opportunity to effect the decision-making process. However, I stress that these agreements should not be seen as the end of the matter; rather they are merely a vehicle for promoting consultation between employer and employee. Consultation is as much dependent as much on the attitudes of commitment and good faith between the parties as it is on the written word of the agreement.

In concluding my comments on industrial relations, I express my sense of privilege in serving in a particular trade union prior to coming to this place. The union I refer to is the Hospital Employees Federation of Australia Victorian No. 2 Branch. Over the past ten years the federation has established itself as a modern and effective union. In addition to bettering the conditions of its members employed in psychiatric services, intellectual disability services, alcohol and drug services, and public health, the federation is respected as an advocate for the patients and clients its members serve. I hope to demonstrate this a little later in my speech.

The Hospital Employees Federation of Australia Victorian No. 2 Branch is an industrial union that represents virtually all employees in a specific industry rather than a class of employees across a range of industries. I am an unabashed supporter of industry unionism, and look forward to union amalgamations promoting this. I see my role in Parliament as strengthening the relationship between the trade union movement and the Labor Party in government.

I shall now deal with social justice but, before I do, I congratulate the Speaker on his election to that office. A number of honourable members have referred to the Speaker's commitment to and knowledge of the Parliamentary process. Having had the opportunity of reading the report on his Commonwealth Parliamentary Association study tour, I am confident that that is so. In addition, having previously served with the Speaker on the Australian Labor Party's social justice strategy committee, I know the commitment to social justice that he brings to this place. Mr Deputy Speaker, I also congratulate you on your election to the Deputy Speakership.

As I said at the commencement of my speech, the Cain Labor government's program for the next four years is based on the principles of social justice. The commitment to a fairer and more just society is the very basis of the Australian Labor Party. The ALP stands for social justice. The four principles of social justice are equity, access, participation, and protecting people's rights.

Social justice objectives, based on these principles, are: to reduce the disadvantage caused by

unequal access; to increase access to essential goods and services according to need; to expand opportunities for genuine participation by all Victorians in decisions that affect their lives; and to protect, extend, and ensure the effective exercise of equal rights. In line with these objectives, six areas have been selected as priorities by the government. They are children in poverty, long-term unemployment, dignity and security for older people, protecting people's rights, Victoria's Aboriginal people, and people with disabilities.

My background, before coming to this place, has been in the human services industry, professionally as well as industrially. It is my intention now to focus on psychiatric services and intellectual disability services. However, before doing so, I shall make several general observations. The first is that philosophically I prefer the expression "human services" as a generic one encompassing a range of health and community services. This recognises the relationship between the various services that make up human services. It recognises that during the course of an individual's life, or at any particular time, that person may require the services of a number of different agencies. To go the other way is to draw an arbitrary line between health and community services. That is artificial and can compartmentalise services, deny services to an individual whose needs are not seen to fit neatly within one agency, reinforce the institutional nature of larger services, and prevent their reaching out to the community. The concept of human services also recognises that no one agency should have whole-of-life responsibility for an individual. Finally, this concept promotes the need for cross-portfolio coordination, which I believe will be one of the benefits of developing a social justice strategy.

My second general comment on human services is that a critical aspect of the administration of the government is the setting of priorities and the allocation of resources. This is particularly so in human services. Unfortunately, government has to bear the brunt of competing demands for hi h technology equipment, access to surgery, intensive care, and quality nursing care for the aged and disabled, and so on. I do not profess to have any easy solutions, but I would like to see a longer term debate taking place in the setting of priorities. Ultimately the community as a whole must accept that it has a responsibility in this area.

My third general comment is directed towards the nursing profession. In the past few years nursing has come a long way and has achieved the status of a profession in its own right, rather than one that is subservient to, or lesser than, other health professions. Whereas the equal pay cases of the 1970s awarded men and women equal pay for equal work, it can be argued that because nursing was predominantly a female occupation the worth of nursing work was undervalued compared with other professions. Recent decisions have gone a long way towards correcting this inequity. The transfer of basic nurse education from hospitals to tertiary education facilities is seen as enhancing the status of the profession as well as being appropriate and educationally sound.

However, I urge two notes of caution on the nursing profession. Firstly, that in transferring basic education and training, there remains close correlation between theory and clinical experience - - indeed, that there is sufficient clinical experience to ensure that the graduate nurse is competent to practise at first level. The second caution is that nurses, in attaining professional status, do not become merely managers or technicians and surrender their direct care role with the patient. If this happens, somebody else will certainly assume the role of the nurse? Already sections of the medical profession have advocated the employment of nurse assistants as a quick fix.

I now turn to psychiatric services. The progressive redevelopment of psychiatric services in

Victoria is undoubtedly one of the success stories of the Cain Labor government. Although I do not believe it has received sufficient public and media attention, the fact that, unlike New South Wales, it did not become an election issue, except in a positive sense, illustrates the soundness of the direction and the commitment of the State government. Historically in this country mental health services have been a direct responsibility of State governments. Whereas public hospitals evolved from a charitable function, asylums were placed in the same basket as prisons and not so many decades ago both were the responsibility of the then Chief Secretary's Department.

To many people, it did not matter whether one was mad or bad; the stigma attached to persons suffering from mental illness was enormous. The discovery of psychotropic drugs in the 1950s and 1960s created a revolution in the treatment of the psychiatrically ill. No longer was it necessary for a psychiatrically ill person to spend the rest of his or her life in an institution-these people could return to the community.

However, many governments throughout the Western World have not supported these developments in psychiatry and the move back into the community. Professing support for &institutionalisation, they have taken the opportunity of opting out of their financial responsibility by reducing bed numbers in psychiatric hospitals and allowing the psychiatrically ill to fend for themselves in the community.

Not surprisingly, we have seen the revolving door syndrome, where the psychiatrically ill relapse, either through discontinuing their medication or suffering some stress through not having the appropriate community supports in place. They are then readmitted to hospital time and again.

Taken to its worst extreme, in several States in the United States of America, wholesale closure of psychiatric hospitals without the development of alternative and appropriate community support has resulted in charitable organisations hiring factories and warehouses and converting them into hostels. The mentally ill and other homeless people come in off the streets at night, are given a meal, and are then turned out in the morning.

Mental health services were not supported in Victoria during the 1960s and 1970s. The physical fabric of psychiatric hospitals was allowed to deteriorate. Insufficient psychiatric nurses were trained to meet the wastage rates of those decades, let alone the needs of the hospitals in the 1980s. Little, in the way of alternative services, was developed in the community.

Those community psychiatric nursing services and community mental health clinics which were provided were as a direct result of the community health initiatives of the Whitlam government. Since 1982 that situation has changed. The Cain Labor government has embarked on a program of service redevelopment. Hospital resources that have been freed up through bed reductions have been ploughed back into the community.

Substantial additional funds have been committed. For example, in the financial year 1981-82 the recurrent allocation was $115 million. By the financial year 1988-89 the recurrent expenditure was $223 million. Also, by way of contrast, in the financial year 1981-82 the capital allocation for psychiatric services was a paltry $7.5 million. In the financial year 1988-89 the capital allocation has increased threefold to $36.3 million.

The Cain government's redevelopment of mental health services is best exemplified by its approach to the decommissioning of the Willsmere Hospital. Originally constructed as the Kew mental asylum in the 1860s and 1870s, it was based on a design of an antiquated English

asylum built in the previous century. By the time of its opening it was considered unsuitable for use and had been condemned by the turn of the century. However, successive governments found the problem too difficult to deal with. I stress that throughout this period staff, often with limited training and insufficient numbers, strived to give quality care.

Despite a fire in 1968 at Willsmere Hospital, which resulted in the loss of six patients' lives, and a Metropolitan Fire Brigade report which labelled the hospital as a fire risk, the previous Liberal government did not act. It eventually took the resolve of the Cain government to act.

The vehicle for this action was the Parliamentary Social Development Committee, which reported to Parliament in November 1985 and recommended that the hospital be closed and replaced by alternative services. Throughout 1986 the State government undertook extensive consultation with community organisations and staff. The commitment given was that nineteen new and replacement services would be built at a cost of $28 million, and that they would be built and commissioned over the following two years, and that Willsmere Hospital would not be decommissioned until such time as this had been achieved. It will be achieved by the end of this year.

It has been suggested in another place that some money is left over from the Willsmere Hospital. That is not the case. As I said, the cost of these services is $28 million. The sale of land is estimated to be worth approximately $29 million or $30 million.

What is important is that the government has committed the money up front. An examination of the new services being developed from Willsmere Hospital, demonstrates how psychiatric services should be redeveloped. They are community-based, accessible, and designed to meet the needs of clients who use them. They range from acute psychiatric services at Maroondah Hospital, to cluster houses in Seaford and East Bentleigh, to purpose-built psychiatric nursing homes in suburbs as diverse as Sunshine, Broadmeadows, and Forest Hill.

One exciting new development is a 24-bed hostel in the inner eastern area. It will provide for the progressive transition of psychiatric patients from hospitals through to hostels, and then to flats, and back into the community.

Too often in the past, there has been nothing between hospital and the community. Willsmere Hospital, as well as exemplifying how psychiatric services should be redeveloped, is important because of several other aspects. Firstly, it meets several of the criteria in the social justice strategy; dignity and security for older people and people with disabilities. Secondly, it is a real industrial democracy model. The government recognises that the staff have much to contribute in terms of expertise and commitment to the services. The negotiations that took place with the appropriate union provided that agreement would be reached on the new services and provided a redeployment package prior to any decision being made by government, and prior to any action being implemented.

Other major initiatives in psychiatric services include, firstly, the Mental Health Act 1986, which is taking a lead in this country. It provides for a regular review of involuntary patients and it also enables mental health workers to work alongside staff in general hospitals.

The second initiative has been the establishment by the government of the Office of Psychiatric Services, and it was to the distress of all concerned with psychiatric services that the Opposition advocated the elimination of the Office of Psychiatric Services. That office has been a strong

advocate for the psychiatrically ill in this State.

The third important initiative in psychiatric services is the training of psychiatric nurses. The Cain government, unlike other governments in this country, has recognised the need to train and maintain the specialist work force for caring for the psychiatrically ill, and it is with pleasure that psychiatric nurses welcome the transfer of their basic course of training to tertiary education institutions as from next year.

The next area I wish to address is intellectual disability services. If psychiatric services have been the poor cousin of general health services, the same could be said of the relationship between intellectual disability services and psychiatric services. Reforms certainly have been made in intellectual disability services over the past four years during the life of the Cain government, such as the implementation of the Intellectually Disabled Persons' Services Act, the real funding increases, government commitment to train direct care second-level workers, and a move away from the medical model. However, it is important to stress that the intellectually disabled are not in any way sick. The care provided should be educationally based and based on a developmental model.

Following its transfer to the Department of Community Services, the Office of Intellectual Disability Services is now considering its future direction. The traditional model of congregated care in training centres providing whole-of-life care has been supplemented by community residential units being built out in the community.

In considering the ten-year plan, the government must, firstly, approach this with care and, secondly, have regard to whether a ten-year timetable is too ambitious. It must also recognise that a range of services between larger institutions and the community is required.

The government must also recognise, in examining the future of training centres, such as the Sunbury Training Centre, which has had much publicity recently, that a lot can be learnt about psychiatric services from the Willsmere Hospital model.

I should like to conclude by making a few comments about my electorate of Preston. In doing so I pay tribute to Mr Carl Kirkwood, the previous member for Preston, a hardworking member who is respected throughout Preston both for his eighteen years of service to this House and his service from 1963 to 1974 on the Preston City Council, including a term as mayor. Carl's name is synonymous with Preston and, having read his first speech in this House, I can understand why. I wish Carl and his wife, Helen, well in retirement.

Preston is a proud working-class electorate in the north-eastern metropolitan area. It is based largely on the municipalities of Preston and Heidelberg and is a culturally diverse electorate. I have enjoyed the contact I have had so far with the local ethnic communities.

The Preston community is well serviced with public transport, hospitals, health centres, and retail centres, including a market, and it has a manufacturing base. Issues I shall be pursuing locally and on behalf of the electorate of Preston are, firstly, the need for the development of a regional economic strategy, given the shrinking metals, textiles, clothing, and footwear base and the resultant loss of employment opportunities. Secondly, I shall also be pursuing the expansion of health services, including capital funding for the Preston and Northcote Community Hospital and approval for the Reservoir community health care centre, which is needed both to serve the needs of Reservoir and to take the pressure off the East Preston community health centre.

A third issue is the need for a road transport plan, including the go-ahead for the R5 bypass road to reduce unacceptable traffic volumes in the electorate, especially in the retail centres. A fourth area is an expansion of human services, especially to older people, as the population of the electorate is ageing.

In concluding, comments have been made about the loss of support to Labor among its traditional base. I am pleased to advise the House that Preston, which is part of the Labor heartland, recorded an increased majority for Labor at the election on 1 October. I am conscious of the trust the people of Preston have placed in me. I shall serve them as vigorously as I did my previous constituency in the trade union movement.