

EDUCATION AND HEALTH STANDING COMMITTEE

*Fourth Report — Report of the inquiry into the Esther Foundation and unregulated private health facilities —
Tabling*

MR C.J. TALLENTIRE (Thornlie) [10.18 am]: I rise to present for tabling the fourth report of the Education and Health Standing Committee, titled *Report of the inquiry into the Esther Foundation and unregulated private health facilities*, and the tabled submissions.

[See papers [1736](#) and [1737](#).]

Mr C.J. TALLENTIRE: It could happen to any one of us. It could be a family member; it could be one of us. Mental health problems and drug and alcohol dependency can strike anywhere. A sense of vulnerability can strike anywhere. There is no question: we need services to help people turn their lives around, but these services must be high quality and properly regulated. The report of the inquiry into the Esther Foundation, an unregulated private health facility, is the second inquiry by the Education and Health Standing Committee in this forty-first Parliament. The inquiry and its terms of reference were referred to the committee by the Legislative Assembly back in April this year. The inquiry was conducted in a spirit of looking forward. We took evidence to assess the current regulatory failings relating to facilities that are not covered by existing legislative definitions or frameworks. The committee's aim was to provide recommendations to government so that vulnerable people can access the help they need without the risk of unprofessional or unqualified operators making promises that they cannot deliver on or causing them further harm. Many witnesses expressed feelings ranging from disappointment and betrayal to sadness and anger. They entered the Esther Foundation when they were in a state of extreme vulnerability and many reported leaving with more problems than they went in with. I acknowledge in the public gallery the presence of some affected former residents.

The committee was very clear that we were not investigating criminal behaviour and that any matters of a criminal nature should be reported to WA police. However, witnesses recognised that by sharing their negative experiences, there was an opportunity to drive change to prevent others from having similar experiences in the future. During our inquiry it became evident that, among the wide range of stakeholders we heard from, there was no consensus about what sort of facility the Esther Foundation really was. The Esther Foundation promoted itself as providing a diverse range of support services for individuals with very different needs—among these there was consistent mention of alcohol and other drug treatment, mental health and health services. Services to help people overcome these sorts of problems and afflictions are desperately needed. They are desperately sought by families and individuals in the clutches of particular conditions. It is a duty of government to ensure that quality services are available and regulatory systems are in place to maintain quality. This will enable transparency so that potential clients can make informed choices and, when there is failure, there is a mechanism for complaints to be heard.

Prior to ceasing operations earlier this year, the Esther Foundation's website gave its most up-to-date description of the facility. It read —

The holistic recovery program aims to educate, empower and enrich young women with self-worth, employment skills and confidence to lead successful lives within the community. The Foundation is currently providing residential accommodation for approximately 30 young women, mothers and their children.

...The broadly structured program facilitates specific group and individual counselling to help manage socially prevalent issues and concerns faced by young women including substance abuse, sexual and emotional abuse, domestic violence, mental health, pregnancy and self-harm, family breakdown, depression and eating disorders...

When we go to the nature of the complaints, they varied in gravity but all had a traumatic air about them. These people had suffered trauma and were then further traumatised by their experiences. I will quote from our report some of these experiences. On the Esther Foundation's religious practices, one former resident said —

I wasn't Christian nor was I opposed to becoming Christian however religion should have been something I came to on my terms, I should not have been forced to do it, pressured into it, told I was going to hell if I didn't and coerced into becoming a Christian.

Witnesses told us that certain Christian practices at the Esther Foundation were often traumatic, including prayer meetings late into the night, being held down forcibly for exorcism or “deliverance” of demons, and faith healing. Although many people involved with the Esther Foundation identified as Christian, some of them described CEO Ms Lavater's religious practices as “more extreme than I would like”, “controversial” and “cultish”.

On LGBTQIA+ matters, a former resident told us —

I would try to act and be 'straight', because I knew that I had to be accepted by them. I was at a point in my life where I needed love and acceptance and support, and I would only get that if I were 'straight'.

Another former resident said —

During the times I realised the conversion tactics weren't working I would become suicidal as I believed I was a bad person and deserved to be in hell.

On the cultural heritage of residents, one Aboriginal resident reported that she was asked to perform Aboriginal dances in church to “shake off ancestral spirits”, which was “humiliating” and she felt like she was being made fun of.

On the educational opportunities while young people were residents at the Esther Foundation, several witnesses reported that their education was neglected and that the compulsory education program for school-age residents was not delivered as promised. One witness told us —

The girls would sit there in front of a computer screen with no help; there was no one there... They were so far behind. There were no tutors... It was the secretary who would come in and yell at them and say, “Be quiet.” That was the tutor.

Other residents reported that they were made to feel that they were self-pitying because they had an emotional bout of crying because they were upset. There was a whole host of unfortunate, sad stories in the evidence that we heard.

Our role was also to look at the regulatory failings that led to this situation in which an institution fell through the regulatory gaps because it was not properly regulated. We gave a lot of our attention to how we can improve the current regulatory framework. Systems for the regulation of professionally qualified people are relatively easy for government to establish, but some institutions have a lot of staff who are former residents and there is merit in that. There is no doubt there is merit in having people who have been on a certain journey and can have that degree of empathy. They can help but we have to ensure we have evidenced-based practices in place. Systems for regulating unqualified workers and institutions are more complex, but from the findings of our inquiry, they are very much needed. Although there are many benefits to offering holistic and innovative services to meet people’s diverse and complex needs, regulatory systems need to be modernised to be able to keep pace with these emerging trends.

There have also been longstanding calls within the alcohol and other drug treatment sector to regulate private services to ensure accountability. That was something highlighted to us by WANADA, the Western Australian Network of Alcohol and other Drug Agencies. There is an opportunity now for action to take place to progress this. Coupled with this is the need for transparency so that people can make informed choices while choosing a potential care provider. Finding 34, which goes to this, reads —

Full implementation of the National Quality Framework for Drug and Alcohol Treatment Services requires the establishment of a regulatory process for AOD treatment providers that do not receive government funding.

That is a key point here. Organisations that do not receive government funding are out there doing this sort of work. They can be under the radar and not visible, and therefore not subject to regulation. We have to develop a regulatory framework that can capture that. Our recommendation 2 goes to this —

That the Minister for Health and Mental Health ensures that a regulatory process for AOD treatment services is established, to give full effect to the National Quality Framework for Drug and Alcohol Treatment Services. This should involve consideration of a licensing scheme for AOD treatment providers.

Self-regulatory models are not enough to safeguard vulnerable people. Expert consultant Professor Nicole Lee highlighted that the findings and recommendations of this inquiry have implications beyond the Esther Foundation in Western Australia, because these problems are experienced nationally. WA has a chance to be a leader in this regard. We recognise that other facilities in WA are operating with a similar absence of external oversight. Some are small and attached to other organisations. Future regulation must cover all such centres.

Turning now to the nature of various regulatory frameworks, we learnt of the potential for the positive regulatory approach, whereby there is a licensing scheme—that is, an operator of a facility must hold a licence. Finding 26 goes to this and states —

Unmet demand in mental health and AOD treatment services has created a gap which is being filled by private service providers.

Finding 27 states —

Private service providers can enhance diversity in the mental health and AOD treatment sectors. However, there is a need to ensure they provide quality services that meet the needs of vulnerable consumers.

Unmet demand has created a significant not-for-profit market in AOD treatment services in other Australian jurisdictions and overseas. Media reporting has highlighted some extreme examples of financial exploitation, poor-quality service provision and predatory behaviour by for-profit service providers. A Victorian magistrate has noted that, as an alternative to jail, residential rehabilitation is the easiest way to get bail, or at least the hardest to refuse. This creates difficulties when judicial officers are asked to grant defendants bail to go to private residential

rehabilitation facilities when little is known about the quality of service provided. In 2016, Victorian Supreme Court Justice Paul Coghlan described for-profit rehabilitation clinics as a parasitical industry that had developed on the edge of drug addiction.

Recommendation 1 states —

That the Minister for Health and Mental Health direct that a statutory review of the *Private Hospitals and Health Services Act 1927* be conducted, with particular consideration given to:

I will highlight just one point —

- expanding the regulator’s investigatory and enforcement powers

The minister also needs to make sure that the definitions within the Private Hospitals and Health Services Act are up to date and cover these institutions so that there is no question that they need a licence to operate. That is one first step that we really have to take.

I will switch now from the positive to the negative form of regulatory regimes. This is about health complaints entities. This year in this chamber, we discussed the Health and Disability Services Complaints Office. We have seen the need here and it goes to recommendation 2, which highlights the need to expand the powers of HADSCO so that complaints procedures are in place and there is a mechanism for people to voice their concerns and that that not be done in a way that makes them afraid to do so, as happened at the Esther Foundation, where the only complaint mechanism was to the managing director, who often was the subject of the complaint. That is hardly a satisfactory complaints procedure.

Recommendation 4 states —

That the Minister for Health and Mental Health amends the *Health and Disability Services (Complaints) Act 1995* to provide HaDSCO with greater powers to handle complaints and concerns about organisations that provide health services. These powers should be comparable to the powers that HaDSCO will have in relation to individual healthcare workers through the implementation of the National Code of Conduct for Health Care Workers—including the ability to receive complaints, initiate own-motion investigations and issue prohibition orders.

I want to bring my remarks to a conclusion by saying that, at times, this was an emotionally draining inquiry. The committee was working to a very tight time line, while seeking to accommodate witnesses in a way that was fair to them. This made it a challenge for our deliberations, but the outstanding quality of work done by our principal research officer, Catie Parsons, and our research officer, Sylvia Wolf, made all this possible. I am very grateful for the support and work of my fellow committee members: deputy chair, the member for Maylands; the member for Dawesville; the member for Hillarys; the member for Pilbara; and our co-opted member, the member for Scarborough, who joined us from 16 June.

Finally, I would like to acknowledge the sincerity with which all participants in this inquiry contributed, and I trust that Western Australia can soon have the necessary regulation in place across all health services.

MS L.L. BAKER (Maylands) [10.35 am]: I would just like to start by iterating the same comments. Thank you to our fantastic chair, the member for Thornlie, and my committee colleagues, the members for Dawesville, Hillarys, Pilbara and Scarborough. There was astonishing intellectual input and organisational capacity from Catie Parsons and Sylvia Wolf, and originally Rachel Wells, who was there at the beginning of the inquiry.

Certainly, this was a piece of research and an inquiry that I never looked forward to. The testimony given by witnesses about some truly awful practices that were undertaken at these premises was harrowing to say the least. During the course of the inquiry, we heard so many heartbreaking stories from people subjected to many forms of abuse, often when they were young and vulnerable—in fact, I would argue, because they were young and vulnerable. To these people, I say thank you for your courage in sharing your stories.

The committee received submissions from a range of witnesses about their trauma and suffering at the hands of an organisation that considered them broken, not normal and wrong because of their sexuality, among other things. I am talking about the practice that has come to be known as gay conversion therapy, which emerged in Australia in the conservative Christian communities in the early 1970s and has been practised in these and other communities ever since. It attempts to change the sexual orientation of homosexual and bisexual people to heterosexuality. It is grounded in the belief that all people are born with the potential to be and should develop into heterosexual people whose gender identity accords with that assigned to them at birth. It views me as broken, abnormal and needing fixing. It views lesbian, gay, bisexual and transgender people as suffering from an illness that can be cured. During the inquiry, doctors, lawyers, psychologists, social workers, community groups and representatives of the LGBTQIA+ community spoke about their experiences in helping people who have been exposed to this form of abuse. One of them told the inquiry that this therapy is not at all a therapy; it is an abuse. They said that it is a way

to exercise control over a group of people who are often young and extremely vulnerable and that it is a tool of domination that leads to pain, suffering and despair for those subjected to it and their families.

During the inquiry, so many people bravely shared their personal stories about gay conversion therapy, and I think some of them might be here with us today. Thank you for coming yet again. Often their stories followed the same tragic pattern: they were young and vulnerable teenagers either in trouble at school or battling problems with drugs and alcohol, and their parents turned to people and organisations that they thought they could trust. This organisation in particular claimed to offer treatment and pastoral care for teenagers experiencing behavioural issues, but the reality was appalling. The people at this organisation would abuse their position of authority to subject these teenagers to psychologically damaging and abusive treatments, and often replaced drug and alcohol treatments in doing so. Tragically for many of these people and their families, this has led to lifelong consequences, with poor mental, physical and emotional health common. Many of the people subjected to this have repressed their identities, which has led to further serious mental health issues. Many of the parents who trusted their children to these organisations blame themselves for what occurred. It was shattering to see mothers come in with their daughters and give evidence to this committee and to see the guilt that they felt for the trust they placed in people who professed to be doing the right thing by their children.

Thankfully, there is a growing recognition in Australia that this so-called gay conversion therapy has no place in our society. The Australian Medical Association, the Royal Australian and New Zealand College of Psychiatrists, and the Royal Australasian College of Physicians all oppose these practices. Some medical associations have also suggested that psychiatrists or psychologists who engage in practices that attempt to change sexual orientation may be in breach of their professional code of conduct and ethics. In 2018, the Human Rights Law Centre and La Trobe University put out a report called *Preventing harm, promoting justice: Responding to LGBT conversion therapy in Australia*. It recommended that states should prohibit conduct by people and organisations aimed to change or suppress a person's sexual orientation. Thankfully, some states have already moved to do this.

Unfortunately, there are people who continue to defend these practices and argue that any ban on these practices is religious discrimination. This argument is totally disingenuous and an insult to me and the many Western Australians who have been subjected to these horrific practices over the years. If I have parliamentary colleagues who think that these practices are okay and continue to support them, I sincerely hope that you burn in whatever hell your philosophy allows you to imagine. Thankfully, many major religious groups and denominations, and charities have now seen that this therapy does not do what it is meant to do and have spoken out against it. They do not view LGBTI people as needing to be fixed and are rightly ashamed of the harm associated with past therapies. The Christian Counsellors Association of Australia is strongly opposed to these practices, and I applaud its strong public comments on this issue. It takes bravery; thank you. I am heartened to see the increasing numbers of religious organisations that seek to create communities that are safe and inclusive for everyone.

I am also proud and thankful to say that the modern-day Australian Labor Party has taken a strong stance to outlaw these practices. In 2021, the Andrews Labor government—just re-elected last weekend and often a leader on these issues—outlawed gay conversion therapy in Victoria. Here in Western Australia, the WA Labor Party platform says that we oppose this therapy as a cruel and misinformed practice and will work towards ending it. The state Premier has made it clear that he views this therapy as cruel and misinformed, and it has no place in Western Australian society. He committed to ban conversion therapy through the implementation of the national code of conduct for unregulated healthcare workers and pledged to introduce legislation or regulations necessary to give effect to the code.

I want to read a list of names of people who have been in my office over the last 15 years, arguing against gay conversion therapy. I mention Paul Benson, Misty Farquhar and Jaime Page from Rainbow Futures and Rainbow Labor; Avery Wright from the United Workers Union; the amazing Mark Fallows, for all his passion and commitment over many years; and Brian Greig from Just.Equal Australia. Thank you for your approaches over the years.

I hope, and pray in my own belief system, that we will stand in this place and see the passage of legislation that will ban this practice once and for all from Western Australia. I urge anyone seeking to better understand these issues to read finding 42 and recommendation 5 of this report, in particular; these go directly to these issues. To the many people who so bravely shared their stories, once again, I say thank you. I promise I will never stop fighting to ensure that future generations never have to suffer as you have done.

MS C.M. COLLINS (Hillarys) [10.43 am]: I rise today, also as a member of the Education and Health Standing Committee, to speak about our inquiry into the Esther Foundation and other unregulated private health facilities. I would like to start by acknowledging and extending my sincere gratitude to the very brave people who came forward earlier this year to share their very traumatic experiences. Some of them are in the gallery today. It is because of their courage that, hopefully, the necessary changes will take place.

Earlier this year, the media reported on very alarming allegations concerning the Esther Foundation, which was a faith-based residential treatment facility for women and teenagers. These allegations of abuse and inappropriate behaviours at the foundation were also brought to the attention of the Minister for Community Services. From our

chair, we heard that vulnerable people must be able to access the help they need without the risk of unprofessional and unqualified operators making promises they cannot deliver. The stories that came out of the Esther Foundation that we heard this year showed that this was often not the case—not always, but often. As the chair mentioned, it was a place of rehabilitation, but many people came out with more problems than they went in with.

It became very clear that existing legislative and regulatory frameworks do not capture the Esther Foundation to allow oversight of its operations. It was in this context that the Minister for Community Services tasked our committee with examining current frameworks to understand whether we could somehow improve those provisions and address any gaps that might exist. In total, we received 111 written submissions. We heard evidence from a very wide range of people, from former residents, staff, volunteers and board members, as well as government agencies, sector stakeholders and advocacy groups. We have heard some of the prevalent and consistent themes already, but I think it is important to repeat them.

Our report and media reports earlier this year uncovered complaints and allegations, including emotional and psychological abuse, coercive and extreme religious practices, LGBTQIA+ suppression and conversion practices, culturally harmful practices, medical complaints, family alienation, restraints and assaults, and sexual assaults. An ABC article published in March this year states —

The women say they did not receive any psychological or psychiatric care from a qualified medical specialist during their time at the residential centre for young women from crisis backgrounds, which claims to provide counselling for issues including addictions, sexual abuse and mental health.

It is important to note that although not everyone had a negative experience, if it was even just one person, that is enough for the necessary changes to occur. We read through so many submissions of despair and frustration at the manipulation and violations that they encountered while staying in this institution. It was truly gut-wrenching to hear these stories. These were vulnerable girls and women who had wideranging traumas before they entered Esther House and needed professional support. This is obviously incredibly concerning, and it is vital that we make sure that what we heard does not happen again in any other facility. We recognise that facilities in Western Australia are operating with a similar absence of external oversight, so it is up to government to make the legislative changes required to make sure that organisations do not go unchecked.

Our committee focused its work primarily on the legislative and regulatory frameworks for private health, alcohol and other drug treatment, mental health services, and health complaints entities. I will briefly discuss some of our findings and recommendations about those key areas.

As I already mentioned, through our inquiry it became very clear that existing legislative frameworks do not give sufficient powers for oversight of entities such as Esther House. The Department of Health's licensing and accreditation regulatory unit administers the relevant legislation—that is, the Private Hospitals and Health Services Act 1927. The Mental Health Commission is not a regulator in these fields. The lack of oversight was not exclusive to Esther House but could be argued for other private organisations that provide health care, and mental health and AOD treatment services. Under the existing rules, licences are required, which expire annually. Generally, high-risk facilities are inspected more regularly. The review found that there are no specific provisions under the current act to refer to a health service. Bizarrely, this means that, although Esther House was claiming to be a health service, one would be quite hard-pressed to argue that point using the applicable laws.

It is clear that reform is required to regulate accommodation-based mental health services that meet the definition of a private psychiatric hostel. Regulation requires powers for qualified officers to inspect or audit unlicensed facilities to check whether they meet the definitions and require a licence. Currently, the legislation seems to advocate for a self-regulatory model for mental health services. I think many Western Australians would have deep concerns about this laissez-faire approach in a field as serious and complex as mental health. Self-regulation in this field is now very much out of date and needs to be changed.

The situation is different in the regulation of alcohol and other drug treatment services in WA. There is, potentially, a comparative lack of government oversight there as well; however, the AOD sector is very successfully managed and engaged by the Western Australian Network of Alcohol and other Drug Agencies. Nationally, Australians have also benefited from the creation of the national quality framework for drug and alcohol treatment services. WANADA has been rigorous in communicating and applying a high standard to sector services. The lack of strong powers effectively leaves the civil servants within the licensing and accreditation regulatory unit with limited opportunities to respond to a concerning situation. There are questions about duty of care.

In terms of the regulation of private mental health and AOD support services, there is no doubt a real need for privately funded services in our state, and we are very thankful for many of the organisations that exist. We welcome new services to meet the needs of our communities, but all services, be they private or public, need to be based on a foundation of evidence-based, high-quality programs that are open and accountable. Privately funded service providers need to be highly cognisant of the damage to public trust caused by profiteering. In a 2016 editorial,

The Age reported that there are many desperate people—thousands of alcoholics and drug addicts—who need intensive, therapeutic and behavioural care and who, together with their families, are potentially easy prey for profiteers because of this lack of oversight and regulation.

The lack of regulation or awareness of private AOD providers creates a challenge for our justice system when judicial officers need to make important decisions about the provision of a service that they cannot comfortably vouch for. A spokesperson for WANADA, Jill Rundle, has warned that community literacy is not sufficiently developed to refer to a service and navigate the system, and transparency is a must. Full implementation of the national quality framework requires us to establish regulatory processes for AOD treatment providers that do not receive government funding. This will open the door to some desirable policy outcomes, which will go a long way towards increasing public confidence.

In Western Australia, health consumers benefit from the services of the Health and Disability Services Complaints Office. Currently, HADSCO is restricted when managing complaints about unregulated health service providers. It can only make recommendations to such providers and has no powers to enforce. HADSCO can pursue individual workers.

The DEPUTY SPEAKER: Thank you, member, for your contribution.

MR S.N. AUBREY (Scarborough) [10.54 am]: I rise to add my contribution to the tabling of the Education and Health Standing Committee's fourth report, *Report of the inquiry into the Esther Foundation and unregulated private health facilities*, alongside my parliamentary colleagues. I am not a standing member of the Education and Health Standing Committee. Under the Legislative Assembly standing orders, I was voluntarily co-opted onto that committee to participate in the inquiry into the Esther Foundation and unregulated private health facilities. On Thursday, 16 June, the Leader of the House moved the motion under standing order 249(4) —

That the member for Scarborough be co-opted to participate in the Education and Health Standing Committee's inquiry into the Esther Foundation and unregulated private health facilities.

Before the question was put and passed, he gave a brief speech, in which he said —

I will speak very briefly to this motion. The member for Scarborough has indicated a deep interest in the inquiry that is currently underway on the Esther Foundation, and his co-option is supported.

The motion to co-opt me to the committee is also noted under paragraph 1.4 of the report. My contribution will be brief as I am limited to 10 minutes as a co-opted member, although I could speak for hours on this matter. As the Leader of the House stated in the motion, I have a deep interest in this inquiry. It would have been hard, as an empathetic human being, to have seen the media reports on the Esther Foundation prior to the inquiry and not have had a deep interest in investigating how the abuse came to pass and how to ensure it does not occur again. The report contains 42 findings and five recommendations to prevent the abuse that occurred at the Esther Foundation from happening again at current or future institutions that use regulatory gaps to escape government scrutiny.

People need only watch my contribution to the debate on the Health and Disability Services (Complaints) Amendment Bill in April this year to see why I am passionate about and have a deep interest in supporting this inquiry, its findings and its recommendations. In that speech, I spoke of the importance of the HADSCO bill in protecting the vulnerable and others in our society from unregulated healthcare practitioners who either intentionally or through ignorance and bigotry cause them significant harm. When making a contribution to the second reading debate on that bill, I shared my personal story—my struggles with my sexuality and mental health and my history of suicidal ideation. This was to help others in the house understand the pain that members of my community and other vulnerable or marginalised groups experience. My story was painful to share and painful to hear, but let me tell the members of this house who listened that my story is far from the worst that has been experienced by LGBTQIA+ community members and members of other minority groups in our society, and especially the victims of the Esther Foundation.

When I joined the committee to participate in this inquiry, I knew that I would hear from victims who had experienced severe abuse and that it would be incredibly difficult to hear, but we owed it to the victims to listen and do the work required to ensure the abuse they suffered could be stopped from happening to others, now and into the future. These experiences included emotional and psychological abuse, coercive and extreme religious practices, LGBTQIA+ suppression and conversion practices, culturally harmful practices, medical complaints, family alienation, physical restraints and assaults, and sexual assaults. I had some concerns about the personal toll the inquiry might take on my mental health and whether I could cope, but as horrible as the abuses were to hear, I was prepared to hear them, I was expecting to hear them and I knew the importance of hearing them and giving the victims a chance to have their stories heard.

What hit me like a tonne of bricks and what truly had an impact on me was the strength, courage and resilience of the victims. Many of the women who experienced abuse have turned their lives around. Some are now advocates

Extract from *Hansard*

[ASSEMBLY — Thursday, 1 December 2022]

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Mr Chris Tallentire; Ms Lisa Baker; Ms Caitlin Collins; Mr Stuart Aubrey

fighting for the vulnerable in our society. Some are raising families. Others are moving from homelessness to their first job and first home, all the while carrying the trauma caused by the Esther Foundation.

I would like to deliver a message to the victims, some of whom are here today in the public gallery. I say both to the victims who came forward and to those who remained silent out of fear or trauma that although the abuses you experienced were not by my hand—they were before my time as an MP and before the current government's time in office—I offer you my apology as a fellow human being. I am sorry that this occurred. I am sorry that you were not protected by the laws of this state and this country. You have my sincerest admiration for your resilience and courage. You are an inspiration for all who stand in this place. The McGowan Labor government and everyone who contributed to this committee inquiry and its report—the staff, the committee, the victims, the government departments, the peak bodies and the advocacy groups—will together ensure that vulnerable people can no longer be abused by institutions that use regulatory gaps to avoid government scrutiny and that substitute evidence-based treatment for faith-based practices. We will ensure that no more members of the LGBTQIA+ community can be subjected to suppression or conversion practices in Western Australia.

I will end my contribution in the same way I finished my contribution to the Health and Disability Services Complaints Office bill debate. I say to anyone who experiences discrimination for their sexuality, sex, race, creed, disability, cultural heritage or faith or lack of faith, you define who you are, you determine your future, and if you respect the basic human rights of others and follow the rule of law, you have the right to live your life free from persecution and prejudice. I stand here as a member of the Western Australian government defending not just your right to equity but everyone's right. I hold the baton, along with my colleagues and allies in the Labor Party. We are standing our ground and we will advance the protection of the vulnerable, the marginalised and the oppressed. We fight for true equity in our society, forever and always. It is the Australian way, it is the Labor way, and it is our way.

Members: Hear, hear!