

Legislative Assembly
of the Northern Territory

Draft Daily Hansard

Tuesday 24 November 2026

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Madam Speaker Lambley took the Chair at 10 am.

MESSAGE FROM THE ADMINISTRATOR
Message No 20 – Assent to Bills Passed in October 2026

Madam SPEAKER: Honourable members, I have received Message Number 20 from His Honour the Administrator notifying assent to the Bills passed in the October meetings of the Assembly. The message is dated 10 November 2026.

SPEAKER'S STATEMENT
Members' Satisfaction Survey

Madam SPEAKER: Honourable members, every year the Department of the Legislative Assembly conducts a survey of members' satisfaction with a range of its services as one of its key performance indicators and to gain insights on how to improve its services to members.

You will find a copy of the 2026 survey on your desks. When you have completed the survey form please press your attendant call button and one of our staff will collect it.

As advised every year, we expect 25 responses. A non-response is recorded as 100% satisfaction.

VISITORS
Dhupuma Barker

Madam SPEAKER: Honourable members, I advise of the presence in the gallery of students and teachers from Dhupuma Barker as part of their week at the Michael Long Learning and Leadership Centre. On behalf of honourable members, I welcome you to the Chamber.

Members: Hear, hear!

PRIVATE HOSPITALS AMENDMENT BILL
Serial 82

Continued from 22 October 2026.

Mr EDGINGTON (Health): Madam Speaker, I move that the Bill be now read a second time.

In doing so, I talk directly to Territory families who had a basic choice taken away from them. In February last year Healthscope announced that it would close the maternity ward at Darwin Private Hospital. Within months, the ward was shut. The Territory lost its only private maternity service. Women who had paid private health premiums for years, many of them planning their births with an obstetrician they knew and trusted, were told to make other arrangements.

Earlier this year Healthscope confirmed that in 2023 the former Labor government was told that the company intended to close its maternity service in Darwin. Labor knew that; it had that warning in 2023 and it did nothing. There was no plan, contingency or conversations with the families who would be affected. When the announcement finally came, expectant mothers had a matter of weeks to change their plans.

This government was left to deal with the closure that Labor had seen coming and chose to ignore. We share the frustration of the community. We hear from mothers; obstetricians; midwives; and groups like Our Birth, Our Voice which have advocated strongly for Territory families through all this.

When Healthscope made its announcement, we moved quickly. We worked with private health insurance providers and private obstetricians to put in place private maternity packages at Royal Darwin Hospital with postnatal support for families. That gave women a pathway, but it is not the same as a private maternity ward, and Territorians know it.

This Bill ensures that what happened can never happen again. It amends the *Private Hospitals Act 1981* so that a private hospital can be designated by regulation with conditions on its licence, setting out the services it must provide.

Members may notice that the word 'maternity' does not appear in the Bill. That is deliberate. The Bill sets up a framework and the regulations will set that requirement.

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Once the Bill passes, regulations will designate Darwin Private Hospital and prescribe a condition on its licence requiring it to provide private maternity services. Any operator of Darwin Private Hospital will be required to deliver private maternity services.

The Bill also gives the department new powers to require a licensee to fix any breach of its licence and address any risk to patients.

Private operators are welcome in the Territory, and we welcome Calvary. We want it here, but if it wants to run the Territory's major private hospital, it must deliver maternity care for Territorians. That is the deal, and Calvary has already indicated the willingness to do that. We welcome it.

Rebuilding a maternity service takes time, with staff to recruit and equipment to replace, and we will work closely with Calvary as it does this. Territory women deserve the same choice as women anywhere in the country—to have their baby in their own community with the care that they paid for. This Bill guarantees that choice will be protected in law.

I move that the Bill be now read a second time.

Mr PAECH (Gwoja): Madam Speaker, I start by talking about something I am incredibly passionate about, which is healthcare. Health is not just another government service; it is one of the most important responsibilities we have in this parliament.

When someone is sick, when a family is worried about a loved one, or when a mother is preparing to bring a beautiful baby into the world, they deserve to know that our health system will be there for them. It is not just for those who can afford private health or those living in Darwin or Alice Springs; it is for every Territorian, regardless of where they live or how much money they have in their pocket.

I have always been, and will always be, a passionate supporter of public healthcare. I believe in our public hospitals and the extraordinary doctors, nurses, midwives, paramedics and health workers who turn up every day to care for our people. I believe that our public health system is the backbone of a fair and decent society; but I also believe in and support choice. I do not think that those two things are in conflict. You can be a passionate defender of the public health system while respecting someone's decision to access private healthcare.

Some people have private health insurance; some want to see a particular specialist. Some women want continuity of care with their chosen obstetrician. That is their choice, and I respect that. Our job is not to tell people which hospital they should attend; our job is to make sure they can access safe, quality healthcare when they need it. That is particularly important when we talk about maternity services.

I acknowledge the mums and bubs in the gallery today. They are here because this is an important topic. I specifically shout out Sophie, who has been a fierce advocate for mums across the Territory.

Having a baby should be one of the most special moments in a family's life. It should be about excitement, happiness and celebration. It should not be a time of unnecessary anxiety about whether a hospital will be available, whether there will be a midwife or whether a mother needs to travel interstate to receive the care she wants; yet that is the uncertainty that Territory women and families have been living with.

I acknowledge those women today, as well as the mums, expectant mums and family and health professionals who have been standing up and speaking out. Thank you to the women who have participated in Our Birth Our Voice forums; those women have told their stories and asked this government to listen. They were not asking for anything extraordinary, they were asking for safe care, dignity, continuity and choice. I thank them for standing strong and continuing to advocate for maternity services in the Territory. This government should have listened a long time ago.

The closure of the private maternity services at Darwin Private Hospital in June 2025 was a significant blow to Territory families. It took away a choice that women had previously enjoyed and placed additional pressure on our public maternity services.

What frustrates me is that this did not happen without warning. The Minister for Health acknowledged being aware of Healthscope’s difficulties as early as September 2024, yet more than two years later we are still debating how to restore private maternity services.

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Some families I know have made the difficult decision to travel interstate to have their babies. Imagine working and living in the Territory, raising a family and paying taxes only to find yourself having to consider leaving the Territory to give birth because the maternity service you want is no longer available. That is not a health system we should be aspiring to.

What have we seen from this CLP government? There have been announcements, finger-pointing and arguments about who is responsible. We have seen the Deputy Chief Minister laugh at the prospect of mothers speaking up about broken air conditioning at Royal Darwin Hospital, which the government then backflipped to fix.

We have seen private obstetricians operating in Darwin shut up shop because they cannot provide Territory women with the care they deserve given the current situation, leaving the Territory as the only jurisdiction without private obstetricians.

We have seen a $1.1m contract for private midwifery services bungled and axed by the Health minister.

We have seen attempts to turn a loss of private maternity services into another political fight with Canberra.

Government members have reached for the same old playbook: attack; deflect; and divert. However, Territory women do not need another political argument or press conference and they certainly do not need another excuse; they need maternity services that are open, properly staffed and ready to care for them.

I say to the Health minister: you are in government and you have the responsibility and power to act; you cannot spend your entire term looking backwards and blaming everybody else. At some point, you need to stop telling Territorians what went wrong and show them what you are doing to fix it. When a mother is preparing to have her baby, she does not care which minister can deliver the best political attack; she cares about whether she has a midwife, a doctor and a safe place to give birth and whether her family can be there to support her. That is what matters.

I acknowledge the extraordinary staff at Royal Darwin Hospital who have continued delivering maternity care under enormous pressure. Our obstetricians, nurses, midwives, doctors and health workers deserve our thanks. They should not be left carrying the consequences of uncertainty over essential services.

Territory Labor supports the principle of strengthening the private hospital licensing framework; public and private healthcare working together; high standards of patient safety; and the restoration of private maternity services in Darwin. However, supporting the principle of this legislation does not mean we should accept everything the government tells us it will achieve because there is an important difference between what this government is saying publicly and what this Bill guarantees.

The legislation does not, in black and white, require Darwin Private Hospital to provide maternity services. It does not guarantee that the maternity ward will reopen; it does not establish a reopening date at all. It does not prescribe the minimum level of maternity and obstetric care that must be provided.

What it does is change the regulatory framework. It transfers significant licensing responsibilities from the Chief Health Officer to the Chief Executive Officer of the Department of Health. It creates a mechanism for conditions to be imposed on private hospital licences, including conditions requiring services to be provided.

Those powers may be useful; they may allow government to require maternity services as a condition of a private hospital licence. However, having the power to do something and doing it are two different things. There is a difference between the government giving power to require maternity services and guaranteeing that those services will be delivered. That is the issue before this Assembly.

The CLP has told Territory families that this legislation will deliver certainty. The government must show us that certainty and show where in the legislation, in black and white, it guarantees that private maternity services will be delivered, when they will be delivered, where the incoming operator will be required to provide them and when those services will reopen because Territory women deserve more than a possibility that a condition might be imposed at some point in the future. They deserve a clear commitment, backed by enforceable obligations.

The proposed acquisition of the Darwin Private Hospital by Calvary Health Care has provided some hope that private maternity services may return. I welcome that prospect. I want private maternity services back in Darwin. I want even more is for those services to be safe, sustainable and available for the long term.

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The Health Minister has spoken confidently about decisions with Calvary to restore those services, but confidence is not an implementation plan. I seek leave to table a letter from Calvary.

Leave granted.

Mr PAECH: I table that letter because it is an important correspondence. In this correspondence, Calvary is unable to say in black and white that private maternity services will be offered and delivered in Darwin as a result of these agreements and these arrangements. Calvary has said it would be premature for them to provide any definitive advice regarding the scope, timing or future of clinical services, including maternity, at that hospital.

We ask the government, in its agreements, what has been agreed to? What services in its agreement will be required to be provided? What investment will be needed? What workforce arrangements will be in place and when will Territory families be able to access those services?

Maternity services simply do not appear overnight. We cannot recruit a midwife through a press release. We cannot start a birthing suite with a political promise. We cannot create a sustainable 24-hour obstetric service by simply changing a licence. We need midwives, obstetricians, paramedics and anaesthetists. We need wide healthcare professionals and workforces. We need the right facilities and safe clinical arrangements and guidelines. We need confidence that that service can operate safely and not just for a few months but into the future.

A maternity service is not simply a room with a bed. It is a coordinated system of caring for women throughout their pregnancy, birth and postnatal periods. We want a service that is there for the long haul. We do not want a service that opens for a photo opportunity and then struggles to operate. We want a service that Territory women and their families can rely on.

There is another important issue to this legislation that the government needs to explain. That is the transitional arrangements. This Bill contains provisions that preserve existing private hospital licences and limits the application of certain new conditions of that licence granted before those conditions are prescribed.

That might sound like a technical legal issue but it has very practical consequences because if this government is telling Territory women that it will require the incoming operator to provide maternity services, we need to know whether those requirements will apply to Calvary.

What happens if a licence is granted before the legislation commences? What happens if a licence is granted before the maternity service condition is prescribed? Could the timing mean that the very condition intended to restore maternity services does not actually apply to the incoming operator. These are not unreasonable questions but ones that Territory mothers are asking. They go directly to where the government can deliver what it has promised. I do not want to find us back in this Chamber in another 12 months asking why private maternity services still have not returned. If the intention is to guarantee maternity services, the legislation licencing arrangements need to make that clear—clinical oversight and patient safety.

I will address the transfer of licensing responsibilities from the Chief Health Officer to the chief executive officer. I recognise government departments need effective administration arrangements. There may be reasonable grounds for changing how licence conditions are functioning and exercised, but we must remember that hospitals are places where people's lives are at stake. Decisions about medical services a hospital can provide, whether those services are safe, appropriate and have clinical standards and are being met, must be informed by a qualified health professional.

The Chief Health Officer has an important role in our health system. If we are transferring significant powers to the chief executive officer, what safeguards will ensure clinical expertise remains at the centre of those decisions, what and who provides that advice, when must it be sought, and what happens if a private hospital fails to meet its obligations. Patient safety must always come before commercial interests, political convenience and government announcements.

We also need clarity around the range of services that will be available under the incoming operator. Territorians should be able to access lawful healthcare and if a particular service is unavailable, appropriate referral and transfer arrangements must be in place. This is about protecting patients and ensuring they are not left facing unnecessary barriers or delays.

I remind this House that when we talk about maternity care and choice, we must remember that women and families live outside Darwin. Many women who live in Central Australia and remote communities, choice has

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always been limited. Women are always often required to travel hundreds of kilometres from home to give birth, away from family, community, culture and country, and sometimes for weeks on end. The impact on families can be enormous.

I represent communities where accessing basic healthcare can be a challenge. Families travel long distances for appointments, healthcare workers go above and beyond every day to deliver services in some of the most challenging and remote places in the Territory. I want those families not to be forgotten in this debate. Choice should not depend on postcode, bank balance or whether you live in Darwin or the bush.

Our public hospitals and remote services must also remain accessible, strong and culturally safe. I will always fight for that. The right of women and families to choose private healthcare must be respected. Those two things can and should exist together.

Territory Labor wants this legislation to deliver genuine certainty, not just another new power for government or another opportunity for the minister to stand in front of a camera. We want real services, choice and accountability. We want to see maternity, obstetricians and those services clearly recognised as a core service at the Darwin Private Hospital. We want clarity from the Health minister that the transitional provisions will apply to the incoming Darwin Private Hospital operator. We want clear expectations about what constitutes a full private maternity service that includes antenatal care, obstetric and midwifery services, safe birthing arrangements and appropriate postnatal care.

That includes properly trained staff, safe clinical systems and continuity of care. We want appropriate safeguards to ensure clinical expertise to inform licensing decisions. These are practical and reasonable expectations, and if the CLP government is serious about restoring private maternity services it should be prepared to work with this parliament to make those commitments clear and enforceable.

I am not interested in making life difficult for the private hospital operator; I am interested in making sure government delivers what it has promised to Territory women.

I finish where I started: healthcare matters to every family, community and Territorian. I am passionate about public healthcare and people having choice to access private services. I believe in a strong, publicly funded health system that is there for people when they need it. I believe in the right of choice and that Territory women deserve to make informed decisions about their bodies and their maternity care. They deserve to know that whichever hospital they choose, there will be safe, reliable care to the highest standard possible.

The women who have stood up over the last two years have shown extraordinary determination, courage and passion. They have asked for certainty, continuity, choice and, importantly, action.

Now is the time for government to deliver—not another excuse, argument about who is to blame or another announcement that leaves families wondering what is happening. You cannot give birth in a media release, you need a hospital, doctors, midwives and a safe place to bring a beautiful baby into this world. You need a government prepared to do the hard work to make that happen.

Territory Labor supports strengthening the private hospital regulations, but we want to ensure that the government's commitments are backed by meaningful obligation. We want private maternity services restored, our public hospital supported and Territory women and families to have the choice, safety and dignity they deserve. At the end of the day, this is about people—mothers, babies and families. Every Territory baby deserves to be born into a health system that is ready to support them and help them thrive in the Territory.

This is an incredibly important debate. This is a government that has said it wants to return these services, yet the Bill before us today does not say in black and white and does not legally require maternity services to be a legal requirement for any private hospital operator. That is disappointing. Territory mothers have said that this government promised to make it legally possible, in black and white, that the private hospital must deliver these services.

The legislation in front of us still leaves it in the hands of the private operator to make a decision. We have seen already from the correspondence from Calvary that they are unable to give a certain guarantee that private maternity services will make a return in Darwin.

We hear from families who know and have witnessed that they are decommissioning private hospital maternity wards, and they do not know whether they will be restored somewhere else in that hospital.

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The Health minister has a lot of questions to answer, not because of the opposition, but because that is what Territory mothers are asking for. They are asking for certainty and that when this Bill passes, there is a 100% guarantee that mothers in the Territory will be able to access a private hospital in Darwin and get quality care. They want to know from the government today where it says in black and white that any provider coming to the Territory to deliver private healthcare has to provide maternity services as a full comprehensive service in Darwin. That is what we have not heard.

We can go back in history, but that will not help Territory mothers. We need to move forward together and work out the best way forward with the design and development of this legislation to ensure that anyone having a baby in the Territory has the choice to access one of the amazing private hospital providers that might choose to come here or to access one of the amazing public hospitals across the Territory. That is important in this debate.

This is a debate about allowing Territory mothers full autonomy and control over the decisions that they make when they are having a baby so that families can make that choice. We have heard heartbreaking stories of Territory mothers bringing their own fans to hospitals or packing boxes and going interstate to have a baby. That tells us that the systems are not working. We need Territory families to have full confidence and faith in both systems, whether it is public or private, that they can get quality continuity of care from the minute they walk in as an expecting mother to when they leave with a beautiful new baby, a new little Territorian, that they will be supported to thrive. That is the important debate that is happening.

I look forward to consideration in detail and asking the minister to show us where, in black and white, it legally enforces the private hospital to deliver maternity care, as the government kept telling Territorians it would do and when this will start. Have they already negotiated licensing terms and conditions that will not be applicable because this legislation has passed? If this legislation passes and they already negotiated the agreement, will it be retrospective? These are all things that we want to know because Territory mums want to know.

We also want to know what the plan from this government is, because this government continually talks about a plan. Those opposite said that they were planning to have maternity services up and operating as soon as they can, then the plan was to have maternity services operating by the end of the year. Well, we are at the end of the year and still do not have private maternity services in Darwin. It keeps getting pushed back by this government.

The Health minister clearly cannot stick to a plan, does not know how to develop a plan or does not know how to implement a plan because it keeps getting pushed back—'Oh, we are working on it. It is close. It is a month away.' They are starting to call the Health minister 'the monthly man', because whenever you ask for an answer, it is, 'A month away'. Territory mothers do not have months. They are giving birth every day in the Territory, and they need certainty on when the private hospital in Darwin will open. They do not want to be told another month. They do not want to be told that a plan is being worked on. They do not want to be told that it is hard work. They know it is. You know what else is hard work? Being a female in the Territory giving birth to a baby and not knowing where you will give birth because there is no private hospital that you want to access. That is a hard decision that families are making.

We hear mothers going interstate just to give birth; that is not right. We are still hearing that mothers are travelling to the beautiful town of Katherine to get scans done because they cannot get scans in Darwin. The Health minister is saying he will fix it; when will you fix it? When is your plan coming into effect? When will we have to stop sending Territory mothers to Katherine to get a maternity scan? When will mothers in the Territory have a definitive date on a private health system operating in Darwin? They are answers people want.

I am under no illusion. Health is complex, but it is one of the most important pillars in the Territory. We know that there needs to be work; no-one is denying that. I know that the Health minister has a few more grey hairs now than when he came to this parliament because Health is hard work, but it is important. We have to do that work. We have to make sure that we have a health system working for everyone. I am committed to working with and listening to Territorians about the health system that they want built in the Territory. We need to rebuild that system, but we need to listen to Territory mothers.

I have met with Territory mums' groups in Darwin, Alice Springs and new mums across the Territory to hear about their experience. There are Territory mothers in Alice Springs who would love to see a private ward, at least, in Alice Springs. They are conversations that we all need to have.

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The most important conversation we are having today is asking this government a few questions: where is in black and white the legal requirement for maternity services to be operating out of the private Darwin hospital as you promised?

When will you guarantee Territorians that the doors will open on the private hospital in Darwin so that Territory mothers can get that quality of care and choice they want to exercise? They are two of the most important questions that we want to know the answers of today.

As I said, this is important to Territorians. We have heard from our amazing, hardworking Australians who decide to call the Territory home, whether it is for a long time or a short time. I acknowledge the Defence parent who have raised these concerns with us. They have acknowledged that they want to access private healthcare when they are here. We need to acknowledge, as I do, how our hardworking Defence families in the Territory are part of shaping our Territory. We are hearing some Defence families do not want to be posted to Darwin because there is no private hospital for them to access. People are making a choice not to come to the Territory because there is not a private hospital.

We want Defence personnel to choose the Territory; to come and live for a short time. I would like them here for a long time. We need to have these mechanisms in place.

This is an important debate. We encourage people to talk about how important it is. I want to hear from the government again that 100% guarantee—no ifs, buts, maybes, no uncertainty. I want the government to say maternity services, 100% guaranteed, will be delivered at the private hospital in Darwin. We want to know before Christmas, when will the doors open? Certainty is the greatest gift you can give a Territory mother this year for Christmas. When will that hospital open and will it deliver maternity care?

Ms CAHILL (Trade, Business and Asian Relations): Madam Speaker, I speak on the Private Hospitals Amendment Bill 2026 and the importance of restoring private maternity and birthing services to the Northern Territory—something that is close to my heart, having had the privilege of running that service for a number of years—we will not say how long ago that was; we will let that lie.

This Bill is about protecting essential healthcare services, restoring choice for Territory women and their families and strengthening the long-term sustainability of our healthcare system. It is also about recognising the lessons of the past and ensuring future generations of Territorians have greater certainty about the accessibility of essential health services.

Becoming a parent is one of the significant moments in a person's life. It should be a time of excitement, anticipation and celebration, not uncertainty about where a mum can give birth or whether she can access her preferred model of maternity care.

Territory women deserve access to the same range of services women living in other Australian capital cities access. Living in the Territory should not mean accepting fewer healthcare choices or having to travel thousands of kilometres to access services that are readily available elsewhere in Australia.

The closure of the private maternity service at Darwin Private Hospital in 2025 was deeply disappointing for many Territory families. It affected expectant mums, their partners, their families and the dedicated healthcare professionals who provided those services to Territorians.

For decades, for many families, it meant changing birth plans, changing healthcare providers and reconsidering arrangements they had made months, sometimes years, in advance. For others, it sadly meant questioning the value of private health insurance. It also removed an important component of our healthcare system, placing additional demand on our public hospital system.

That is why this Bill will establish a clear obligation for Darwin Private Hospital to provide maternity and birthing services through its hospital licensing arrangements. The availability of such an important service should not solely depend on the decisions of an individual hospital operator. There is a much broader public interest to ensure that those essential healthcare services remain available to Territorians.

The Northern Territory faces unique challenges because of our geography, our population size and distance from other major population centres. When an essential health service disappears in Darwin, patients cannot simply travel to their next private hospital down the road. For many, the nearest alternative is thousands of kilometres away. That is why the circumstances of the Northern Territory require a different approach.

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We must recognise that the provision of private hospital services has consequences that extend well beyond the interests of the hospital operator. This Bill provides a mechanism to protect maternity services into the future and to establish clear expectations for those licenced to operate our private hospital.

In considering this Bill, it is important to examine how the Northern Territory found itself in this position. The Member for Gwoja would like us to ignore the fact that all of this happened on the previous government's watch. History is important. You can pretend it did not happen. You can say, 'Oh, this is a today problem', but this problem would not have happened had those on the other side done the job they failed to do.

They were in government for eight years, and the challenges that were facing Darwin Private Hospital's maternity services did not happen overnight. This decline occurred over an extended period, pretty much during Labor's time in government.

Healthscope said that annual births dropped from 700 in 2013 to fewer than 300 in 2024. Having run that service, I know where the magic number is to make it a viable service and keep things going. Trust me, 300 is not that number.

Healthscope let the previous government know that the service was in trouble. The decline raised serious questions about the previous government's planning and oversight of those services. It is a bit rich for the Member for Gwoja to say, 'Oh, let us not talk about the past. Let us just talk about what is happening today.' The questions have to be asked.

The Leader of the Opposition was in fact the Health minister for the last several months of the previous Labor government's term. She would have known and had direct access to Healthscope, which would have made it clear to her—because that is the way it operated; if it had a problem, it took it straight to government and made sure the government knew. I know that because I worked for that company and know how it operated. The Leader of the Opposition did not do that. There were no discussions, according to Healthscope, because apparently it was not something the government knew about, even though we know that it did know.

What did the previous government talk about when it said that Healthscope let it know there were declining birth numbers that were placing that service at risk? What assessments did it do for a long-term viability plan for maternity services? What consideration did it give to strengthening hospital licensing conditions? What contingency arrangements did it put in place to make sure that Territory families would have the capacity to deliver their babies privately, should they so wish, if the private hospital became commercially unsustainable? What steps were taken to prepare the public hospital for the possibility that private maternity services might cease? We all know the answer to those questions: they did nothing.

In February 2025 Healthscope indicated that while it had spent the previous 12 months examining alternative service model, it could not make it stack up and made the sad decision to cease operating that service. Healthscope had been talking about it for two years to the previous Labor government. Several months of which, the Leader of the Opposition was the Health minister who would have had clarity about what was happening in that space.

Therefore, it is reasonably to ask what they knew and why the did not do anything and how it came that the total collapse of the service was the end result, when they had amply opportunity to step in and assist to keep the service going.

If that could be explained to the House it would be incredible, but I am not sure we will get that explanation.

Here we are today dealing with the consequences of the failure of the previous government, looking at what historically has happened and making sure it cannot happen again in the future. As the Minister for Health informed the Assembly in February 2026 the maternity suite at Royal Darwin Hospital had not been upgraded for 15 years, so not only did we have a declining private sector, but the maternity services in our public hospital was similarly suffering. There was no infrastructure investment in maternity services; no responsibility to make sure that these services could cope with pressures that may come in the future; no ability to be proactive and make sure that the failure of those critical services did not happen.

I can reassure Territory mums who are expecting their babies and their families that Darwin Private Hospital remains open and continues to operate as usual and that people who have procedures booked should continue to keep their appointments and work with their clinicians and attend that hospital. They can also be assured that we are working to ensure, through this Bill that those women who want to have their babies privately in the Northern Territory have an option to do so.

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Coming to the question of when that might be, the reality is that Calvary Health Care is acquiring 14 Healthscope hospitals across Australia, including Darwin Private Hospital. That is a significant national commercial transaction. The Member for Gwoja was asking when. If the Member for Gwoja had any concept or understanding about the quantum of these sorts of negotiations, he would understand that you do it properly the first time. You have good, reasonable discussions, put clarity on the table and you tell them what the expectations are and you work with the proponent to achieve it.

NT Health is actively involved in the process and is working closely with Calvary. There is no-one better placed in this discussion than the CE of NT Health to negotiate exactly what the Territory needs. That is why that responsibility will sit with the chief executive of that department.

Our objectives remain clear. We will make sure that the Northern Territory has a strong, sustainable private hospital that meets the health care needs of all Territorians, including the restoration of private maternity services. Calvary has expressed its commitment to do that with the government; we are working together collaboratively to achieve that important objective.

This Bill will establish that enduring obligation for the provision of maternity services, irrespective of who operates Darwin Private Hospital today and well into the future. It will protect the long-term interests of Territory families.

The restoration of private maternity services is not simply an issue for Territorians who have private health insurance; it is also an issue for or entire public health system. A strong private hospital sector complements a strong public hospital sector. When both sectors are operating effectively, patients can have greater choice and healthcare demand can be distributed across a broad range of services.

When private maternity services ceased, Royal Darwin Hospital was required to accommodate additional births. I acknowledge the extraordinary work that was done by the public hospital, clinical and maternity teams, midwives and theatre staff to make sure that women could access those services when they were affected by the Darwin Private Hospital decision to cease that service. Their professionalism, dedication and their commitment to Territory families deserves recognition.

To assist them, we must make sure that we restore private maternity services because that goes to the sustainability of our public healthcare system. This is not about suggesting that private care is better than public care, as they are all excellent providers, but ensuring that there is an option, a choice and recognising the value of both systems and how they work intrinsically together.

The issue was raised about services not being available, impacting people coming to the Northern Territory and deciding whether to live and work here, and that is true. We must keep those services in play. We need to attract and retain skilled workers, professionals and young families, and we want people to come to the Territory to build their careers, establish businesses, purchase homes and raise their children here. Healthcare is a significant consideration for families deciding where they want to live.

The availability of maternity services forms an important part of that equation. We cannot talk about growing our population without considering the services that support that population growth or ignore the impact the loss of essential services can have on confidence. This is why we have this Bill before the House. It will deliver the certainty that people are looking for and if they choose to come to live, work and build their lives in the Northern Territory, they will have access to private maternity services and all the associated services that come with that.

Behind every discussion about hospital licences, regulatory approvals, commercial transactions and healthcare policy there are real people; women who have maintained their private health insurance for many years specifically because they wanted to access private maternity care; and expectant mums who have established relationships with their obstetricians and plan their pregnancies around the availability of those services. Sadly, at the moment, many of those families have made the decision to consider travelling interstate for the delivery of that care. We want to reassure them that this Bill and the work that is being done by my colleague, the Minister for Health, the teams at the Northern Territory Department of Health and Calvary Hospital, are working to ensure that the service that they deserve will be delivered in the Territory.

Another thing I want to raise is something the Member for Gwoja also raised on safety, quality, how to make sure it will happen with this decision, who will talk to the Calvary Hospital about what their obligations might be, who directs who the licence is and how that will be managed. There is an entire ecosystem that sits around private hospitals that make sure that every service that is delivered is delivered safely and in the most appropriate manner. There are accreditation services that every hospital in this country, be they public or

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private, must comply with, and there is a diligent process that goes with that. I have no doubt, having had experience with the Calvary Hospital network, that they will deliver the best service that Territorians deserve. There should be no concern or seed of doubt planted in Territorians' minds that will not be the case. That is inappropriate for that to happen.

It was interesting that the Member for Gwoja mentioned the fact that some women are having to travel to Katherine, or choosing to travel to Katherine, to have an ultrasound. It is worthwhile mentioning that the reason that happened is in 2023—let me think; that was under the previous Labor government—there was a change of contract for delivery of services in the public system that totally failed to take into account that the previous provider also provided private health radiology services to our community, but the new provider would not. Work that out: who signed that contract and who was the Health minister then?

Mr Paech: Who had 800 days to fix it? You, and you failed.

Madam SPEAKER: Member for Gwoja!

Ms Uibo: You have done nothing in two years.

Madam SPEAKER: Opposition Leader!

Mr Maley: The Leader of the Opposition signed it.

Mr Kerle: Labor are like a duck walking across the yard, leaving a mess behind.

Madam SPEAKER: Let us keep the banter down.

Ms CAHILL: In delivering this Bill we will ensure that the qualified obstetricians, midwives, paediatricians, anaesthetists, nurses and all healthcare professionals involved in delivering these services understand our commitment to provide them with a facility that will give choice to Territory mums, their partners and broader family network. We will ensure that they understand that we will deliver safe, sustainable and capable services that meet the needs of Territory families over the long term, not just to fix the problem today but to fix it well into the future so that we do not find ourselves dealing with the same situation in another 10, 20 or 30 years.

I was devastated with the closure of that service because I knew all the midwives who worked in that service. I know what a fantastic service they delivered at Darwin Private Hospital and how proud they were of reaching milestones such as three decades of service to the Territory community. For that to have been allowed to disintegrate under the previous government's watch is truly a tragedy. That will be remembered for a long time.

The important thing is that this Finocchiaro CLP government is ensuring that will not happen again. This legislative framework will establish the obligation while the necessary clinical and operational arrangements will underpin the delivery of safe maternity services.

The loss of these services exposed a significant vulnerability in the NT's healthcare system. It demonstrated the consequences of failure to act when you know there is a problem emerging and that when governments learn of something that could have a significant impact on our community, they have a responsibility to act. The previous government failed to do that, but this government will deliver; we will ensure that those essential services are available.

The inadequacy of long-term planning, the short-sightedness of developing discussion papers—it is a good thing to have a discussion paper, but discussion does not deliver results. It does not give an adequate long-term solution. It is just a waste of paper. It may make you feel good for the moment you are discussing it, but it does not deliver the results that the community needs and deserves.

This government's objective remains the restoration of private maternity services and the establishment of a strong and sustainable private hospital for Territorians. It remains the commitment to restore the service that Territorians have come to expect and which they deserve.

This Bill is about the kind of Territory we want to build, where women have meaningful healthcare choices; families have confidence in the availability of essential service; public and private healthcare systems complement one another; essential healthcare services are supported by long-term planning and appropriate legislative safeguards; and, most importantly, people can build their lives, raise their families and welcome

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their children into the world, born as Territorians, as they deserve to be. The long-term measure of this Bill will be the delivery of a safe, sustainable and accessible private maternity service for Territory families now and for many generations to come.

Mrs HERSEY (Education and Training): Madam Speaker, I speak on the Private Hospitals Amendment Bill as not only the Member for Katherine but also a mother and grandmother who understands that few moments in life are more precious, emotional and significant than bringing a child into the world.

For expectant parents, pregnancy is a journey filled with excitement, anticipation, hope and, naturally, a little anxiety. It is a time when families want reassurance and certainty. They want to know that when the moment arrives, the healthcare services they planned for, paid for and placed their trust in will be there. When it comes to bringing a child into the world, families should be focused on welcoming their baby, not worrying about whether the healthcare they need will be available.

For many women, private maternity care provides reassurance, the opportunity to build a relationship with an obstetrician throughout pregnancy, continuity of care, personal choice and the confidence of knowing the person supporting them throughout their pregnancy will be there when the baby arrives. These things matter enormously. It is why the loss of private maternity services in Darwin was felt so deeply across the community. The Member for Port Darwin picked up a couple of those points.

I acknowledge that Sophia from Our Birth, Our Voice is in the gallery. I met with women from Our Birth, Our Voice a while back and heard their real and emotional stories.

The closure of the hospital service is, for some families, a tragedy. People who have private health insurance want to know that there is a private service of their choosing. The loss is about that loss of choice between the public and private health services, valuing both options working together. That loss of certainty caused concern for many expectant mothers. I heard that when I met that group. For those families it was about losing confidence in a healthcare system they believed would be there when they needed it most.

I want to know that my children and grandchildren have choices about where and how they access healthcare. I want Territory women to have the same opportunity to make decisions about their pregnancy and childbirth as women in other parts of Australia do. I have spoken to many women who have expressed genuine frustration and disappointment about what the loss of private maternity services means for them. Women have said that if they fall pregnant, they may have little option but to travel interstate to access the model of care they want.

Private maternity services are not just for our Darwin families; it is for all Territory families wishing to experience that private service—families who are building their life here.

As a government, we want people to move here for work options, raising their family, paying their taxes and paying their private health insurance premiums year after year. It was concerning to them that at one of the most important and vulnerable times in their lives, they discovered that the healthcare choice they had planned for may no longer be available in their community. For a woman preparing to give birth, that is an enormous burden. For partners, grandparents and other family members it creates additional financial, emotional and practical pressures. Territory families should not expect to accept that as the price of living here.

We talk constantly in this parliament about making the Northern Territory a place where people want to live, work, invest and raise their families. We need certainty for them to build their future here while allowing important healthcare choices to remain here. We cannot talk about population growth and attracting young families if we are not prepared to protect the services that support them.

We know that the Northern Territory faces unique challenges in delivering healthcare. Our geography is vast, our population is comparatively small and we face ongoing challenges in attracting and retaining skilled healthcare professionals. Nobody disputes those realities, but understanding the challenges is not the same as accepting the outcomes. Acknowledging the difficulties of delivering healthcare in the Territory must never become an excuse for failing to plan, act or protect the services that our community values.

It has been disappointing that the loss of those private maternity services and the concerns about the future were known well before the service ceased to operate. There were warning signs; we have heard about them today. Healthscope confirmed earlier this year that in 2023 it told the previous Labor government—including the Opposition Leader sitting opposite us, who was the Health minister—that it would close.

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Ms Uibo: I was not the Health minister in 2023; do not lie. Get your facts right.

Madam SPEAKER: Opposition Leader, please remain silent.

Mrs HERSEY: The Opposition Leader can refute all she likes, but she …

Ms Uibo: I was not the Health minister in 2023. What are you talking about?

Madam SPEAKER: Opposition Leader!

Mrs HERSEY: She was one of many Health ministers. There were so many reshuffles while those opposite was in government and in opposition that we cannot keep up.

Ms Uibo interjecting.

Mrs HERSEY: She is still going on; if she has something to say, she can make a contribution. There was opportunity for them to consider what could be done to protect the service and the families who relied upon it. The Opposition Leader would not be getting antsy if there was not some truth to what she is hearing. What she has to say is embarrassing.

The arrangements that the previous government put in place did not prevent this loss. Territorians are entitled to ask questions. How did we get to that position with our now Opposition Leader as one of the Health ministers? How could such an important healthcare choice disappear without adequate protections in place? How does she explain that to the many families who had planned and prepared for their pregnancies, only to find themselves facing such uncertainty? These are legitimate questions about governance, accountability and the responsibility of government to anticipate problems before they become a crisis.

Our CLP Finocchiaro government inherited this situation from the previous Labor government, and we have been working to find a solution. We are getting on with the job and providing certainty to those expectant mothers. That is the important work that the Health minister is doing. Governments cannot change what has happened in the past, but we can learn from it, take responsibility, address the consequences and ensure the same does not happen in the future. That is precisely what this legislation seeks to do.

The Private Hospitals Amendment Bill is about creating a mechanism to better protect critical healthcare services. It recognises that where services are important to the community, there must be appropriate consideration of their continuity. When government arrangements are contractual, obligations are negotiated and renewed. We cannot leave essential community expectations to chance, and we cannot rely solely on assumptions or goodwill. We cannot wait until a service is at risk before asking what protections should have been in place.

The Health minister, Minister Edgington, is showing what responsible government action looks like. It is about planning ahead rather than simply reacting after the damage has been done. It is about recognising that decisions made around the negotiating table can have real consequences for families sitting around their kitchen tables. It is about ensuring that the interests of Territorians remain central to the way we manage our healthcare systems.

Most importantly, this reform is not just about what happened with private maternity services. It is about the broader principle that critical healthcare services must be properly considered and protected wherever possible.

The Member for Gwoja spoke of a plan. Labor members must have a short memory, which is exactly why they are the opposition. Minister Edgington has spoken many times in this Chamber about the plan and about how we are moving forward with private maternity services.

The Member for Gwoja also spoke about mothers travelling to Katherine. The Member for Port Darwin has spoken about that as well. It is about people having choice. We are fortunate in Katherine with our incredible hospital and maternity services. We have the choice of where to get a scan, which is something that people in Darwin do not feel they have.

We must ensure that appropriate protections are considered before services are put at risk rather than scrambling to find solutions once families are already affected. We must give Territorians greater confidence that the healthcare choice they value will be properly considered in future arrangements.

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The value of this legislation is not simply measured by what it addresses today; it is measured by the confidence it can help create for tomorrow; for women thinking about starting a family; for the couples preparing to welcome their first child; for the parents who want their children to grow up in the Territory; and for the grandparents who want to be close by when a new baby arrives. These families deserve peace of mind. We cannot continue to talk about growing our population, attracting skilled workers and encouraging young families to make the Territory their home without addressing the practical things that make those decisions possible.

People do not make decisions about where to live based on slogans; they make decisions based on whether they can access healthcare; whether their children can receive and education; whether they can find secure employment; and whether they can build a future for their family. Healthcare is fundamental to that confidence and for our young and growing population, maternity care is an important part of it. We want our young families to choose the Northern Territory, and we must make sure the Territory is a place where they feel supported through every stage of family life. That means a healthcare system that recognises their needs, respects their choices and works to provide the services they depend on.

We should not lose sight of the fact that behind every healthcare service is a person, a family and a community. Behind the loss of the private maternity services were women who had to reconsider their birth plans, families who faced additional expenses and expectant parents who were left questioning what their options would be, and these experiences matter. We should not shy away from the responsibilities to examine how these circumstances came about.

Good governance requires accountability; it requires our government to look honestly at the arrangements they inherit, identify where those arrangements have failed to protect the community and make the necessary changes, which the Health minister is doing. We have taken on this responsibility.

The Health minister has demonstrated a commitment to putting stronger mechanisms in place to protect critical healthcare services into the future. We cannot promise that every healthcare challenge will be easy to solve or ignore the workforce and geographical realities we face, but we can make sure better protections are in place. I commend the Health minister and all the hardworking Health staff who provide care to Territorians and their families.

I commend the Bill to the Assembly.

J DAVIS (Johnston): Madam Speaker, on the weekend I stood just outside this building with hundreds of Territorians who are deeply worried about the state of maternity care in the Northern Territory and beyond. That gathering was part of a national campaign calling on the federal government to address an insurance issue affecting midwives, which, if not resolved, will severely limit women's access to birth choices, particularly in the Northern Territory. That is a federal issue, but it has real consequences for Territory families. I was pleased to see the Minister for Health and the Member for Wanguri publicly support that campaign.

This is just one of many issues families who want birth choices face in the Northern Territory, and the people I spoke to on Saturday morning, many of whom have run extraordinary campaigns to bring attention to the situation of birthing and maternity care in the Northern Territory, including the wonderful Sofia and Leslie who are in the gallery today. Many of them asked me directly about this Bill. They are hopeful that private maternity services will return to the Northern Territory, but they are worried that this Bill is a promise with no substance. They asked me a straightforward question: where in this Bill is the guarantee that private maternity services will be provided? The answer is: nowhere. The words 'maternity', 'obstetrics' or even 'Darwin Private Hospital' do not appear in the Bill. They also asked why this legislation is being described publicly as a maternity healthcare Bill when it contains no guarantee of maternity services.

This is a question for the minister. I will be asking it on behalf of those families in consideration in detail today. I heard the minister say today, in his second reading speech and frequently in public that the central purpose of this Bill is to reinstate private maternity services at Darwin Private Hospital. I have heard the Chief Minister say publicly—a phrase that she uses frequently—that future operators are not welcome here unless they deliver maternity services.

The Health minister said again today that the private hospital will be required to provide maternity care, but the requirement is not in the law. We are in this parliament to make law, not promises. People are worried that promises are not enough. There is nothing in this Bill that provides legal assurances that maternity services will be provided. The example of maternity services as a licence condition is not a requirement and 'might cover' is not a guarantee.

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Let us look at what the Bill does. Clause 11 of the Bill inserts new section 10A into the Act. Under this section, the CEO of the Department of Health can impose conditions on a licence as the CEO thinks fit. Section 10A(4)(a) stipulates that those conditions can say what services may, must or must not be provided. The Bill gives the CEO discretionary administrative power to decide what services are provided. There is no legal obligation to provide certain services or maternity services before a licence is granted or transferred.

The government may say that its intention is that Calvary will provide maternity services. I believe that. The minister may have negotiated for that outcome, but we are here to make law and this law does not require it.

Concerns about section 36 in the Bill have also been raised with me. Clause 14 of the Bill inserts section 36, which states:

> *The amendments … do not apply in relation to a licence that was in force immediately before the commencement …*

Darwin Private Hospital currently holds a licence under the 1981 Act. If a new operator takes over the hospital through a transfer of that licence under section 16 rather than a new licence, there is a question about whether the exemption in section 36 continues to apply.

I want to know when the existing licence expires, if it has an expiry date and whether that has any bearing on the government's proposed arrangements. I have been unable to find anything in the Bill that clearly says that a transfer of the existing licence ends the exemption. That sounds complicated, but if it does not, consider the potential situation: a new operator takes over Darwin Private Hospital with the understanding that it will be providing maternity care, but six months later it says that it cannot recruit the staff and cannot provide the services needed to operate a maternity unit. The CEO attempts to impose a maternity condition. The operator argues that its licence was already in force before the new legislation commenced and that the new provisions therefore do not apply. I hope that interpretation is wrong. It may be. The legislation needs to make it clear. If the government's intent is that section 36 does not exempt a transferred licence from the amendments made, that should be in the Bill, clearly. Good law is precise.

People have also raised concerns with me about new section 10A(4)(a) which can require a service but can also say that a service must not be provided. We know that maternity services are being discussed with Calvary. The government has made that clear, but when I asked the Health minister in parliament on 22 October, on behalf of people in my electorate, whether he would ensure that patients at Calvary retain access to the full range of reproductive and end-of-life services that are legal in the Northern Territory, he told the parliament that Calvary did not even have the keys to the hospital yet and that discussions would happen once it took over. With respect, minister, the time for negotiation is before the keys are handed over, which is exactly what it appears the minister has done with maternity services.

In fact, proposed section 9(3)(ba) requires applicants to notify the CEO of their proposed services before a licence is approved, so the government can—and clearly has—raised maternity services at that stage. Why would it not do so with another lawful healthcare service? Why will the government not ensure that patients retain access, through the private system, to all other reproductive and end-of-life services that are legal in the Northern Territory, including pregnancy termination, vasectomies, IVF and voluntary assisted dying? Territorians should not have to wonder whether access to healthcare they are legally entitled to will depend on the preference of whichever private operator happens to hold a hospital licence.

There is also a broader issue. In the Northern Territory we face some of the most significant health challenges in the country. We have incredibly high rates of chronic disease, preventable illness, hospitalisation, significant health inequalities, persistent difficulties in recruiting and retaining health professionals and communities where access to even basic health services can be severely limited and people have to travel considerable distance to receive the care they need. In that context public health is not an abstract concept; it is about making sure that Territorians can access healthcare when they need it, regardless of where they live or what they can afford.

Our public health system carries an enormous responsibility. Private hospitals and other private providers can play an important part in complementing that system, expanding capacity and giving Territorians more choices. However, they must operate within a strong regulatory framework that puts patients and the public interest first. That is why decisions made under this legislation matter. Decisions about which services a private hospital can provide are not simply commercial or administrative decisions; they have consequences for access to healthcare, the broader health system and the wellbeing of all Territorians. We need to ensure

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we have a regulatory framework that is clinically informed, transparent and accountable and which protects access to lawful healthcare services.

People have asked me about changes to the regulatory arrangements. This Bill removes the Chief Health Officer (CHO) as the regulator, and gives that role to the CEO of the Department of Health. It is unclear why this change is necessary. The Chief Health Officer is the Territory's most senior public health medical adviser and brings clinical expertise to decisions that can have significant consequences for patient care. In this Bill I see no clear requirement for the CEO to seek the Chief Health Officer's advice when making decisions about the services a private hospital can or cannot provide.

There is also a structural problem. The CEO runs the public health system. Under this Bill, the same person will also decide what a private provider may or may not provide. The reality is that we operate in a system where there are huge pressures and competing interests. The public system budgets and staffing pressures could end up shaping private licensing decisions. I am not saying that will happen, but the Bill has no safeguard against it. It does not require the CEO to seek the Chief Health Officer's advice. It also does not require them to share or publish clinical reasons for any decisions they may make.

Coming back to maternity services, there are also significant practical challenges that this legislation does not address.

VISITORS
MacKillop Catholic College

Madam SPEAKER: Honourable members, I acknowledge in the gallery the presence of students from MacKillop Catholic College accompanied by their teachers. Welcome to Parliament House.

Members: Hear, hear!

J DAVIS: Welcome, students.

Dr Jenny Mitchell was an obstetrician at Darwin Private Hospital for 28 years. She publicly warned that rebuilding a private birth unit will take at least two years. The equipment is gone, the midwives and specialist nurses have gone and rebuilding that capacity is not simply a matter of opening the doors and putting in place a licence condition. It requires investment, recruitment, equipment, specialist staff and a plan to restore confidence among families and clinicians.

As we know—I think everyone in this Chamber agrees—Territorians have already waited too long for certainty about maternity services. The government told Territorians that a private maternity service is coming back. Families have heard it and they want to believe it.

If the government means that, the Bill should say so and make it clear that a transferred licence cannot use section 36 to avoid the new requirements. Ensure that maternity, reproductive and end-of-life healthcare services are protected; retain the Chief Health Officer's clinical expertise in decisions about private hospital services; and put a guarantee in the Bill that maternity services will be available in the Northern Territory.

To the women, midwives, doctors, families and community members who have worked hard to fight for better maternity care and greater birth choices in the Northern Territory, I want you to know your concerns are being heard. We are here because of your ongoing advocacy. You have kept this issue in the public eye, asked ongoing questions and deserve clear answers.

For something as important as healthcare, particularly in the Territory which faces such significant health challenges, a government's promise is not enough. We need a health system that puts patients first, protects access to essential care and makes decisions in the public interest. Territorians deserve certainty, accountability and a commitment that is reflected in the law.

Ms UIBO (Opposition Leader): Madam Speaker, I echo the sentiments of my colleague the Member for Gwoja, our shadow Health minister. Territory Labor believes that every Territorian should access high-quality healthcare no matter where they live in the Territory. That includes Territory women and their families having access to safe, reliable and high-quality private maternity and obstetrics care.

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As my colleague said, our Territory Labor team supports the principle behind this legislation. We support a health system where public and private services work together, patients are protected and private hospitals are held to clear standards. Our Labor team support a strong public maternity system and a functioning private maternity system. However, supporting the principle of this legislation does not mean that Territorians should stop asking important questions, which they are raising directly with the government, about the future of maternity services in the Territory.

This legislation comes after more than two years of uncertainty, disruption and anxiety for Territory women and their families. After everything that has happened in the last two years, Territory women deserve certainty, choice and continuity of care with those important maternity services. The test for this legislation is straightforward: will it guarantee the restoration of reliable private maternity services for Territory women and families or does it give the CLP government another regulatory power that it may or may not use?

The Health minister and the CLP government were aware of concerns about the future of these services at Darwin Private Hospital as early as September 2024. That is a fact, and Minister Edgington publicly acknowledged it:

… I was certainly made aware that Healthscope were having some difficulties here in Darwin.

However, Healthscope did not publicly announce the closure of its maternity services until February 2025, five months afterwards. Those services ceased officially in June 2025 and the consequences for Territory women and their families have been significant. Royal Darwin Hospital started to absorb hundreds of additional births and all our private obstetricians left the NT.

The Territory Labor opposition consistently raised these concerns inside and outside parliament since we learned of this. We have questioned the CLP government about the loss of private obstetrics care, the capacity of the Royal Darwin Hospital maternity ward, the availability of midwifery services and the government's plan to restore choice for Territory families. All this has been met with hostility from the Health minister who cannot deal with his inability to get through a crisis, and we have seen it time and again from the CLP.

We calculated that the CLP had 800 days since it learned about Healthscope to get on top of this bungle it has created, the consequences of which have affected Territory women and families. It took Health minister Steve Edgington eight months to contact federal Health minister Mark Butler to ask for assistance for the Northern Territory. Some people joked you could have had a baby in that time. If he does not have the federal Health minister's phone number, ask me; I have it and I will give it to him. However, nobody from the CLP government reached out in eight months …

Mr Edgington: Did you ring him?

Ms UIBO: No; I did better than that. I did not just ring Minister Mark Butler; I saw him in Canberra and advocated for the Northern Territory. I spoke to Territorians about it and took that message directly to Minister Butler on behalf of the Northern Territory—me, the Opposition Leader. I am not the government; Steve Edgington, the Minister for Health, should have done that. I asked: did CLP members go to Canberra? Did they ring the Health minister? The answer was no, directly from Canberra. That is how much regard the Health minister and the CLP government had in that eight months …

Mr Edgington: Come on, be honest.

Ms UIBO: I will be honest. I can hear the Member for Barkly chirping because it is definitely hitting a nerve for him. It was eight months of incompetence from the Member for Barkly, who is charged with the responsibilities of being the Health minister for the Northern Territory.

It took eight months to get a bloody phone number, call the Health minister and ask for help in Northern Territory. If Labor was in government, I would have rung him the same day I found out. That is not what the CLP did. Its members sat on their hands and created a bungle. Now they are trying to constantly backpedal from the responsibility. They are starting to sound like the old CLP opposition, in my mind. That is what CLP members used to do when they were in opposition. Guess what? The CLP is not in opposition; it is in government. Its ministers are accountable, responsible and legally bound to advocate and represent their portfolios to the best of their ability …

Mr Kerle: Clean up your mess is what we are bound to do.

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Ms UIBO: The backbenchers probably have no idea. They probably are told by the CLP ministers that this is happening and why. They probably have no voice or visibility whatsoever. When their voices are shared in the Caucus, they are probably smacked down.

Now we are seeing the results of hundreds of voices of Territory women culminate into a pretty piss-poor piece of legislation that does not guarantee that the next provider of private hospital services in the Territory's capital of Darwin will provide maternity services. The Minister for Health and the Chief Minister crowed about this win. They said it publicly and celebrated. They put the apple cart before the horse. They said, 'Guess what? We are getting maternity services and we are making the new contractor have it.' A few weeks later, they said, 'Actually, we are just negotiating. It is all in the negotiating contract period. We will double down a little.' Then, even worse, we heard the Health minister publicly, loud and proud, make excuses for the deal that the CLP apparently struck with the new provider in Darwin for the private hospital; 'They are busy. They have all these other hospitals they are opening up. We are still in the contract phase and we are working it out.'

Territorians are seeing the CLP for its true colours: lack of responsibility, accountability and action. That is what we are seeing from the CLP two years in, and two years out from the election. We are seeing how incompetent and arrogant the CLP is when it comes to ensuring that we have a private hospital service available in Darwin, our capital city, that can deliver a functioning maternity service. The CLP is doubling down on its own words.

Where is the Chief Minister on this? Nowhere. She is letting her Health minister take the bullets on behalf of her team for an announcement that she made and cannot back up. Shame job. The so-called Leader of the Northern Territory cannot even make sure that there are maternity services in the contract. That is why we are debating the Bill.

We are seeing that the CLP government, in all of its ups and downs, cannot even guarantee Territory women a private maternity service in the new private hospital. We have seen this constant cycle of excuses. I started to think that CLP members are naive and ignorant, but it is clear to me now that arrogance is covering up their incompetence. They are trying to look like they are tough and making decisions and then realising they cannot and then covering it up with excuses.

I was quite surprised when I started to hear the conversations about Territory women and their families who were making decisions to travel Interstate. I just went, 'Really? Is that what they are doing? Are they actively making this choice?' Then I started to meet these women and their families.

One of my old school friends was excitingly expecting to be a mum and was preparing to go interstate for two months ahead of having her baby. She was actively making that decision to have her baby outside of the Territory. She was born and bred in the Northern Territory. Her first baby was born here in the Territory and baby number two would be born interstate because of the lack of services and certainty that the CLP government is providing when it comes to health and particularly when it comes to maternity services.

It has already been said, particularly by the shadow Health minister, the Member for Gwoja, that Our Birth Our Voice advocacy for Territory mums and families has been outstanding. Sophia, Teresa, Tessa and all the team have been fantastic in driving the voices of Territory women and their families to the forefront, to prioritise, to make sure that they are not forgotten in the shadows and not forgotten in their struggles, and that there are better services not just for the women of Darwin and Palmerston, but for all women across the Northern Territory.

We have acknowledged that some of the decisions of families to come and stay and to grow roots here in the Northern Territory have been affected by the lack of private maternity services here, particularly here in Darwin, our capital city. Defence families are a large part of our Territory community. I am lucky enough to represent RAAF Tindall just outside of Katherine in Arnhem electorate. Servicemen and women there are affected by decisions like this when the government cannot guarantee private services. Their families are affected and some of their postings and rotations are affected. We are a Defence state or territory. We rely on those rotations. Darwin is very much referred to as a garrison town. We have the three defence forces here in our capital city.

The services provided by Katherine Diagnostics Imaging (KDI) have been spoken about many times. It has been openly providing and supporting women from Darwin and Palmerston and the greater Darwin rural area in order to have their scans in Katherine where I live, my hometown, where my electorate office is and where I am growing my family. I give a big thanks to Phil and all of his team at KDI, who will stay open as late as

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possible to make sure that every woman who attends can have that important scan, especially when there could be some early complications identified by scanning at particular milestones in a pregnancy.

These women are paying for their own transport from Darwin to be scanned in Katherine, 320 kilometres away. This is a road I know very well. It is a 640-kilometre return trip to have a pregnancy scan because the certainty is not here. It is not provided by the CLP government, the Health Minister or even in the Bill before us today under debate. Women are travelling at their own cost to have their scans in Katherine.

There has to be questions. I never hear the government talk about what it will do to support them. Our Birth Our Voice has given a very practical idea and put forward doing a reverse PATS—a reverse patient travel scheme—support those women and their families if the system here in Darwin or Palmerston is overloaded for those important milestone scans. It is very tricky to get the timing right for those scans. I have had that experience across both Katherine and Darwin with my pregnancies.

Those milestone scans can really support extra care that a mum might need in a tricky and complex pregnancy. They are important. To support women to do that on a systemic scale would be a step forward for the CLP.

I am happy for the Health minister to take that idea—it has been provided by Our Birth, Our Voice—and look at implementing through his department a reverse PAT scheme for women to travel from Darwin or Palmerston to Katherine to have their pregnancy milestone scans. It would be a win for mums and families in providing some certainty, particularly in complex pregnancies.

Minister Cahill talked about our health discussion paper. It is great; we have the government spruiking the Labor health discussion paper—fantastic. I hope all CLP members have read it because it offers constructive ideas, initiatives and future policies. We openly say, 'Go for it, CLP government. Take those ideas and implement them because they have come from the Territory community.' We have been privileged and honoured to package them up in that discussion paper. If the CLP government takes any ideas from that paper, we will congratulate it. We will shake CLP members' hands. If you will make health in the Territory better, please go for it.

However, we hear that the CLP does not have its own plan for health. That is becoming more alarming for Territorians. When CLP members are asked questions—in the media, on a panel or at a conference—about what the government is doing to improve health in the Northern Territory, they go back to their three pillars. It is as though they cannot adjust from those three little slogans.

We heard the Member for Katherine say that slogans do not make things better. Maybe she should get out of her little bubble and do something, not use slogans, but answer questions and, even better, have some action and possible solutions attached to those ideas and concerns that people raise about health.

CLP members cannot get out of the mindset that they won the election in August 2024 and now they have to govern. We are two years in, but they are talking like they are the CLP opposition again. Maybe they are getting ready for 2028 and to lose the election.

I am shocked by some of Minister Cahill's comments. I would say in all honesty that she has an esteemed career and reputation in health. I commend the work she has done in the past and it has been publicly acknowledged—it may be better if she was the Health minister because we would have someone who knows what they are doing—but to stoop to the level of the political game and get into raking muck rather than providing options and solutions is the CLP mentality at the moment. It is looking quite dirty with that muckraking rather than being solutions focused. We are hearing that across the Territory.

The CLP must be getting desperate to have the Member for Katherine trying to defend the Health minister. That must be desperation, as she could not even get a few facts right. I am not sure whether her team can use Google or whatever and get facts right. She should do her own fact checking before she makes herself look silly by giving the wrong information to parliament. The CLP must be getting desperate to have other CLP ministers defend the Health minister.

The failings we are seeing across the Territory will have a dire impact and consequences for all Territorians. Outside this place we can squabble all we like, but it does not make the hospital or our clinics better. It does not better support our health workforce; nor does it give us maternity services in the private hospital in our capital city. We can squabble all we like, but we want to see the action that Territorians have demanded of the CLP government. The actions that Territorians have entrusted our Labor opposition to raise at every

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possible opportunity on their behalf—actions that would make our health system stronger, not weaker. We are not seeing that action from the CLP government.

It is no secret that, sadly, we have dire health results across the Northern Territory. The further you get from the capital city, unfortunately, the more dire some of those health outcomes and multiple health issues become across the Northern Territory.

Sadly, we have some of the highest rates of premature births and perinatal mortality in Australia. That is not a title we should be proud to hold.

We have amazing experts working in maternity services in the Territory—Australian leading experts, like Dr Kiarna Brown, who I have had the fortune of meeting, speaking with and getting health advice from. Dr Kiarna Brown works in Territory maternity, perinatal care and neonatal care spaces, liaising with experts across Australia and around the world.

We have amazing experts. What we do not have is a government that supports the work of these experts. We have seen some of the shocking statistics that come from that work, and it is quite heart wrenching, to say the least.

As a Labor opposition, we want to provide constructive processes, feedback and ideas to the CLP government when it comes to improving health services—particularly for maternity services and supporting women and families in the Northern Territory.

I have mentioned the reverse PATS travel as one idea. I hope that all of the advocacy of Our Birth Our Voice has been listened to by the CLP Health minister and his team—all CLP members of government, whether they are ministers or backbenchers does not matter—and that advocacy has reached their ears. I hope that they are all lobbying for some of those important outcomes and improvements.

We heard earlier this year that the CLP government laughed when questions were asked by my colleague the Member for Gwoja, who is the shadow Health minister, about the air conditioning at Royal Darwin Hospital in the maternity suite. Some of the CLP members laughed in response, but then they realised that those concerns were real and they weren't doing their job. They were ridiculing those raising the concerns, then only just last week the Health minister announced that those works have been expedited.

That is good news for Territory women, pregnant women and our health workers in the maternity services suite at Royal Darwin Hospital; but the first reaction being to laugh and dismiss people is the type of behaviour you see in schools from bullies who make statements without any care or respect for their fellow students.

We see that behaviour in the Chamber, and that is a growing concern for many. If that is the first reaction of a CLP government—to laugh in the face of the concerned women who do not have safe or adequate access to birthing suites here in the Northern Territory's capital city of Darwin—then that is a grave concern.

The CLP government has bungled the $1.1m private maternity service contract. The idea of this private maternity service contract was to alleviate the pressure on the public system, but they have bungled that. There are women and children affected by these decisions. The CLP is not getting the contract right or acting swiftly enough. It is not taking accountability early enough to be able to pivot and be agile as a government. It should look at other ways to use some of the money that was originally in that bungled contract for $1.1m.

There were many months in between some of the issues that were raised publicly by Our Birth Our Voice and by the Labor opposition before any type of acknowledgement or action was provided by the CLP government—many months in between some of these very important issues.

The CLP said that it would be a government of action and provide certainty to Territorians. That has not been the case or the truth regarding health services and maternity services in the Northern Territory.

We are seeing dangerous patterns of bad government under the CLP whereby its members deflect, attack, dismiss and divert from the issues raised that Territorians want resolved. This becomes the default. It is what CLP members did in opposition and it is what they are doing now; buckling in for the next 20 months or so that they have left in government.

That is not what Territorians want; they want the issues raised to be treated with respect. They want issues to be looked at, analysed and supported for resolutions—essentially fixed. That is not so hard when you say it like that, but for some reason the CLP is incapable. Maybe CLP members are arrogant and do not think

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that the issues raised by Territorians deserve time and respect. Apparently, CLP members know better than the experts and do not need anyone else. They often put through big pieces of legislation—as we will see later this week with the Environment and Water Legislation Amendment Bill—without any consultation across the Northern Territory, not even with their own traditional conservative supporters of the CLP. They are shutting the door, so Territorians are not at the table for these important discussions. Territorians cannot get in the door to tell the CLP government, 'Please, we want to have our say on these important issues. When you are making laws for the Northern Territory, consult Territorians.' The CLP promised it would and has backtracked and broken that promise.

The CLP government made a huge song and dance at the start of its term about bringing back the scrutiny committee, but how many pieces of legislation has it sent to the committee? How many pieces of legislation has it flicked straight through without any scrutiny? We will get the numbers, because this week will not be an anomaly in that sense. This is becoming the norm for the CLP. This is its regular practice of bad government.

Yesterday we heard it misreported that the upcoming laws, which will be introduced, were already before the parliament. Regarding the suppression and sexual assault laws, the pressure of the public campaign has broken through. The CLP government swallowed its pride and will not push through this legislation on urgency; whenever the government chooses to introduce the legislation, it will be sent to the scrutiny committee. The CLP government has been shamed into doing its job by the public. Good on the My Story, My Way campaign for doing the hard work and advocating loudly, strongly and directly so that every member of parliament—not just those in the CLP government—was contacted and could ask questions, raise concerns and have robust and important conversations about the proposed laws. Well done to the community on making sure that the CLP government does its job properly and consults.

That is the process Territorians expected at the start of the CLP term of government. CLP members promised that they would be accountable, responsible and transparent, but swiftly they built a momentum to walk away from their public commitments on legislation.

Some of the constructive processes or ideas from Our Birth, Our Voice offer things that the government could do which are not huge infrastructure pieces—the Labor opposition would love to see, of course, better health and critical infrastructure across the Northern Territory—such as the CuddleCots (cold cots) that are stored at the closed Darwin Private Hospital.

Madam Speaker, under Standing Order 43, I move an extension of time to continue my remarks.

Motion agreed to.

Ms UIBO: Our voice has strongly advocated for the use of any equipment that is in the closed birthing suites of the Darwin Private Hospital, to be repurposed and used so that they benefit expectant mums, pregnant mums in the happy times, but also in the sad. Maybe the Health minister could address this in wrap. It is good to understand and find out if that is something they have implemented through his department.

For those of you who do not know, cuddle cots are the cold cots that are provided when a baby passes away so the mother can continue to grieve and have connection to their baby until they have to, unfortunately, let that baby go. It would be great to understand if that particular concern has been raised directly with the Health minister and if the CLP government has supported that. It would be great to see, in such a horrible and sad time, that those grieving mothers and their families have been supported with the equipment that I understand was lying dormant at the closed private hospital so they can be used at the Royal Down Hospital maternity suites. I would like to hear an update on that. I am hoping that the Health minister will be open to providing that in his wrap.

The work of Territorians does not stop today when it comes to ensuring that better and improved services can be delivered and supported not just in our public system, but any private system that operates in the Territory. There have been delays and excuses, but at the end of the day there have been some clear promises and commitments made by the CLP government, particularly by the Health minister, about ensuring that private maternity services are restored in Darwin, our capital city of the Northern Territory, to support Territory mums and their families to have a choice; to support some of those important decisions that people make about coming to or staying in the Territory or leaving.

I always joke that the Katherine Hospital is so fantastic, it is like a private hospital with its maternity suites. The doctors are amazing, the midwives are phenomenal, the admin staff are brilliant, the cleaners are

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awesome and the cooks are brilliant. They are humming there. We are so lucky in Katherine, but also the greater Big Rivers region to have that high-class system for maternity in the Northern Territory.

We want to see that everywhere: a regional hospital that punches above its weight. We would love to see it moved into a different spot, when we are talking about critical health infrastructure. It would be great to hear the Health minister say. 'We are building a new Katherine Hospital out of the flood zone in the industrial area'. We would support that. We would say to the Health minister, 'Stay as the Health minister, do not become the Chief Minister. Stay and get that project done. We would love to support a regional hospital built in Katherine in the industrial …

Mr Edgington: You only want a Darwin one, I heard.

Ms UIBO: Yes, we have Darwin covered, in 2028 after Labor wins. We will not leave Alice Springs out, Madam Speaker; do not worry. We know that is something that you are advocating for. We would love to see, alongside that important critical health infrastructure, the services boosted for our health workforce.

Madam SPEAKER: Opposition Leader, you have just a few seconds remaining. Would you like to conclude?

Ms UIBO: I will warp, Madam Speaker. I have one minute until lunch.

At the end of the day, it is a clear choice for Territorians. When the Labor opposition prioritises a new hospital, the CLP government will prioritise a new private prison. We will make sure that Territorians have an excellent choice when it comes to health, specifically maternity care, in 2028.

Debate suspended.

The Assembly suspended.

SPEAKER'S STATEMENT
Tribute – Enzo Floreani

Madam SPEAKER: Honourable members, I refer to a former Member of the Legislative Assembly, Enzo Floreani, who I was saddened to learn passed away on 31 October 2026. Enzo served in the Legislative Assembly from September 1988 until October 1990, after winning the Flynn by-election in Alice Springs for the NT Nationals.

His victory was a significant moment in Territory politics. Although the Flynn electorate was abolished following the 1990 electoral redistribution, he later unsuccessfully contested the seat of Araluen—which, of course, is my seat—in Alice Springs.

From all accounts, Enzo was a real Territory character. A story from Enzo's early days, which was provided to me by our local Alice Springs historian, Alex Nelson, captures him well. In a lively exchange with Sports minister, Don Dale, over claims the Central Australian Masters Games opening would reach 300 million viewers in 65 countries, Enzo said he would eat a wheelbarrow of salami if it could be proved. Dale later clarified that this was a potential audience, rather than a confirmed broadcast and neither man quite conceded the point.

The disagreement soon became 'the great salami showdown' at the old Legislative Assembly. Enzo produced a toy wheelbarrow and a single stick of salami and the two men—Don Dale and Enzo Floreani—shared food and good humour in front of a Masters Games manner. It was as memorable reminder of Enzo's warmth and ready sense of humour.

In my hometown of Alice Springs, many of the old timers held Mr Floreani in high regard. In fact, when he died there was a lot of outpouring of appreciation and reflection of the life of Enzo Floreani.

He was a hardworking local member of parliament and a good bloke, from all accounts.

My sincere condolences are with Enzo's wife, Bernadette, her family, friends and all those who knew him.

I now ask my parliamentary colleagues to stand for a moment's silence in honour of Hon Enzo Floreani, a great Territorian and a former member of this Assembly.

Member stood in silence as a mark of respect.

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Madam SPEAKER: Vale, Enzo Floreani.

VISITORS
Helping People Achieve PEG Program

Madam SPEAKER: Honourable members, I advise of the presence in the gallery of young people from the Helping People Achieve PEG Program accompanied by their support staff. Welcome.

Members: Hear, hear!

NOTICES

Mr MALEY (Corrections): Madam Speaker, I give notice that on the next business day I shall present a Bill titled Youth Justice and Other Legislation Amendment Bill 2026, Serial 84.

Ms BOOTHBY (Attorney-General): Madam Speaker, I give notice that on the next meeting day I shall present a Bill titled Sentencing and Sexual Offences (Evidence and Procedure) Amendment Bill 2026, Serial 85.

Ms CAHILL (Trade, Business and Asian Relations): Madam Speaker, I give notice that on the next meeting day I shall present a Bill titled Private Security Amendment Bill 2026, Serial 83.

Ms UIBO (Opposition Leader): Madam Speaker, I give notice that on the next General Business day, I shall present a motion that the Assembly calls on the CLP government to govern in the interests of all Territorians and genuinely consult with communities on decisions that affect them.

Ms UIBO (Opposition Leader): Madam Speaker, I give notice that on the next General Business day I shall present a motion that the Assembly calls on the CLP government to increase the value of Back to School Vouchers, Sports Vouchers, Learn to Swim Vouchers and Seniors Recognition Scheme payments in the next Territory budget to help Territorians meet the rising cost of living.

PETITION
Environment and Water Legislation Amendment Bill 2026 – Withdrawal

J DAVIS (Johnston): Madam Speaker, I present a petition from 1,143 petitioners praying for the immediate withdrawal of the Environment and Water Legislation Amendment Bill 2026. The petition bears the Clerk's certificate that it conforms with the requirements of standing orders.

Madam Speaker, I move that the petition be read.

Motion agreed to; petition read.

J DAVIS (Johnston): Madam Speaker, I move that the petition be referred to the Public Accounts Committee to consider whether the petition should be debated.

Motion agreed to.

QUESTION TIME

Statements Regarding Gender Identity

Ms UIBO to MINISTER for YOUTH, SENIORS and EQUALITY

Earlier this month the Country Liberal Party hosted a paid for a forum and dinner with Sal Grover. Ms Grover has publicly described transgender women as 'predators' and said, 'gender identity is a lie'. Minister, as you are responsible for equality for the Northern Territory, do you endorse these statements? If you do not will you condemn these comments and explain why your political party is hosting and raising money for an event featuring someone who has made these comments and offended, isolated and divided many Territorians?

Madam SPEAKER: Opposition Leader, part of that question is asking for an opinion. It is up to the minister if he chooses to respond to that.

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ANSWER

Mr CHARLS: I think it is asking about an opinion, so I choose not to answer.

Ms UIBO: Can I just clarify? I said, 'Do you endorse these statements; not 'do you agree'?

Madam SPEAKER: I think that is close to the same thing.

Mr PAECH: Well he is a coward, and he is not going to answer it anyway.

Mr MALEY: I object. I would like the Member for Gwoja to withdraw that.

Madam SPEAKER: Calm down.

Member for Gwoja you did interject with a rather hostile comment. Please withdraw it.

Mr PAECH: I withdraw calling the Member for Sanderson a coward and hopefully he can answer the question.

Madam SPEAKER: Do not qualify it.

Member for Sanderson, do you accept the question? You do not, okay.

Legislative Reform

Mr HOWE to CHIEF MINISTER

As we approach the end of 2026, Territorians have seen another significant year of legislative reform. Investment in frontline policing and measures to improve community safety, from strengthening bail laws and imposing tougher consequences on offenders, to putting more police on our streets addressing the root causes of crime and restoring accountability. The CLP government has continued to deliver on its commitment to reduce crime.

Can you please update the Assembly on the government's achievements throughout 2026 and how these reforms are delivering safer communities for Territorians?

ANSWER

Madam Speaker, community safety is the number one priority for the Member for Drysdale; it is my number one priority and, in fact, it is the number one priority of our entire Country Liberal Party team. I know you know why. It is because it is the number one priority of Territorians and the good people of Drysdale want nothing more than to be safe, have a growing economy and be able to live their life how they choose for their family. That is what we are delivering for all Territorians no matter where they live.

There are 10,000 less offences under a CLP government then under Labor. There are 4,000 less victims of crime, of which many would have been in your electorate but have been spared the indignity of being a victim of crime because we have backed our police with the best pay deal in 20 years; we have supported them through stronger laws and we have put the rights of people to be safe above the rights of criminals, unlike Labor which continues to this day to have learned nothing from the lesson that Territorians taught it in 2024.

Labor members continue to side with offenders over the rights of people to be safe. We would never trust Labor to have a safe place to live and we cannot ever go back to the law and order crisis that Labor presided over. We have recruited, trained and graduated 216 new police recruits, 62 police auxiliaries and 37 PPSOs, a brand-new policing stream targeted at antisocial behaviour in the two years since coming to government, and we will graduate the biggest pass of police in a decade on Friday with 90 graduating. That is incredible. We passed care and protection laws this year to put the rights of child safety first. We made changes to bail, firearms and criminal procedure so that our courts work better for victims. We targeted drink and drug drivers and people who hoon. We amended liquor legislation. We are dealing with the legalisation of OC spray to give people more choice in self-defence.

The data shows that what we are doing is working. There is a lot more work to do, make no mistake, but we are staying the course; aren't we, Member for Drysdale? We are committed to this cause. When we look at the crime statistics comparing this September with last September—which is an improvement in the CLP's

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time in government—we see in Palmerston that house break-ins are down by 10%; commercial break-ins are down by 24%; assaults are down by 3%; and DV is down by 5%. We are reducing crime because it is our number one priority.

Marrara Rugby Park

Mr SMELT to MINISTER for PEOPLE, SPORT and CULTURE

Marrara rugby park is an ageing facility facing serious infrastructure challenges, including fire damage, that threaten the future of rugby union in Darwin. The NT Rugby Union has publicly acknowledged that the cost of addressing these problems is beyond its financial capacity. Players, families and volunteers should not have to worry about whether they have a safe and suitable facility to play the sport they love. Will you commit today to providing the funding needed to fix the lighting at Marrara rugby park?

ANSWER

Madam Speaker, as the Member for Nightcliff acknowledged, it is an ageing facility and that has been going on for many decades.

Probably less than two weeks ago the CEO and the Chair of the Rugby Union met with me. I got the information from them. They are currently working with the Department of People, Sport and Culture to understand the things that we can do. Rugby and hockey at the Marrara sporting precinct have a lease in perpetuity and have much more responsibility compared with other sporting codes. That is what I am trying to understand.

As the Member for Nightcliff mentioned, it is an ageing facility. This is not a new problem; it has been a problem for many years. It was raised with the previous government and the current government.

We are looking for options on how we can best support rugby union because we know that sporting code has been well supported across the Northern Territory, and we want that to continue. I cannot make any commitment today, but I have been informed about the problem. I have met with them, but further information is needed, which my department is working through. Once we have all the information, I will make a decision.

Resources Sector – Growth, Certainty and Security

Dr RAHMAN to MINISTER for MINING and ENERGY

Our government said that 2026 is a year for growth, certainty and security. This year Beetaloo Gas began flowing into the Territory's network for the first time, giving the Territory energy security. On the back of our open-for-business mindset, investors have responded with optimism and committed to major projects across the Territory and growth is following. Last week the Australian Bureau of Statistics confirmed that the Territory is now the fastest-growing economy in the nation measured by gross state product, with mining and gas ostensibly driving that growth. Can you update the Assembly on how the resources sector has delivered growth, certainty and security this year and what that means for everyday Territorians?

ANSWER

Madam Speaker, the Member for Fong Lim knows how important the resource industry is to our economy, which benefits Territorians day-in and day-out.

This is our year of growth, certainty and security and we are offering paths forward in each of them. Unfortunately, Labor's energy plan was a solar panel and a prayer. Clearly, you cannot trust Labor to run the Territory on a solar panel and a prayer. We might laugh about it, but it is not a laughing matter because the everyday taxpayer had to foot the bill—millions and millions of dollars—for emergency gas to run our generators and lights.

As the Member for Fong Lim said, the gas was turned on. The Chief Minister literally turned on the valve and gas flowed into our generators. For the first time in a long time, we had Territory reliable gas that we could count on—not emergency gas—to keep our aircons on and beer fridges cold.

That is what certainty is all about. It makes sure that people invest because they need certainty. Investors want a government that gives them a straight answer, not one that gives them a moratorium or a discussion paper. They want modern, up-to-date rules that are certain. That is what we are giving them.

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We have overhauled the *Mining Act* to make it easier to get those resources out of the ground and into the market for taxpayers. We have opened the Northern Territory.

This year, the Finnis River received the green light for Nolans—a major project that has the green light. The Jervois copper mine—KGL—is open and has FID. There is also Mount Bundy Primary Gold. There is over $2bn committed to spend in the Northern Territory. That gives royalties to the Northern Territory. Last year, it was approximately $388m; this year it is $445m.

What does that mean for everyday Territorians? It means that local business is bringing work, contractors' employees in the Northern Territory are getting jobs and there is funding for our schools, health system and police. That helps us reduce crime. It is important that we live in a safe community. The government does not make money. It spends it wisely. We thank the resource industry for giving us that money to be able to make sure that we have a safe community, can rebuild the economy and restore our lifestyle. Under Labor, we get a solar panel and a prayer. It cannot be trusted.

Puberty Blockers

Mr BROWN to MINISTER for YOUTH, SENIORS and EQUALITY referred to MINISTER for HEALTH

On 16 November, the National Health and Medical Research Council released its interim advice recommending that puberty blockers remain as treatment options for transgender and gender diverse young people.

Despite this advice from Australia's leading health and medical research body, your government has confirmed that its policy restricting access to publicly funded puberty blockers for young Territorians will remain unchanged.

As the minister responsible for Youth, Seniors and Equality, will you reconsider this decision so that appropriate medical treatment can be determined by qualified clinicians in consultation with young people and their families?

ANSWER

Madam Speaker, that is appropriate for the portfolio of the Minister for Health. The issues regarding many of those on the opposite—they do not know what they are doing. That is why they are just asking these random questions. I will pass it on to Minister for Health.

Mr EDGINGTON: Madam Speaker, the short answer to the Member for Arafura is, no. We will not be changing our decision. In December last year, this government ended public health access to puberty blockers and cross-sex hormones for people under 18, and that decision stands.

The National Health and Medical Research Council has released interim guidance only. It is open for public comment until 18 January.

Ms Uibo: Do you know better than the doctors?

Listen up, Leader of the Opposition. It found low certainty of better health, better mental health outcomes. That is what the findings were. Listen up. The Territory is not alone. Queensland, the United Kingdom, Finland and New Zealand have all taken a very cautious approach to this subject.

These are children under the age of 18 years old. The evidence is uncertain and the consequences can last a lifetime. Caution is the responsible course of action.

NT Health will consider the final report from the National Health and Medical Research Council guidelines when they are released, alongside the evidence from other jurisdictions. The Commonwealth Health Minister has acknowledged these decisions rest with the states and territories. Young people experiencing gender distress, and their families, continue to have access to psychological support and mental health services in the Northern Territory.

The short answer is that we are not changing our decision. We are taking a very cautious approach to children under the age of 18. We have seen a lack of evidence to support the use of these puberty blockers. There

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are different claims that it won't have any permanent impact on young children, but there is no evidence to support that whatsoever.

We will not be changing our decision. I thank the Member for Arafura for his question, but we will continue to support people under the age of 18 years.

Flood Recovery – Funding

Mr MACKAY to MINISTER for PUBLIC SERVICE

From last November to May this year, the Territory saw an unprecedented sequence of weather events which tested our resilience and preparedness. In March, you announced a $100m flood recovery fund on top of the regular government recovery spending to help communities recover and build back better. Yesterday you announced how the final $50.4m from the fund will be invested.

Minister, can you update the House on how the Finocchiaro CLP government is supporting flood recovery across the Territory and helping to ensure our communities are better able to withstand future natural disasters?

ANSWER

Madam Speaker, I thank the Member for Goyder for the question. Yesterday I joined the Chief Minister in my role as the minister for flood recovery to discuss what the extra $50.4m—the last part of the $100m flood recovery fund—would look like.

That was on top of the fact that we had already, under the Disaster Recovery Funding Arrangements (DRFA), spent approximately $324m before the $100m flood recovery fund came in. That was a considerable amount of money spent by the NT Government.

We had extreme weather events last year. I think we all remember the seven extreme, disastrous weather events. Part of that $50.4m flood recovery funding was $15m for the Build Back Better design program, which detailed designs for upgrades to roads regularly damaged or cut off by flooding, allowing the Territory to seek Commonwealth funding as quickly as possible to build back better. We do not want to just restore the roads back to how they were before. If they are continually being damaged, we want to make sure that the planning and design is there to build them better in the future.

We had $10m for an essential services hub at Palumpa. I went to Palumpa a couple of times during the flooding. That will be a dedicated facility to keep essential services operating during floods, supporting residents to remain safely in their homes and reducing the need for large-scale evacuation.

There was $10.1m for a regional emergency services and logistics hub at Batchelor. That will be a purpose-built cyclone-rated warehouse to store and deploy emergency equipment. That hub will be located alongside the new NT relief and recovery facility.

We also had $10m for a Territory resilience and preparedness program which focuses on the planning and designing of cyclone shelters, evacuation facilities and upgrades to essential infrastructure. We know that these events will continue to happen over many Wet Seasons; we need to make sure that we are planning for it.

There was $5m for the Territory recovery capability program, a specialist team that works across government with the Commonwealth to get communities back on their feet after disasters. There was also $300,000 for flood monitoring and warnings at Pigeonhole, which had flooded a couple of times, but there was no planning done for the future.

This is about making sure that we have better information in the future.

Seniors Recognition Scheme

Mr PAECH to MINISTER for YOUTH, SENIORS AND EQUALITY

Your government has frozen the Seniors Recognition Scheme despite your government’s increase to power prices, increasing grocery prices and other cost of living measures that older Territorians are facing.

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Why is your government failing to meet its own targets for supporting seniors while refusing to increase Seniors Recognition Scheme payments to keep pace with the cost of living affecting our seniors in the Territory?

ANSWER

Madam Speaker, first of all, I do not accept the premise of the question because our government is about supporting seniors, as we have shown over the last 26 months in government. Seniors are an important part of our community. There is a range of ways that we are supporting seniors, including through the Concession Scheme, the $550 card that we allocate and many other things. We make sure the seniors are supported.

I have many ministerial council responsibilities, and one that I most enjoy is working is our seniors ministerial advisory council. I had the opportunity to meet with it recently. This is not what the council members are feeding back to me; they accept that there are cost-of-living issues, but they clearly understand that is all coming from Canberra and the decisions by the federal government.

We are seeing no such support at the federal level, and all the Labor federal government and its Labor colleagues here are trying to deviate from that problem created by Canberra to the Northern Territory Government, which is supporting seniors across the Territory.

We have heard in this Chamber about how our economy is thriving. The Minister for Mining and Energy clearly informed us of how much additional revenue has come to us from that this year. We want to increase revenue for this government so that we can better support Territorians, including seniors. It does not matter whatever Canberra is doing, causing all the trouble and increasing the cost of living, we want to continue to support. I hope that in the next 18 months there will be a change of government in Canberra because it is clearly showing, time and again, that we cannot trust Territory Labor and the Australian Labor Party.

I will briefly touch base on disability. A number of decisions made by the Labor government in Canberra have an impact on the community, including seniors with disability. We see decision after decision, and there are backflips happening in the Territory and Canberra.

We ensure that we listen to seniors and work with them. My seniors advisory council knows the priorities for this government. It is working on that as well. There will be things that we continue to work on with seniors.

I welcome the announcement about the new aged-care facility. I thank Minister Burgoyne for his contribution to support it; there is certainty for that as well. We back our Territorians and Territory seniors.

Seniors Recognition Scheme – Supplementary Question

Mr PAECH to MINISTER for YOUTH, SENIORS and EQUALITY referred to TREASURER

What relief is the Northern Territory Government providing to seniors? Will you commit to increasing the Seniors Recognition Scheme during this cost-of-living crisis? You are looking at the Chief Minister for answers, but I want them from you.

ANSWER

Madam Speaker, I think that is question 5 today. That exceeds the total number of questions to me over the last 11 months in this Chamber.

Mr PAECH: A point of order, Madam Speaker! Standing Order 1; I asked a direct question about what relief is being provided, not how many questions have been directed to him.

Madam SPEAKER: There is no point of order.

Mr CHARLS: I will pass to the Treasurer to talk about the details of that.

Members interjecting.

Madam SPEAKER: The Treasurer will be heard in silence.

Mr YAN: Madam Speaker, I thank the minister for Seniors for passing this across.

DRAFT

To give you some actual figures, Member for Gwoja, there is $550 on the annual prepaid card for seniors. Our NT seniors also get business discounts, vehicle registration concessions and concessions on their power prices through the community service obligation. We are supporting our seniors. They will also continue to get free travel on the buses. There you go; there is plenty of support for our seniors. We will continue to support our seniors ongoing.

Mr PAECH: A point of order, Madam Speaker! Standing Order 1; again, to the Treasurer, who had the question referred …

Madam SPEAKER: There is no point of order. The minister has finished his response.

Motor Vehicle Registry Services

Mr KERLE to MINISTER for LOGISTICS and INFRASTRUCTURE

Territorians love the Territory for its lifestyle and freedom and the opportunities it offers, but they do not love wasting their time sitting in queues and dealing with unnecessary red tape. For many years Territorians have been left frustrated by lengthy waits, limited service options and too many transactions that required an in-person visit to an MVR office. Can you update the Assembly on how the Finocchiaro CLP government is making it easier and quicker for Territorians to access Motor Vehicle Registry services, including expanding appointment options and improving online services?

ANSWER

Madam Speaker, the Member for Blain is right; no-one likes standing in a queue. I am probably the worst; I hate standing in a queue; I cannot think of anything worse. That is why I am pleased to update the Assembly on the practical improvements that this government is making to deliver better services for MVR, making it easier and more convenient for everyday people to access the services that they need.

For far too long people were frustrated by lengthy queues, delays and a system that too often required them to take time out of their day to get into an office to deal with the government. We are turning that around. From October 2026 we have expanded MVR Goyder Road appointments to Saturdays, giving Territorians who work during the week greater flexibility to access services. You can make an appointment and roll in and get your business done straightaway; you are not standing around waiting in line. The feedback has been fantastic, with customers telling us that the online booking process is easy and efficient and saves them heaps of time.

From this month have also introduced weekday appointments for MVR in Palmerston so that the people in Palmo have better have access and easier options. I know that this will be a welcome initiative for Palmo residents.

We are not stopping there. We have just introduced a new online service called Find Your MVR Customer ID. There are probably people in this room who have had an issue in trying to find their customer ID. I am one of them. We provide that service so that Territorians can retrieve their customer ID without having to phone or visit an MVR office. Being able to go online to find your customer ID means you have easier access to everyday transactions such as renewing your registration or licence, updating your personal details or checking your demerit points. They are some of the 14 transactions that are available through that service. Initially, when we brought this in, 50 customer ID lookups were completed without any active promotion. We introduced it, people went online and got their customer IDs and did their transactions; they did not need to go into an MVR office to do that.

We are about continuous improvement and making life easier for Territorians. We are working hard at MVR to go through all our systems to make sure that we provide the best service we can to Territorians, particularly people in the bush. For all of us in urban centres, it is pretty easy to get to the MVR if you need to and get the services you want, but for people in the bush it is a bit harder. We are working on services so that people in the bush can access more things online and we are not disrupting their lives by having them come all the way into town to access a service. The Finocchiaro CLP government will continue to do that work.

Police – Darwin Staffing

Ms UIBO to CHIEF MINISTER

DRAFT

In the early hours of 11 November, a woman was struck by a car and tragically killed on Tiger Brennan Drive. Prior to this tragic incident, police say that they received numerous calls about the woman walking along the road. Can you confirm that one of the reasons police were unable to attend these calls is that there was not one police officer on duty that night in Darwin? Can you advise whether not having one police officer on duty in Darwin is a regular occurrence on your watch as the Minister for Police?

ANSWER

Madam Speaker, this question is absurd. If the Opposition Leader really wanted an answer to that, she would have had to ask me in advance because I do not keep Police roster records. To say that there were no police rostered on in Darwin on any night is ludicrous.

I do not have the answer because it is not information that is available to me. If you really wanted to know, you would have just asked me.

Crime Reduction

Mr PATEL to ATTORNEY-GENERAL

Territorians elected the Finocchiaro CLP government to reduce crime, put victims first and restore confidence in our justice system. Over the past two years, we have seen stronger laws, more judges and renewed focus on getting matters through the courts. As we approach the end of 2026, can you update Territorians on what has been delivered within our justice system and what those improvements mean for victims who deserve timely justice and real consequences for offenders?

ANSWER

Madam Speaker, I know how important it is to the Member for Casuarina and his community that we are delivering on the promise that we made to Territorians two years ago to reduce crime as our number one priority, and that is something that we are doing. We knew that if we could reduce crime, we would improve our economy out of sight. We are actually seeing the proof in that pudding. We have all the right arrows going in the right directions. Crime is going down, and the economy is going up.

We are also making headlines nationally for all the right reasons, which is fantastic to see. None of that happened by accident. We have been relentless and ruthless in our pursuit to reduce crime and rebuild our economy, and we have done just that over the last two years. Unlike Labor, which watered down the laws over 10 years, we have been strengthening the laws. We had Declan's law; mandatory sentencing for repeat DV offenders and assaults on frontline workers; new offences targeting ram raids and post-and-boast offending; and stronger public drinking laws.

We have a record number of judges in courts. If you invest in the courts, the system moves faster. We are completing more matters now than ever before, with 25,000 matters finalised in the last 12 months. That is turning the tide on huge backlogs we saw under Labor. We have an early resolution team, the TIG-ER team, resolving matters earlier than ever before. We have had nearly 2,000 matters resolved early, and 75% of them meant that there was an early guilty plea before they had to go to court and have a trial. That is incredible work by the DPP team.

We put victims first in every piece of legislation that we have brought forward because we know that if we put victims first and offenders at the bottom of the list when it comes to their rights, we can make community safety the number one priority.

I am proud as the Attorney-General to have delivered those numbers in reducing crime, unlike under Labor when we had a crime crisis. Those opposite put victims' rights last; they would much prefer to defend the offender. We put victims first and have seen a huge decrease in crime.

Total offences went down by 26% in the last two years because of the work that we have done. Domestic violence-related assaults have gone down by 12% under our watch. Assaults in general saw a 9% reduction, which is a huge turnaround. Even more impressive is the house break-ins, which went from 60% to 44%.

Singleton Station Water Licence

J DAVIS to MINISTER for LANDS, PLANNING and ENVIRONMENT

DRAFT

The Central Land Council notified constituents of a proposed data centre at Singleton Station by a sister company of Fortune Group, Singleton's owners. Fortune boasts on its website that it gets 40 gigalitres of free water a year at Singleton Station. That 40 gigalitres of water a year at Singleton was found to be unlawful by the High Court, and the remaking of that decision was supposed to follow an environmental impact assessment, due to be completed by 2029. Fortune has now withdrawn from that process, which was the only thing stopping a new licence from being issued, and you are now seeking submissions on a new Singleton water licence by 8 December, with the decision apparently planned before Christmas.

Can you confirm that intend to re-issue a Singleton water licence? How much water will you give Singleton, and is that water allocation intended to support a data centre?

ANSWER

Madam Speaker, there has been a lot of misinformation on this issue that the activists have been pushing. It is good to clear it up today.

On 5 August 2026—the Member for Johnston is correct—the High Court delivered its judgment in the appeal by the local Aboriginal corporation. The appeal was against the decision by the former Labor minister—it is important to highlight that. The appeal relates to the decision in 2021 to approve a 40 gigalitre water extraction licence for a term of 30 years in the Western Davenport water allocation plan area.

The applicant proposes to develop a large-scale agriculture/horticulture project in the region, with the potential for furthering economic development in that part of Central Australia—important, Member for Johnston.

The full court allowed the appeal and substituted orders of the Supreme Court to quash a licence granted to Fortune. The matter has now been remitted back to me, as the minister administering the *Water Act*, to reconsider the application.

The Department of Lands, Planning and Environment is doing the work that will then come to me for consideration. This will enable me, as the minister, to reconsider the matter on its merits, taking into account any relevant new information since the original decision, including the views of affected stakeholders obtained through the consultation.

This will ensure that the latest scientific evidence and information underpins my consideration of this application—important and completely separate to that decision. If any proponent wants to build a data centre in the Northern Territory on land where native title has not been extinguished, they will need to enter an ILUA with the local TOs.

I imagine that all the talk today and what I have seen from the Central Land Council is because a proponent may be speaking to traditional owners about what they seek to do in the future.

Parap Pool – Swimming Australia Partnership

Mrs ZIO to MINISTER for PEOPLE, SPORT and CULTURE

Last week in the heart of the amazing Fannie Bay electorate at the Parap Pool, I was honoured to be at the Finocchiaro CLP government's announcement of a $2.3m investment in a landmark partnership with Swimming Australia alongside you, the Deputy Chief Minister, Gerard Maley and world champion and Olympic bronze medal swimmer, Max Giuliani. This partnership is a massive win for the Territory that established Darwin as a Dry Season training base for the nation's elite swimmers and delivers a new high-performance gym at Parap Pool.

Can you update the Assembly on what this investment means for Territory swimming and the opportunities it will create for local athletes?

ANSWER

Madam Speaker, it was great to join the member and the Deputy Chief Minister last week to make this announcement. This is an exciting announcement for the Northern Territory; to be offering $2.3m in support to have elite swimmers to come and train in the Dry Season every year until 2032.

DRAFT

The $1.2m partnership is to support $200,000 over the next six years to have their training at Parap ahead of the Brisbane 2032 Olympics. To enhance that, we are putting $1.1m into a purpose-built high-performance gym at Parap Pool that will have the ability for the swimmers to have training next to the pool.

Over the last two years, they had to do their training at Parap and travel to the Northern Territory Sports Academy gym at Marrara. We are having this opportunity so when these elite swimmers are here for the training during the Dry Season they can use that facility. Also, during other times, it will help the swimmers in the Northern Territory—which is nearly 400 young swimmers—who will be able to access that facility.

We saw the Olympic gold medallists, Mollie O'Callaghan and Lani Pallister, plus the coach Dan Boxall at the Parap Pool earlier this year for their training. We have also seen Max Giuliani for the launch. It was great to meet him. He was a bronze medallist at the last Olympics and a world champion.

It gives an opportunity for young Territorians who are aspiring to the 2032 Brisbane Olympics and beyond to see how these elite athletes are practising and training and for coaches to see how these programs are conducted in Darwin at the Parap Pool.

This is an opportunity we are creating for the next generation of Territorians who will be able to make use and take advantage of this facility with the pool—we have a world-class facility at Parap—and by having this additional high-performance gym next to it. We are giving these athletes the opportunity to do their training and take it to the next level.

We want to see many Territorians focused on Brisbane 2032 when the Olympics is coming to Australia and beyond that. A good number of young people are participating in the national camp as well. This gives the opportunity for them to have better facilities in Darwin.

State Square Art Gallery

Mr McGRATH to MINISTER for ARTS

Territorians are still in the dark about the future of the State Square Art Gallery. Why has your government still not made a decision about the future of this major public investment? Will Territorians get an answer before Christmas?

ANSWER

Madam Speaker, unfortunately, this present was not created by the CLP government, so we will not deliver that present before Christmas; we are working through a problem that was created by the former government.

We have heard from the current Labor opposition about issues. It has doing discussion papers on a lot of things. We have heard about the issues with the watch houses, which we were able to unclog. Then we heard about Territory Labor wanting to build a new hospital in Darwin, but this was not its priority during its term in office. The previous Labor government put hundreds of millions of dollars aside for art galleries in Darwin and Alice Springs.

This government saved Anzac Oval. We gave Anzac Oval back to the people and traditional owners in the way that they wanted.

The State Square building being built in Darwin was initially funded as a less than $50m project; that went all the way up to nearly $147m. We need to wait and see what the final number will be when it is finished.

The Finocchiaro CLP government wants the best use of that facility. We want the facility to attract new people to the city. That was one of the things that businesses highlighted. We want to provide opportunities that are not currently available in Darwin and to see how we can enhance that as well.

Unfortunately, I do not have a timeline and I cannot commit because that discussion is going on with the proponents who have been identified through the expression of interest process. Once that process is complete and the government is in a position to make an announcement, we will do so.

Asian Relations – Indonesia

Mrs CARLSON to MINISTER for TRADE, BUSINESS and ASIAN RELATIONS

DRAFT

Strengthening the Northern Territory's relationships with our regional neighbours is essential to expanding trade, attracting investment and positioning the Territory as Australia's gateway to Asia. The previous Labor government discontinued the Asian Relations portfolio, but this CLP government recognised its importance and restored it, demonstrating our commitment to rebuilding relationships across the region. Can you update the Assembly on recent engagements in Jakarta, including outcomes and how this government is strengthening the Territory's relationship and economic opportunities with Indonesia so that we can continue to pay the power bill?

Madam SPEAKER: I checked with the Clerk to see whether everything is okay because it is a bit dark and dim in here now. Everything is fine.

ANSWER

Madam Speaker, there is a storm brewing outside but this is what we love about the Territory and why it is important for us to build our relationships across the region. The Manager for Wanguri knows that her engagement with Indonesia is particularly special. Her cultural heritage has been invaluable to assist me as we work to rebuild the relationships across this region.

I recently travelled to Jakarta for exciting engagements, particularly with the Indonesian Government, as well as a number of investors. I was privileged to meet with the Vice Minister for Foreign Affairs for the third time. The Vice minister is excited about the potential business opportunities in the Northern Territory that will be driven on the back of the Beetaloo Sub-basin, which is unlocking potential for the Northern Territory, across Australia and into the Southeast Asian region and Indo-Pacific.

It was great to be able to take that message to the government in Indonesia and most critically to a range of investors who are looking seriously about doing their business in the Territory; creating jobs for Territorians, enabling service growth and economic growth for the Territory. These partnerships are critical with a nation that is set to become the fourth largest economy in the world by 2050, which is not very far away.

As part of the engagement, as well as meeting with infrastructure investors and a number of other transport investors, I also had the opportunity to do some engagement in the sector of workforce exchange. This is not just important for the Northern Territory, but also for Indonesia, which are keen to have those exchanges take place so that we can have the workforce we need as we develop these opportunities over the next decade. This will also assist Indonesia to upskill their workforces and will be beneficial to both our economies. We are looking at health, education, construction opportunities, IT performances and development of the digital economy. The interest is across all sectors and incredibly exciting.

To round off the trip, I visited one of the live cattle industry yards where we are exporting our cattle to Indonesia which are our largest export destination and they want to see that increase. It was fantastic to visit one of the businesses that are receiving the cattle, looking after them as they prepare them for the Indonesian market. I can tell you Australian beef is number one in the Indonesian economy and it will get better over the next decade.

Legislation Passed this Assembly

Mr PAECH to MINISTER for DISABILITY

You keep telling Territorians how much work you have done and how tired and busy you are. In more than 800 days minister in your government, can you tell Territorians exactly how many pieces of legislation you have introduced in this parliament?

ANSWER

Madam Speaker, when we talk about workload, I always tell people that I worked as a frontline nurse in my previous life at the Royal Darwin Hospital. This is not anywhere near that frontline work with morning, night and evening shifts and working with clients. You can come up with whatever argument and test the question however you want and where you want.

Members interjecting.

When it comes to ministerial responsibility—I am about to go there Leader of Opposition through Madam Speaker. They want to ask questions, and I do not know what they expect from me because they are asking a lot of things that I am not really responsible for. When it comes to the legislation …

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Mr PAECH: A point of order, Madam Speaker! Standing order 1; the minister has said that he is not responsible. I have asked this question of him as the Minister for Disability, Youth, Seniors and Equality, Multicultural Affairs, Veterans and Arts

Members interjecting.

Madam SPEAKER: There is no point of order. If you keep talking, you might spend some time outside, Member for Gwoja.

Mr CHARLS: From my understanding, there is legislation that I am responsible for. One is the cricket Act. I do not know which part of that Act the Member for Gwoja would like to be changed because that is not something that has been raised with me.

There is also the *Museum and Art Gallery of the Northern Territory Act*. I am responsible for that as well. There has been no request for any changes to legislation that is my responsibility. I do not know how the Member for Gwoja, when he was previously the Attorney-General, was trying to come up with different things …

Mr PAECH: A point of order, Madam Speaker! Standing Order 110; relevance. It is a direct question. You are a minister. How many pieces of legislation have you brought in here? I think it is zero.

Madam SPEAKER: Member for Gwoja, you have had your fair share of points of order. He is not even halfway through his allocated time.

Mr CHARLS: I already explained that part. There is no current ask from the community relating to changing any of the legislation that I am currently responsible for.

I go back to what Territory Labor is currently doing. It is trying to showcase or demonstrate to the people that it is working hard, but this is an area it failed when it comes to legislation on health and police. These are the areas that it has failed in. Until 26 months ago, it was responsible. Now, it is trying to rewrite history in this Chamber.

I am sure that you have a good memory, the same good memory that Territorians out there have. That is why it is trying to attack on different lines. We want to work with and listen to Territorians. That is exactly what we are doing, and we will continue that work.

Alan Walker Cancer Care Centre – Investment

Mr O'GALLAGHER to MINISTER for HEALTH

Our Finocchiaro CLP government is committed to restoring the Territory lifestyle. Part of that is making sure Territorians can get the care they need without leaving home. For too many Territorians, a cancer diagnosis has meant long stints and being away from work, family and community at the hardest times of their lives, including for many of those living in my own electorate of Karama.

Despite the darkness and gloom being put over this House by the opposition today, can you enlighten the House on the recent investment in cancer treatment at the wonderful Alan Walker Cancer Care Centre at Royal Darwin Hospital, how the new equipment will improve care for patients and what this means for Territorians who would otherwise have to travel interstate for treatment?

ANSWER

Madam Speaker, I am proud to see the lights back on.

I know how supportive the Member for Karama is and that the technology will make a huge difference to cancer patients in his electorate. I know how passionate he and all members on this side are regarding the announcement that we made yesterday.

We announced two new Elekta Evo linear accelerators at the Alan Walker Cancer Care Centre. People might say, 'What does that mean?'. It is important. I was there yesterday and met directly with Dr Scott Carruthers to have a look at this new technology. It was amazing to hear what this new technology can do for Territorians.

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This was a $6m investment, which included the $1m investment for a CT scanner machine that provides 4D imaging, enabling clinicians to more accurately locate and target cancers. Importantly, we are only the second state or territory to have this technology. It replaces machines from 2010. The first machine started operating late last year. Seeing the new one online yesterday showed that this technology adapts to treatment in real time. It tracks the tumour's position every day. With greater precision, it targets cancer and protects healthy tissue.

The important thing is there are fewer side effects when it comes to the use of this technology that provides a better quality of life during and after treatment.

Across the Territory more than 900 Territorians are diagnoses with invasive cancer each year. More than 70 patients are treated every day from across the Territory—more than 7,800 radiation treatments a year.

With this there is less need for our patients to travel interstate. Patients are being treated closer to home with family there to support them by their side.

I thank all of the staff at the Alan Walker Cancer Care Centre: the oncologist, the radiation therapist, the physicists, nurses and Allied Health. We have some of the finest staff in Australia working right in Darwin. I thank them for their expertise, their compassion. Every day of the week they are treating families and patients during the hardest time of their lives.

This is the best technology we have. Territorians deserve the best possible healthcare closer to home. We are getting on the job and restoring the Territory lifestyle for Territorians.

Madam Speaker, I move that any further questions be placed on the Written Question Paper.

PRIVATE HOSPITALS AMENDMENT BILL
Serial 82

Continued from earlier this day.

Mr MACKAY (Goyder): Madam Speaker, I start by apologising to all the mothers, women and people watching the broadcast this morning for what was 40 minutes of utter gobbledegook from the Leader of the Opposition. She might think maternity services are a joke, she may not respect the hardworking maternity staff …

Ms UIBO: A point of order, Madam Speaker! Standing Order 31: highly offensive. There was nothing about disrespecting workers or mothers. I ask the Member for Goyder to withdraw that offensive comment.

Madam SPEAKER: The comment was she may have …

Mr MACKAY: May have disrespected and not respect …

Ms Uibo: I did not.

Mr MACKAY: Be careful where you go with it …

Madam SPEAKER: Member for Goyder, the Opposition Leader feels …

Mr MACKAY: I am happy to withdraw those comments, Madam Speaker.

What is clear is she clearly does not value the time of those mothers who came into this place this morning. Instead of just getting on with the job, saying, 'Hey, we are introducing a Bill. We will restore private maternity services in the Territory'. Instead, they went on a 40-minute rant. If I was working on the fourth floor and I wrote those talking points or speech, I would probably resign because that was honestly one of the worst speeches I have heard in this place. It just went on and on about everything except maternity services.

We heard her mention elections about 12 times. We heard her raise the Chief Minister, 'Such and such might be the Chief Minister'. The one thing I can guarantee is not one of those mothers who want to see private maternity restored to Northern Territory care what the Leader of the Opposition thinks on that matter.

We have a Bill before us today. We will pass that Bill and, in a few short months and in time we will have private maternity services restored in the Northern Territory. The CLP government is getting on with that job.

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Ms Uibo: Did you write that all by yourself, mate?

Madam SPEAKER: Opposition Leader, please remain silent.

Mr PATEL (Casuarina): Madam Speaker, I also speak in support of the Private Hospitals Amendment Bill 2026. I will begin with something simple. Bringing a child into this world is one of the most important moments in any family's life. It is a moment of happiness, excitement and hope.

However, it is also a time when mothers and families need reassurance, professional care and peace of mind. They need to know that when the time comes to welcome their baby, the right services will be available.

Most importantly, they deserve a choice about where they give birth, who provides their care and to welcome their baby into this world in the Northern Territory.

For me, this Bill is practically important, because I represent the electorate of Casuarina. Casuarina is home to something incredibly important to the entire Territory: the Royal Darwin Hospital.

Every day, doctors, nurses, midwives, specialists, cleaners, administrative staff and other health workers make their way to the hospital precinct to look after Territorians. Many of these hardworking people also live in my electorate and surrounding northern suburbs. They are our neighbours, parents at our local schools and members of our sporting clubs and community organisations. They are the people we depend on when our families need medical care. As a local member, I recognise their outstanding contribution to the community.

I also speak about Royal Darwin Hospital from personal experience. Both of my children were born at Royal Darwin Hospital. When my first child was born, our family experienced the uncertainty of having a newborn baby requiring the care in the neonatal intensive care unit. For one week, we depended on the dedication and professionalism of the hospital staff. As a parent, I can tell this House that when your newborn needs medical care, nothing else matters. You are not thinking about politics, legislation, food or business. All you think about at the time is your child. You want to know that your baby is safe, the doctors and nurses have everything they need and your family is in good hands.

That experience gave me enormous respect for the people working at Royal Darwin Hospital. That is why I understand just how important this legislation is. When Healthscope closed the private maternity services at Darwin Private Hospital in 2025, the consequences did not simply disappear; the demand for maternity care had to go somewhere else. A significant part of that responsibility fell on Royal Darwin Hospital. Our hardworking doctors and midwives continued providing care. Our nurses continued supporting mothers and newborn babies. Our hospital teams continued showing up to work and doing everything they could do for Territory families. I say clearly to every health worker at Royal Darwin Hospital, thank you. My heartfelt thank you to all of you for your commitment, professionalism and for continuing to care for our community under increasing pressure.

This is why restoring private maternity services is not just about the private hospital; it is also about supporting our public hospital and the people who work there. When private maternity services closed, Royal Darwin Hospital took on additional births. That means additional demands on maternity facilities, hospital resources and the healthcare workforce. Every member of this House should understand that pressure.

We cannot continue expecting our hardworking healthcare staff to carry an increasing workload without looking at the wider healthcare system. A strong public and private hospital systems should work together; they should complement each other. When one part of the system loses an important service, the pressure on the other part increases. Restoring private maternity services will help create a better balance between both hospitals. It will provide additional choices for families while helping reduce pressure on our public hospital.

There is another important issue. Many Territory families make a financial commitment every year to private health insurance. They work hard, pay their premiums and expect that when they need private maternity care, that service will be available. However, today a family living in Darwin cannot give birth at Darwin Private Hospital. Some families have travelled interstate to access the private birthing experience they wanted.

Think about what that means to them. Imagine being eight months pregnant and having to consider leaving your home, family and support network; arrange flights, accommodation and time away from work; leaving behind grandparents, relatives and friends at the very time their support is needed; and having your newborn

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baby interstate instead of in Darwin. That should not be a choice that Territory families are forced to make. Darwin is a capital city and we should be able to offer families the opportunity to receive both public and private maternity care close to home.

The Finocchiaro CLP government made a commitment to restore private maternity services. I thank the minister and his team bringing these changes to the parliament. We said that we would use every available legal, legislative and commercial option. This Bill is an important step towards delivering that commitment.

I will explain in simple terms what this legislation means. Currently private hospitals require a licence to operate in the Northern Territory. This Bill strengthens the government's ability to determine what services a designated private hospital must provide. The intention is to designate Darwin Private Hospital and make maternity and birthing services a condition of its licence. That means an operator cannot simply make a commercial decision to remove those required services without facing regulatory consequences. Importantly, this requirement is intended to apply not only to the incoming operator, Calvary, but also to future operators.

Running a hospital is not just a commercial opportunity; it is also a responsibility to the community. Hospitals provide essential services. Families make life-changing decisions based on the viability of those services and people deserve the certainty that important healthcare services will be there when they need them. Calvary has indicated its commitment to restoring private maternity services. We welcome that commitment, but we also need to look beyond today. What happens in five, 10 or 20 years? What happens if the hospital changes hands again? This legislation provides a stronger framework to protect these services into the future.

I acknowledge something important: restoring private maternity services is not as simple as opening the doors to the maternity ward. We need qualified obstetricians, experienced midwives, paediatricians, anaesthetists, the right facilities and equipment and safe clinical arrangements. Most importantly, we need to make sure that every mother and baby receives safe high-quality care. That is why we should not rush the process by announcing an artificial opening date. The focus must be on getting it right.

This is also an opportunity to attract and retain healthcare professionals in the Northern Territory. Healthcare workers want certainty too. They want to know that there are professional opportunities here in the NT and to have confidence that the services they dedicate their careers to will have a future. They also want to live and raise their families in a Territory that values their contribution.

For my electorate of Casuarina, this is particularly important. Our hospital precinct is not just a place where people receive healthcare; it is a major employment precinct and an important part of our local community. When we strengthen healthcare services, we also strengthen our ability to attract and retain skilled workers and their families in Darwin.

We must also continue investing in Royal Darwin Hospital, and we welcomed the $10m Commonwealth commitment to improving birthing, maternity and the neonatal facilities at Royal Darwin Hospital. These improvements are important for mothers and babies but also for the staff working in those facilities every day because better facilities means better environments in which our healthcare professionals can deliver the care Territorians deserve. As the Member for Casuarina, I will continue advocating for better infrastructure, improved facilities and support for the workforce in our hospital precinct.

There will be political debate about how we reached this situation. Questions remain about what the previous Labor government knew of the risks to private maternity services and why a lasting solution was not put in a place. But one thing is clear: the former arrangements did not protect Territory families from losing their only private hospital birthing services.

The Finocchiaro CLP government is now taking legislative action to provide that protection for every Territorian because this should not simply be about which political party is in government; this is about mothers, newborn babies, the healthcare workforce and the kind of Territory we want to build for future generations.

When we talk about restoring the Territory lifestyle, we are talking about much more than recreation and entertainment. We are talking about creating a place where people want to live, where families feel supported, where healthcare professionals want to build their careers and a place where young couples can confidently plan their future in the Territory.

If we want families to move to the Northern Territory, stay and raise their children here, access to maternity services matters. If you want to retain doctors, nurses and midwives, then certainty about healthcare services

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matters. If we want to reduce unnecessary pressure on Royal Darwin Hospital, then rebuilding private maternity capacity matters as well.

I began this speech by talking about the importance of bringing a child into this world, and I want to finish with that same thought. One day, a young couple living in Nakara, Tiwi, Muirhead, Lee Point, Lyons and maybe across the Territory will be preparing to welcome their first child. They will have all the excitement and nervousness that comes with becoming parents, and when that day arrives I want them to have confidence in the healthcare system around them. I want them to have choices. I want them to feel supported, and I want them to welcome their baby in the Territory which they can call home.

At the same time, I want the doctors, nurses, midwives and other healthcare staff at Royal Darwin Hospital to know that this government recognises the pressure they face and the important work they do because looking after Territory families also means looking after the people who look after them.

This is about restoring choice, strengthening our healthcare system, protecting essential services for the future and, above all, giving Territory families the certainty they deserve.

I proudly support the Private Hospitals Amendment Bill 2026.

Mr YOUNG (Daly): Madam Speaker, overall, Territory Labor believes in the principle of private maternity care and the private hospital system in the Northern Territory. We know that having a private healthcare system in the Northern Territory will take pressure off our public healthcare system. We need further healthcare investment in remote and regional areas of the Northern Territory. More importantly, we need investment in preventive measures so that we do not see so many Territorians having to access the hospital. Prevention is always better than cure. This is important legislation, particularly regarding maternity services in the Northern Territory. Many mothers, women and families have been missing that service for quite some time, and it has been dragging out.

What is disappointing is when we should all be speaking from goodwill that we want to see this service, and members, particularly the Member for Goyder, attack a woman, the Leader of the Opposition.

Mr Mackay: You do it outside!

Mr YOUNG: Here he is screaming, yelling and carrying on, storming back in …

Madam SPEAKER: Pause, please. We will not carry on with banter across the Chamber. Please give the member the respect he is owed, and direct your comments through me, Member for Daly.

Mr YOUNG: It is disappointing that there are members in this Chamber, particularly the Member for Goyder, who attacked the Leader of the Opposition. I think we need to take a step back and remember that we need to understand, as men, that there are sensitivities around this. You should not be attacking the Leader of the Opposition, who met with Our Birth, Our Voice to hear concerns about maternity services. The Leader of the Opposition also shared—if you did your research, you would have seen it—her birthing stories. Instead, you come in here, Member for Goyder, and try to get cheap political shots at the Leader of the Opposition. You speak for two minutes and then sit down, just to attack the Leader of the Opposition.

We need to lift the standard in this parliament when it comes to debate about maternity services. What we saw was a cheap political shot at the Leader of the Opposition, who came here with goodwill to talk about maternity services and the private healthcare sector in the Northern Territory. I hope that the Member for Goyder makes a personal statement and apologises to the Leader of the Opposition, or will he continue to be gutless, like he has been throughout his time in parliament?

We need to invest in preventive measures like good housing, healthcare and education in remote communities, but also in homelands, not just our larger Aboriginal communities. We want to see, overall, pressure taken off our public and private health systems. The fewer people who use it, the better. We need to see preventive measures working in the Northern Territory.

We look forward to the private health sector coming online, because we know that will take pressure off the public sector.

Mr SMELT (Nightcliff): Madam Speaker, as we know, the CLP has been in government for more than two years. The Health minister cannot keep blaming the previous Labor government for problems that are now occurring on his watch, including the loss of private maternity services.

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The fundamental question for the Minister for Health is: is private maternity a serious priority for him and his government and, most importantly, what is the plan? Where is the plan for long-term hospital infrastructure? Where is the plan for a workforce to support the return of maternity services in the private system? Where is the plan for regional and remote health, including maternity services? Where is the plan for the return of private maternity services at Royal Darwin Hospital?

The government talks about its record Health budget, but funding alone does not create a better healthcare system. It does not create a system that we can all rely on and be proud of. A record Health budget means nothing if patients still cannot get a bed, if ambulances are unavailable, if staff are burning out and if regional services continue to be under immense pressure. Unfortunately, this Bill does not provide any guarantees for the return of private maternity services, nor solve any of those problems.

What we are seeing across the broader health system is an absolute capacity crisis. Every day, Territorians are experiencing the impacts of this capacity crisis. We are seeing ongoing hospital bed shortages—that was clear to myself and the Member for Gwoja when we toured Royal Darwin Hospital. The emergency department is full, largely in part because there is nowhere else for people to go to. There are not enough surgical wards and there are not enough beds to cope with the inflow of patients.

We also saw the ongoing effects of rolling code yellows, which has become a situation that is normal in our hospitals. We have seen ongoing ambulance delays due to a lack of investment. We are seeing the impacts of underinvestment in ageing infrastructure, evident during Cyclone Fina only 12 months ago.

We also know there are many regional and remote service gaps, and this is highlighted regularly by the members of the Territory Labor team as we see the underinvestment in remote health clinics, the scrapping of projects and the delay of critical health infrastructure projects. We see the pressure on mental health and aged care pathways, and we still do not have a date for the construction of the new aged care facility in Palmerston. These are all symptoms of a system that is under immense pressure.

When private maternity departed Darwin, that pressure only increased at Royal Darwin Hospital. It has been exacerbated again and again because of the closure of this alternative option for women in Darwin to give birth.

This CLP government is spending record amounts on the Health budget, but we are not seeing that in the infrastructure portfolio. Despite record funding, there is just $8m in new health infrastructure across the Territory for the 202627 budget.

On the other hand, the CLP government has found up to $2bn to invest in a new private prison. That is where we see the priorities of the CLP government. It is about prison beds, not hospital beds.

In addition, all the existing infrastructure projects were largely created, planned, developed and funded by previous Labor governments. Projects such as the mental health inpatient unit, the 32-bed modular ward, the Borroloola health centre and morgue—all of these projects were initiated and started under the previous Labor government.

With $8m in a financial year, you will not be able to start any new major health infrastructure projects. We know that these projects are challenging, but they have again been delayed. The Borroloola project has been delayed. The infrastructure at Royal Darwin Hospital is in real trouble and is not up to scratch.

The minister himself has previously described the hospital as ‘effectively falling apart’, and no small addition of a 32-bed additional ward will solve that. That is not a long-term health infrastructure plan for Darwin or the Northern Territory.

Hospital beds need a lot of support. They need nurses, doctors, allied health supports, diagnostics, theatres, ambulances, mental health services, aged-care pathways, rehabilitation and community care. It is not just about the infrastructure; it is also about the services and the workforce. This is what Territory Labor has been talking about since August with the release of our health discussion paper. I commend it to the Health minister. There is a lot of advice and good ideas in it.

When it comes to the future of Royal Darwin Hospital, the decision is clear on this side of the Chamber. Territory Labor is clear that under the leadership of Selena Uibo, we are progressing with a new hospital. We are very clear that is the next step that needs to be taken because we have heard the feedback from the sector, health workers and Territorians. Despite the best efforts of everyone who works at RDH, it is clear

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that a new facility is required. The feedback and the results are overwhelming from our consultation on that health discussion paper.

Yet the Minister for Health cannot rule it in. He is on the record saying he cannot rule it in or rule it out. It is clear on this side of the Chamber that we need a new hospital, and we are getting on with that. From opposition, we are doing the work, the planning and getting the feedback. We will start looking at sites so that when Territory Labor comes to government, we will be ready. We will do the planning and the work for the future hospital while the CLP government still makes up its mind whether we need it or not.

Do we need it? Do they need to do the work? They absolutely need to do the work and get off the fence and decide whether they need a new hospital or not. They absolutely do.

Members interjecting.

Mr PAECH: A point of order, Madam Speaker! Standing Order 20. The interjections from the government backbenchers—clearly, they are excited about a new hospital. They can do it if they want to.

Madam SPEAKER: Member for Gwoja, your misuse of points of order is becoming an issue.

Mr SMELT: The Member for Gwoja makes a good point. Also on the CLP's watch, the workforce crisis is being managed primarily with overtime and agency staff. We estimate this is costing more than $100m of overtime in 2025. That is putting more pressure on an already understaffed health system. It is also evidence of a system responding to shortages rather than fixing the underlying workforce problem.

The government cannot complain about workforce shortages while also pursuing a wage policy that makes it harder to recruit and retain the staff we desperately need in the Northern Territory. Many of my constituents in the electorate of Nightcliff work in the health sector and many of them have reached out to me with the concerns, issues and challenges that they experience every day in the Northern Territory public health system.

One constituent who got in touch with me, who works in the emergency department, referred to having to work 18-hour shifts and constantly relying on staff who can turn up and work excessive hours. They also took up with me the concern they have with overuse of agency staff. We need paid full-time employees of the government to be doing the work. It is clear the shortages exist.

There are a number of concerns being raised with me about dangerous nurse-to-patient ratios. This makes it dangerous for everyday Territorians who are seeking health service. It is dangerous for the staff. They are under pressure. They need to make judgements quickly. When those ratios blow out, it makes their life and their job incredibly difficult.

Many people have raised concerns with me that without a competitive EBA, without being paid a fair wage for a fair day's work, people have great concerns about what their future workplace will look like. People who have gone on leave are worried about what it will look like when they come back under these conditions.

Another constituent raised with me the attractiveness of interstate pay. They raised the issue that is talked about in tearooms across the Northern Territory when, say, moving to Queensland you could get 8% more pay and work in safer conditions with better ratios and better resources. They are concerned that people, particularly our experienced nurses and doctors, will vote with their feet and move to Queensland, Victoria and other jurisdictions where they can access better pay and better working conditions. This is a massive issue for us. I hope the Minister for Health takes up these issues when talking to the Minister for Public Service and that he takes on board the feedback from the Australian Nursing & Midwifery Federation NT which has campaigned strongly on this.

Mr EDGINGTON: A point of order, Madam Speaker! Relevance; it might be about time that he started talking about the private hospital Bill.

Mr Paech: Oh.

Madam SPEAKER: Thank you, Member for Gwoja.

I do not think it is a point of order. I think these speeches are given immense latitude.

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Mr SMELT: I hope the minister takes up regular meetings with the secretary and the executive of the Nursing & Midwifery Federation because they represent thousands of nurses across the Northern Territory, including midwives and including, hopefully, the future members of a private maternity service.

This is another example of failure by the CLP government. The CLP government knew about concerns regarding private health maternity services as early as September 2024. The minister himself has acknowledged that, yet the private services still closed in June 2025. Since that time, Royal Darwin Hospital has absorbed hundreds of additional births, all private obstetricians have left the Territory and some families have elected to move interstate to have their babies.

It is a sad state of affairs. During the Nightcliff by-election when I was at the jetty talking with constituents and people enjoying the great foreshore of Nightcliff, I spoke to a woman who is a member of the Army and was rotated to Darwin as part of her deployment. She told me that she was aware of the situation with private maternity care and that she would not proceed with starting her family until she received her next deployment instructions and had moved to another jurisdiction where she could have the choice and opportunity to use private maternity services. We talk about growing the Territory, the economy and our population, but we cannot do that if we cannot provide basic services, options and choices for all Territorians, including military personnel who are a great part of our Territory family.

This was not an unforeseeable event. The government had warning. The warning signs were there, yet the private maternity services still departed. This was a failure of planning, decision-making and leadership by the minister and the CLP government. We have had more than 18 months of uncertainty. Women and families have been telling the government what they need—choice.

We have heard directly from members of Our Birth, Our Voice—members of that group were in the gallery this morning—about the impacts the closure of the private maternity services had on them and other families who were planning to have children through that system. They have talked about the anxiety, the loss of choice and not having the continuity of care that they pay their private healthcare premiums for. They also talked about the pressure at Royal Darwin Hospital, and we have seen all the documented issues in the maternity ward there, despite the very best efforts of staff. We have seen issues regarding the air conditioning, with expectant mothers having to bring in their own fans. It has been incredibly challenging and it is not good enough.

I have heard from constituents in my electorate, as I am sure have members from all around the Territory, about people moving interstate to have their babies. That is an indictment on our system and on the CLP government for not being able to deliver this sooner.

Fundamentally, at the end of the day people are asking for safe care, dignity and a government that will listen and return that choice to Territorians.

It is interesting the see the context around the framing of this Bill. The current maternity Bill still does not guarantee maternity services. The government says that the legislation creates the power to require maternity services, but there is a huge difference between having the power and guaranteeing the service. To be clear, this Bill does not mandate private maternity services, establish a minimum level of maternity care, guarantee continuity of care or require the incoming operator to provide a full maternity service.

The minister is still unable to explain exactly how or in what form maternity will return to the Northern Territory, when it will return and what it will cost. This is not confirming maternity services. It is not an implementation plan and it is not a guarantee to Territory women that this service will be returned.

This uncertainty has had a big impact on our community. It is always concerning when people lose confidence in a public health system. When they do, everyone pays the price. We have seen that with families having to take time off work; people travelling interstate due to the pressures on our public health system; in instances where it is harder to recruit to train and retain clinicians; and in the pressures that occur in the hospital that reach out into the broader health system, including pressure on ambulances, GPs, mental health services and aged care.

Maternity services is about choice, but it is much more than that. It is important to understand that private maternity services also form part of the economic infrastructure for Darwin and the Northern Territory. Many people in our community will have views about the private system and the public system for the provision of healthcare, but it must be part of our core offering to our community. To attract and retain workers and families from interstate, private maternity services need to be a part of the offering. When you chat to people in the business community about trying to attract talent to the Northern Territory that is one of the questions always

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asked. If people want to come here and start a family, they need to know that choice exists. Fundamentally, we need to provide this option for women and families in Darwin to provide that choice and opportunity.

I mentioned the Territory Labor discussion paper. We made it clear that choice and certainty in maternity is a key part of our future health system. Labor supports a strong public maternity system and a functioning private maternity system. We want to work with clinicians and the incoming operator. It is important that all these services come together and work for the whole Northern Territory community. We want to ensure that maternity services are properly staffed and sustainable.

This is not just announcing a service; it is about guaranteeing a service. We want to ensure that any licence conditions capture the incoming operator guaranteeing to provide these maternity services. It should be clear in the contract—the agreement—and be transparent and enforceable.

To everyone working in our healthcare system, I say thank you. However, thank you is not enough. We need a properly planned workforce. We need less dependency on agency staff and the overtime of already hardworking healthcare workers. We need to support safer workplaces and provide better support. We need greater confidence in the system and that people will have a future in their career in our public health system.

When it comes to our families who are thinking about having a baby, we need to be providing that choice. We need to provide confidence that the maternity care will be available in the Territory when people need it. We need to provide people with the confidence and certainty that there will be properly staff and properly provided health infrastructure when they need it most. People need to know that they have a sustainable private option available to them if they choose to go down that path. We need to remove the uncertainty.

The CLP government needs to make the agreement with the incoming provider and provide that certainty to Territorians.

We need a health system that is planned rather than constantly being patched together. We need a government that is preparing for demand, not just waiting for the next Code Yellow. We need a system where infrastructure, workforce and services are planned together. The bottom line is we need safe, reliable, high-quality healthcare, regardless of postcode, so that wherever people live in the Northern Territory, they have the ability to access the healthcare and the maternity services they need and deserve.

Mr KERLE (Blain): Madam Speaker, I make my contribution on the Private Hospitals Amendment Bill brought by the Health minister. I thank him for taking action to ensure that Northern Territory women will have choice when they do that most important act, which is to bring new life into the world.

Unfortunately, Sophia had to go, but I acknowledge the Our Birth, Our Voice group for its unceasing advocacy. I thank Sophia and the other mothers who came today and sat in the gallery during the morning debate. It is hard to get out with kids, but they made the trek. They have been ceaseless in their campaigning for choice for Territory mums.

I will share a bit of my family story because we have a few boys and we have experienced both the private and the public hospitals. With our first son, we went private. Stephen O'Callaghan was our OB-GYN; he was efficient and professional. We rocked up in the middle of the night with my wife labouring and he turned up at the appropriate time in Crocs and shorts. Do you know what? It did not hold him back; he did an amazing job. Jacob was born, healthy and loud. They took amazing care of him.

I also thank Dr Jenny Mitchell, who was one of our other fantastic OB-GYNs. She was totally overbooked, so we were not able to get into her. She was joined later by Dr Alia Vemuri who, I am proud to say, is a local homegrown Territorian. She grew up in the Territory. Her dad is Dr Ram Vamuri, an academic at the university, formerly known as Northern Territory University. She grew up and did her schooling here, but had to go down south to do her medical qualifications. She came back, got experience here as a medical professional and then served the women of the Territory in the private hospital. She met many people who used her services and they have many great things to say about her professionalism.

We went through the private system. It was appropriate for what we needed at the time because, as new parents, we did not know what we were doing when this human being was given to us to look after and keep alive.

By the time our second and third children came along, we had a better idea, so we went into the public system. Those boys almost came out too quickly for the OB-GYNs to arrive. They popped out while the midwives were looking after us. We were looked after well in the public system as well.

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I find it interesting that Labor is trying to walk both sides of the street on this Bill. They hate private enterprise on that side of the House and would love to nationalise all private-sector work. Having choice is an affront to equality on their side. I would much rather have a one-size-fits-all approach. It is good having choice so having a functioning private sector takes pressure off the public system. It allows segmentation of the market so that some people can choose a different path and other people can go the other way.

We heard during debate today that those on the other side, unfortunately, always deny, deflect, dismiss and defer. We heard speeches that are like a duck walking across the yard, leaving a big mess behind and then complaining that the farmer did not clean up the mess. If you want to talk about cleaning up messes, just talk to our ministers over here. The amount of messes they had to clean up over the last two years would drive you crazy.

The Member for Nightcliff made an interesting contribution about their plan for a new hospital. Knowing Labor, it would be like all their other infrastructure projects: it would be put on the infrastructure plan, not funded and eventually be delivered late, over budget and add billions of dollars to the Territory debt.

All we have to do is look at such great contributions from the former Labor government as the Tiger Brennan overpass with an original budget under $50m, finally delivered for over $100m; the great ATSIAGA saga, which was never delivered, never broke ground, could not get agreement and now, finally, being delivered by this government; the shiplift—what a joke. Michael Gunnis doing a back-of-the-napkin deal, signing the Territory up for years of debt and deficit and all the benefits going to the private sector, to private companies.

Putting out a discussion paper is not actually building a hospital. It is all well and good to sit on the opposition benches and throw stones, but Labor's legacy speaks for itself.

This is a plan. We campaigned on this plan and we are delivering on it. Just putting out a discussion paper and saying, 'We have a plan to build a hospital', is no plan at all. Territorians are not silly; they cannot be fooled. They know Labor's legacy and they will judge it by it. They did judge Labor by in 2024 and judge will it again in 2028.

I will not go into the details of the mechanics of the Bill. That has been covered quite well by everyone here, both on this side of the Chamber and the other. It sets up a structure where the regulations can prescribe the requirements for a licence to operate a private hospital. No doubt there will be a lot of negotiations back and forth between the Department of Health and Calvary, the incoming provider, about the timing and level of service. I hope that we can bring back private obstetrics and gynaecology in the Territory so we can have a full service of care for mothers. Our Defence mothers who have that wonderful defence medical care so that families who get the opportunity to deploy to the NT can come here in full confidence, knowing that they will be looked after as they build their family.

I commend this Bill to the House and thank the Health minister for bringing it.

Mr McGRATH (Mulka): Mr Deputy Speaker, along with my Territory Labor colleagues, I will talk briefly about the Bill before us today.

Maternity services are a critical component of our Territory healthcare system. As has already been said in the Assembly, we support a health system where public and private services work together. We support a strong public maternity system and a functioning private maternity system.

This legislation comes after more than two years of uncertainty, disruption and anxiety for Territory women and families, not just in Darwin but across the Territory. While the legislation today may focus particularly on the Darwin Private Hospital and, of course, this is an important aspect of our healthcare system, we still need to discuss what may be in store for the regions in the years to come.

When it comes to maternity services in my own region, there are questions on what will happen with the Gove District Hospital during the current transition. Residents across the region know the transition is occurring. They have questions which I hope the minister will answer. How will the fluctuations in populations affect the Gove District hospital's ability to deliver maternity services and other services for the resident of Nhulunbuy and the surrounding communities and homelands?

Can the Minister guarantee that the Gove District Hospital level of services will not be reduced ahead of 2030 transition deadline?

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What we do not want to see is families, Yolngu or non-indigenous balanda, needing to be flown into Darwin or other regional centres because at some time in the future when they do not need to. They do not need that uncertainty. Particularly the Yolngu families who struggle with the system already.

It has been said time again, today's debate having a baby should be one of the most precious, special moments in a family's life. It should be a time of excitement, happiness and celebration. It should not be a time of unnecessary anxiety about whether a hospital will be available. This is something that I do not want to see for the East Arnhem region. It needs to be made clear today from the health minister. Will he ensure that those services will not be reduced?

I want to acknowledge those territory mothers and their families today who have advocated tirelessly, and I truly hope that the CLP government makes good on this legislation in getting private maternity services underway.

I want to acknowledge the strong Yolngu women who have been looking at options birthing opportunities on country and how we should be supporting pathways for healthcare closer to home which includes those maternity services on country because birthing should not be just looked at silo, just on the western metric system and biomedical dominance. Birthing on country is important; looking at all aspects of health holistic approach, physical, scientific and spiritual, all this should be taken into account.

Mr HOWE (Drysdale): Madam Speaker, it is a pleasure to speak on private maternity, I have tried to insert myself into this issue from the beginning. Big shout out to Sophia and all the women in my electorate as well those who have advocated for the issue. I have joined them since the meeting here in the city. I have met with them multiple times and it has been great to work with them and their journey in what we have come to achieve in restoring private maternity services under the Health minister, Steve Edgington, for Territorians.

Despite everything said today—and I spoke about this when it first came up in the Chamber—we had a Territory that was economically in the toilet. We had workers leaving due to crime, we had a crisis across the board and we saw the plummeting of people asking to use private maternity services, which shut the business case down for the current operator. Since then we have worked with the industry. It is a private industry, and I stand by the fact that government's role is to focus on the public system. We are pulling the levers available to us. We are ensuring private maternity is available; we are ensuring there is choice. This is going to provide certainty to our Defence families which is vitally important.

I commend the minister for the work he has done, pulling the levers to ensure that we have a private maternity service in the Northern Territory.

Thank you to all the mothers, the doctors and everyone involved in getting to where we are today. I look forward to seeing a private maternity service reopen in the Territory. I will keep my focus on our public health system, which I see is the duty of this Chamber, to ensure that the women of Palmerston have the best available to them in the public maternity system.

Mr BROWN (Arafura): Mr Deputy Speaker, the Northern Territory is a large place. Regardless of that, every Territorian deserve safe, reliable and high-quality healthcare. From Gunbalanya to Maningrida and across to Borroloola to Tennant Creek to Tiwi Islands, people want to be on their own country and have the access that people in our major centres have.

We acknowledge the challenges that are for any government, but we need to ensure that these communities are looked after. There is Mala'la Health at Maningrida and Red Lily Health. These Aboriginal-run health orgs do a fantastic job, but in between those two clinics, which are 300 kilometres apart, everyone is being forced into Darwin. That puts the pressure on Darwin and RDH.

I recently took my father-in-law to RDH's emergency section. There were all sorts of people crowded in there. I shout out to the health workers and the nurses who are on the ground, going above and beyond their role.

The government wants Territorians to hear 'record health funding' and assume that the job is done, but a record budget is not the same thing as a health system with adequate capacity. Territorians still experience bed shortages, code yellows, ambulance delays, workforce shortages, ageing infrastructure, the regional and remote services gap and pressure on the mental health and aged-care pathways.

I go to events. I went to a veterans' coffee morning the other week and people had been waiting for more than eight months to get a heart scan. They are thinking about going interstate, which will cost another couple of thousand dollars, just to get that happening.

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We have a struggling system. It is about investments. We want to hear the government to advocate for our health workers and nurses. We want to hear 'record spend, best conditions in the country'. We hear that about other sectors in the Northern Territory, but we want that in our in our health system as well. No matter where you are in the bush, healthcare should be accessible and available, and not just have people come to and clog up the system in Darwin, which is becoming a big problem.

I acknowledge all the health workers, clinicians and nurses who are going above and beyond in their role and thank them for their doing job.

Mr EDGINGTON (Health)(in reply): Mr Deputy Speaker, I thank all the members for their contributions to this debate.

I also acknowledge all the mothers, obstetricians, midwives and advocates who have followed this Bill closely. I noted that Sophia from Our Birth, Our Voice was here today, and I thank her for her ongoing support. They have never stopped pushing to bring private maternity services back to Darwin.

The Member for Gwoja raised a few concerns, and I will respond to each of them because what we heard from him shows that he has not understood the Bill.

He said that the Bill does not spell out the type of service or where and when it must be delivered. The Member for Johnston asked a similar question: where in the Bill does it say 'maternity' or 'obstetrics'? Both members want it in black and white. Here it is in black and white in the regulations, ready to go. They are ready to be implemented as soon as the legislation is assented to. They designate Darwin Private Hospital and make private maternity services a condition of its licence. That is how the Bill is designed to work.

I notice that the Member for Gwoja does not understand how the Bill works, but this is how legislation works; the Bill sets the framework and the regulations set the requirement. The Member for Gwoja says that the Bill gives us the power, but does not guarantee delivery. The Member for Johnston made the same point. A licence condition is not optional.

The member also tabled a letter from Calvary and told the Assembly that it shows Calvary cannot commit to a scope or a date, but he did not tell the Assembly why. The sale of Darwin Private Hospital was still waiting on sign-off on from the ACCC. Until that happens, no buyer can give definitive advice on anything. The member knows that, but he chose not to discuss it. To take the letter and use it to frighten families who are planning to have a baby in this town is scaremongering—plain and simple.

He also told us that you need health professionals to run a hospital and you cannot staff one with a press release. I must agree with him on that one, so we agree on something. We certainly need health professionals and the staff to run it.

Perhaps he could take his own advice. It was not long ago that he announced a brand-new hospital with no funding and no planning behind it. He forgot to talk about the regions. He forgot to talk about Gove. The member sitting behind him wants to know what is happening in Gove, but the Member for Gwoja decided that the only place in the Territory that needed a new hospital was Darwin. Hopefully the Member for Mulka noted that.

The Member for Gwoja also asked whether a licence could be granted before the regulations take effect. The Member for Johnston asked whether section 36 exempts the current licence, including if it is transferred to a new operator. That is exactly why we will seek assent as quickly as possible through the Administrator. The regulations will follow straightaway, and they will be enforced before the current licence expires on 30 January. Section 36 protects the current licence only until it expires, whether it is transferred or not. From that point, whoever holds the licence with Darwin Private Hospital will be bound by the maternity requirement.

One of the members questioned moving licensing responsibility from the Chief Health Officer to the Chief Executive. The Chief Health Officer keeps important statutory powers under laws like the *Public and Environmental Health Act*; the *Notifiable Diseases Act*; and the *Medicines, Poisons and Therapeutic Goods Act*. Those are the public health laws where the Chief Health Officer's role is to protect the community from health risks, and that is where those powers belong. This legislation is different. It is about which services a private hospital must deliver and how those services fit into the Territory's health system. The decision should sit with the chief executive, who is responsible for delivering health services across the Territory. The chief executive is the person accountable for the agency and the ultimate delegate. The Chief Health Officer will continue to advise the chief executive on clinical safety, as they do now.

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Clinical safeguards are not being weakened by this Bill. Labor was warned in 2023 and did nothing about it. Women lost their choice, families scrambled and this government was left to pick up the pieces. We have acted, we have the Bill and we have the regulations ready to back it.

To any operator now or in the future, you are certainly welcome in the Northern Territory. If you run Darwin Private Hospital, you will need to deliver maternity care. Calvary has said that it is ready to do that and we will work closely together as the service is rebuilt in Darwin.

Territory families have waited long enough. This means that they will not be let down again.

I commend the Bill to the Assembly.

Motion agreed to; Bill read a second time.

Consideration in detail

Clause 1, by leave, agreed to.

Clause 2:

Mr PAECH: When is the legislation expected to commence?

Mr EDGINGTON: We are expecting the legislation to commence as soon as possible when we can get that to the Administrator to assent. Once that is assented to, the government will progress the necessary regulations to designate the private hospital and prescribe the requirement for the provision of private maternity services.

Mr PAECH: Have you scheduled a date with the Administrator?

Mr EDGINGTON: Not yet.

Mr PAECH: Can you confirm whether the government intends to grant or approve a private hospital licence for Calvary before this legislation receives assent?

Mr EDGINGTON: No, the current licence expires at the end of January.

Mr PAECH: Can you guarantee the government will not approve a private hospital licence for Calvary until this legislation commences after assent?

Mr EDGINGTON: I have just answered that.

Mr PAECH: Can you point to the specific clause in the Bill that legally binds or requires a private hospital to provide maternity services? Where in the legislation is there an enforceable undertaking for a private hospital to deliver maternity services?

Mr EDGINGTON: We have not got to that clause yet, but clause 10A specifies—it appears you do not understand.

Mr PAECH: I am not after sarcasm. I am happy to go there, but this is not about prescribed undertakings.

Mr EDGINGTON: If you can be patient, I am happy to take you to where it says it. Proposed section 10A says:

(1) A licence granted under section 10 to conduct a private hospital is subject to:

(a) if the hospital is a designated private hospital – the conditions prescribed by regulation for the designated private hospital; and

(b) the conditions the CEO thinks fit to impose and specifies in the licence.

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As I have already indicated, the regulations are drafted and ready to go. Darwin Private Hospital will be a designated hospital and we will be imposing a condition to deliver maternity services.

Mr PAECH: Can you confirm that the condition for maternity services is not featured in the legislation? The word 'maternity' is not in the legislation.

Mr EDGINGTON: I have already answered that question.

Mr PAECH: You have answered that by saying it is not in there.

Clause 2 agreed to.

Clauses 3 to 5, by leave, taken together and agreed to.

Clause 6:

Mr PAECH: Why has the government decided to transfer regulatory responsibilities under the *Private Hospitals Act* from the Chief Health Officer to the chief executive officer administering the agency?

Mr EDGINGTON: The change reflects the two different functions of the two offices and places responsibility for regulating private hospitals with the best office aligned to that function. It does not alter the Chief Health Officer's broader responsibilities for public health, wellbeing and disease prevention. It puts the primary responsibility on the Department of Health Chief Executive Officer and gives her broader powers and functions, including high-level responsibility for administering the Acts allocated. That is the role of the chief executive officer.

Mr PAECH: Has the Chief Health Officer recommended this change?

Mr MALEY: It is not relevant to the clause.

Mr PAECH: You do not need to answer for him; he is a big boy.

Mr EDGINGTON: Our Cabinet makes decisions on legislation.

Mr PAECH: Do you want the Deputy Chief Minister to answer all your questions? I am happy to direct it to him.

Mr DEPUTY SPEAKER: Member for Gwoja, can we stick to the questions on the clause.

Mr PAECH: This is a question to Health minister …

Mr MALEY: You stand interjection isolation; you have no support.

Ms UIBO: A point of order, Mr Deputy Speaker!

Mr DEPUTY SPEAKER: Order!

Mr MALEY: Can't you do it by yourself?

Mr DEPUTY SPEAKER: Deputy Chief Minister, let the Member for Gwoja continue to ask questions on the clause.

What is your point of order?

Ms UIBO: Standing Order 20, which you have addressed.

Mr PAECH: Was the Chief Health Officer consulted on this change?

Mr EDGINGTON: Yes, the Chief Health Officer was consulted. Just to add to my previous answer, putting the responsibility with the chief executive is consistent with other jurisdictions in Australia.

Mr PAECH: Are there any particular shortcomings in the current framework that this intends to change?

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Mr EDGINGTON*:* Yes, it broadens the scope of the role of the CEO and aligns with the *Health Services Act*.

Mr PAECH: What formal role in advising on private hospital licensing, clinical service requirements and enforceable decisions will the Chief Health Officer retain?

Mr EDGINGTON: I have already outlined the role of the Chief Health Officer, but under the legislation the chief executive also has the power to delegate some of these functions to the Chief Health Officer. No doubt the Chief Health Officer will be involved in some of the decision-making.

Mr PAECH: The CEO will be required to seek clinical advice before imposing those conditions relating to maternity and other specialist services; is that correct?

Mr EDGINGTON: The CEO will take advice as is necessary.

Mr PAECH: Is there a reason why you have not included an express requirement for clinical consultation in the legislation?

Mr EDGINGTON: The Chief Health Officer already has responsibilities under various legislation, which will continue.

J DAVIS: I believe that you just said the CEO can consult with the Chief Health Officer; is that correct?

Mr EDGINGTON: That is correct.

J DAVIS: Is there a requirement that they must consult?

Mr EDGINGTON: There is nothing written in the legislation that the chief executive must consult. I have no doubt that our team works closely together and will discuss important issues.

J DAVIS: I also have no doubt, but I am interested in the text of the law, not what we hope will happen. The CEO is responsible for the public system. Could the CEO require a private hospital to provide a service because public hospitals cannot meet that demand, even if the private hospital says that it lacks the workforce? Could that be a requirement that they put onto the public hospital?

Mr EDGINGTON: Can you repeat the question?

J DAVIS: The CEO is responsible for the public health system. Could they require a private hospital to provide a service under the licensing agreement because public hospitals cannot meet demand?

Mr EDGINGTON: It is not relevant to the clause.

Clause 6 agreed to.

Clause 7, by leave, agreed to.

Clause 8:

Mr PAECH: I understand that clause 8 makes significant amendments. Can you clarify the consequences for a private hospital that contravenes a prescribed condition made under those regulations?

Mr EDGINGTON: With regular inspections, monitoring and reporting incidents of noncompliance with a prescribed condition should be minimised.

Mr PAECH: Can you clarify the consequences for a private hospital that contravenes a prescribed condition made under the regulation?

Mr EDGINGTON: All the offence provisions are listed in section 6 of the of the Act.

Clause 8 agreed to.

Clause 9:

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Mr PAECH: Section 9 is about the application for a licence. Has Calvary submitted an application for a new private hospital licence renewal or transfer of an existing licence?

Mr EDGINGTON: Calvary does not even have the keys yet. There is an existing licence with Healthscope that continues until 31 January. As the transition from Healthscope to Calvary moves forward after assessment by the ACCC, we will work with it to establish a new licence.

Mr PAECH: Are private maternity and obstetric services part of the current licence agreement?

Mr EDGINGTON: Is that under the …

Mr PAECH: Under the current agreement, because there is a licence clearly in place until 31 January.

Mr EDGINGTON: That is right; there is a licence in place until then.

Clause 9 agreed to.

Clause 10, by leave, agreed to.

Clause 11:

Mr PAECH: Can you confirm whether the government intends to impose a licence condition requiring Calvary to continue providing those maternity services?

Mr EDGINGTON: As I said, we have already drafted the regulations. Clause 11 is clear that a licence granted to conduct a private hospital is subject to, if the hospital is a designated private hospital—the regulations will designate Darwin Private Hospital as a designated private hospital and the condition will be prescribing maternity services.

Mr PAECH: Can you guarantee that Calvary will be required through an enforceable licence condition to continue to provide private maternity services?

Mr EDGINGTON: Continue? There are no maternity services at the moment.

Mr PAECH: There is a current licence that is active.

Mr EDGINGTON: There is a current licence that expires, as I said, on 31 January. This legislation will pass as soon as possible and the regulations will come into place that will make the private hospital a designated private hospital and we will impose a prescribed condition which will require maternity services to be delivered.

Mr PAECH: Can the government guarantee that Calvary will be required through an enforceable licence condition to provide maternity services?

Mr EDGINGTON: I just answered that.

Mr PAECH: Have the draft regulations been prepared?

Mr EDGINGTON: They are there.

Mr PAECH: Can the CEO vary a prescribed condition or must the Administrator amend the regulation?

Mr EDGINGTON: It will be up to the Administrator to amend the regulations.

J DAVIS: My understanding is that this is the clause where specific conditions are set for the hospital; is that correct?

Mr EDGINGTON: That is correct.

J DAVIS: When I asked you in parliament on 22 October whether patients at Calvary would retain access to the full range of legal, reproductive and end-of-life services in the NT, you told parliament that Calvary did not even have the keys yet and that discussions would happen once it took over. I have also heard you say

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that you have now done the negotiations in relation to maternity care, so why are you not using clause 11 to attach conditions to protect all other lawful healthcare services in the Northern Territory?

Mr EDGINGTON: To provide clarity, I have not said that we negotiated. We are putting in place legislation. The regulations will designate a private hospital and we will have a prescribed condition to deliver maternity services. Those conversations with Calvary are continuing as we speak. They do not have the keys to Calvary yet, as I have already said during my speech. There is a further assessment being done by the ACCC. Once Calvary has the keys, we will have the legislation and the regulations in place so that we can move on with that discussion.

J DAVIS: For my understanding, you just said that things are still being discussed. Does that include maternity care or not?

Mr EDGINGTON: Yes, it does.

J DAVIS: There is no guarantee? I understand it is the intention and it is a public statement, but there is no guarantee of that at this stage?

Mr EDGINGTON: As I said, the purpose of this legislation is to enshrine in legislation, through the Act and regulations, that maternity services must be part of any future licence for the Darwin Private Hospital.

J DAVIS: Is there any intention to also ensure that Territorians continue to have the access to other currently legal available healthcare such as vasectomies, IVF, terminations and end-of-life services?

Mr EDGINGTON: That is not relevant to this clause.

Clause 11 agreed to.

Clause 12:

Mr PAECH: I have questions about the application of transfer of licence. If a private hospital changes ownership or transfers its licence, will all existing service conditions remain enforceable against the new operator? If Calgary comes and then sells in six months, will that be transferred or will that have to start a new process?

Mr EDGINGTON: The legislation is enshrined; the Act and the regulations require a designated private hospital. There is a prescribed condition to deliver maternity services.

Mr PAECH: If Calvary came in January, took over the private hospital and then sold onto another provider in September, maternity service conditions would automatically transfer to the new provider?

Mr EDGINGTON: We have made it clear that any future provider will be required to deliver maternity services in the Northern Territory.

Mr PAECH: Can a new operator or provider seek an application to the CEO to have particular clauses removed?

Mr EDGINGTON: There is the ability to try to vary, but essentially the regulations will override any of those conditions.

Mr PAECH: Can a licence transfer proceed without the new operator agreeing to the existing service requirements or being able to change them?

Mr EDGINGTON: I am not sure, but we have a current licence in place until the end January. Once the new legislation is assented to, the regulations will be enforced. Darwin Private Hospital will be a designated hospital and a prescribed condition will be maternity services.

Mr PAECH: In January, when a new licence is applied for, if an incoming private hospital intends to do extensive renovations to a maternity suite, they are not able to then provide maternity services. How would that condition work with the licence? They are licenced to provide it, but they are not physically able to provide it?

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Mr EDGINGTON: The CEO is having those conversations with Calvary in regard to how those services will be delivered.

Mr PAECH: As part of the licence condition, is there surveillance to ensure the services under those conditions are provided and that maternity services are not just agreed to but not actually operating?

Mr EDGINGTON: The condition is in the regulations, and those conditions will be imposed.

Clause 12 agreed to.

Clause 13:

Mr PAECH: How frequently will the government inspect private hospitals to ensure compliance with their licence conditions?

Mr EDGINGTON: That is an operational question. There will be regular inspections as required and deemed necessary by the CEO.

Mr PAECH: What enforcement action can the CEO take if the private hospital fails to comply with a written notice issued under section 24(2)?

Mr EDGINGTON: All the offence provisions are contained in section 6, and those regular inspections would be designed to identify any emerging issues.

Mr PAECH: Will the government publish inspection findings and written enforcement notices issued?

Mr EDGINGTON: There is no provision to do that.

Clause 13 agreed to.

Clause 14:

Mr PAECH: I want to confirm that a private hospital licence will not be issued before the commencement of this legislation.

Mr EDGINGTON: That is correct. We cannot issue any new licence until this legislation is assented to and the regulations have been approved by the Administrator.

Mr PAECH: The regulations have been drafted, and as soon as they are assented to by the Administrator they will be made public—is that correct?

Mr EDGINGTON: That is correct. The regulations are drafted and ready to go.

J DAVIS: In relation to section 36—you made reference to this earlier—I think you said that the new licence will begin in January next year. Is that correct?

Mr EDGINGTON: The current licence expires on 31 January, and we will be working to develop a new licence with Calvary.

J DAVIS: Section 36 says that amendments do not apply to a licence that is in force immediately before the commencement. Is that right?

Mr EDGINGTON: That is correct.

J DAVIS: Is there anything in this section or Bill that ensures, legally, that section 36 no longer applies after a new licence is granted?

Mr EDGINGTON: These are transitional arrangements. As you stated, it says what cannot be done under the existing licence. The transitional arrangements are specifically to deal with any future licences issued by the CEO.

J DAVIS: Where in those arrangements does it say that section 36 will no longer apply?

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Mr EDGINGTON: I am not sure what you are getting at, but the transitional arrangements, as it says:

… do not apply in relation to a licence that was in force immediately before the commencement of that Act and this Act, as in force before the commencement, continues to apply in relation to the licence.

The current legislation applies to the current licence. The new amendments will only apply to a new licence issued after the transition from the existing licence.

J DAVIS: I was aware of that. This is an issue that has been raised with me as a legislative challenge, I guess. There is nothing explicit that says section 36 ceases to apply if a licence is transferred under section 16, or section 36 does not apply to Darwin Private Hospital. This creates a statutory risk.

Mr EDGINGTON: Clause 16 says that the Act is repealed on the day after it commences.

J DAVIS: I do not think that answers my concern, but I will leave it.

Clauses 14 agreed to.

Clause 15, by leave, agreed to.

Clause 16, by leave, agreed to.

Remainder of the Bill taken together and agreed to.

Bill agreed to.

Mr EDGINGTON (Health): Mr Deputy Speaker, I move that the Bill be now read a third time.

Motion agreed to; Bill read a third time.

WEAPONS CONTROL LEGISLATION AMENDMENT (LEGALISING CONTROLLED OC SPRAY) BILL
Serial 80

Continued from 14 October 2026.

Mrs FINOCCHIARO (Police): Madam Speaker, I move that the Bill be now read a second time.

We are proud to be bringing the Weapons Control Legislation Amendment (Legalising Controlled OC Spray) Bill to parliament. I start by thanking the Northern Territory Police Force Commissioner Martin Dole; Greg Ireland, Chair of the Community Reference Group; all Territorians who participated in the Have Your Say; and the members of the Assembly who provided feedback, contributed to and supported this Bill.

If I have said it once, I have said it 1,000 times: community safety is our government's number one priority. Today is another example of the CLP taking decisive, clear action in how we can continue to make Territorians safe.

Before I continue, I table a copy of the report prepared by the Community Reference Group. That way, everyone can have a read, if they like, of what the trial found, which is a 99% success rate. If only every trial and every government program could be as effective as that. We are proud of what has been a comprehensive 12-month trial. I thank the Northern Territory Police Force for what they have done, but I also thank Territorians.

We trusted Territorians to act responsibly with this trial, and they did. They proved us right. We have backed them with greater options for lawful self-defence, and they proved us right. It has been a huge success; Territorians have embraced it. The only criticism I received was the spray is not strong enough. One constituent expressed to me that we needed a stronger amount of pepper in there. Other than that, it was warmly welcomed by those who want to use it.

From the trial we have shown Territorians with confidence that this is a good thing going forward.

We have the opportunity through this legislation to expand it so that 16 and 17-year-olds can access the spray, whereas during the trial it was only for those aged 18 years and over. Again, we responded to the feedback we received showing Territorians as sensible and responsible, and that we can have an enduring

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framework that goes the distance. The trial started on 1 September and it has now concluded. This will carry it forward with that important amendment to the *Weapons Control Act*.

Importantly, we are also expanding it so that people in licensed premises can have the OC spray purchased for them by their employer, making it easier. We received a lot of feedback from the hospitality sector. There were a couple of instances that drew close attention to the opportunity and the need for OC spray. As at 23 November, we had 4,120 Territorians who purchased 6,500 cans of OC spray. It has been well adopted across the Territory. It has been terrific.

I thank everyone for being a part of this and look forward to hearing the contributions. Suffice to say, those opposite, the Member for Johnston and every other handwringer thought that the sky would fall down and everyone crowed, howled and carried on like pork chops about this. We stared them down because we are not afraid to make the right decisions and give people better powers to defend themselves. We are not afraid to say to our community, 'Instead of you having to enter into hand-to-fist combat with someone seeking to attack you, we would prefer you spray them from four or five metres away'—again, sensible.

However, those opposite are obsessed with offenders' right over theirs. This is a nonlethal option, yet those opposite would rather—I cannot understand it—that someone has to be knocked to the ground and fight for their life to get away from a perpetrator. They would rather that people have to enter into an altercation than use it as a deterrent. Time and again examples were given when someone would pull out the OC spray and say, 'Stop. I will spray you. Back off', and it worked. The person would walk away. That is exactly what it is for—to be used as an effective deterrent.

What would have happened if those people did not have OC spray and those opportunities? I shudder to think. What is the answer from those opposite? All they could think of doing is to try to tie it to some sort of crime issue which they have zero credibility on because crime is down under the CLP government. This is not about crime; this is about self-defence. This is the pointy end, not having to scramble on the ground and look for a rock, a pencil or whatever might be closest to you to try to protect yourself. This is about having a plan to protect you and your family. That is why we are proud to be extending it to 16 and 17-year-olds.

The trial was a raging success. We are proud of how it will be expanded. Just like Western Australia, 25 years down the track, it will be uneventful and no-one will even remember why anyone got their knickers in a knot in the first place. Mine certainly were not. We were clear about this, and it has proven true.

I look forward to the absurd and ridiculous questions I will undoubtedly be asked by the Member for Johnston and the opposition about this. They will continue to embarrass themselves on these issues. Ultimately, we have a Bill to pass today and I look forward to getting on with the job.

Ms UIBO (Opposition Leader): Madam Speaker, I speak on the legislation brought before the House and the Chief Minister who cannot contain herself with any kind of decorum in the Chamber. The schoolgirl, pathetic behaviour that the Chief Minister is currently displaying shows the immaturity of the so-called 'Leader of the Northern Territory'. It is like she never grew out of being a mean girl in high school and I think that is embarrassing for the CLP government, who are sneering and acting like children. Although, children behave better than the Chief Minister. I would be mortified if I was behaving the way that the Chief Minister is for important legislation. We will treat this legislation as important—like we do with all legislation in the House—do our job, go out and speak with Territorians, consult across our electorate, speak with businesses, organisations, community leaders, not just here in Darwin but across the Northern Territory.

That is the kind of pathetic behaviour that the Chief Minister displays on the outset of this important legislation,. It really confounds me, but it shows more about the Chief Minister and her team than it does about the legislation itself. I will focus on doing my job. This legislation follows the CLP government's 12-month trial of allowing eligible Territorians to purchase, carry and use OC spray for self-defence. At the outset, I would like to acknowledge the work of the Community Reference Group who were established to oversee and provide feedback on that trial. I thank the chair, Mr Greg Island, and the members, Miss Jane Mark, Mr Michael Liddle, Miss Ruth Palmer, Mr William Newell and Mr Ben Fike. These individuals have brought different experiences and perspectives to a sensitive issue. Their willingness to contribute their time, expertise and to look at community sentiment deserves recognition.

I am disappointed that the Chief Minister only sought to table the reference group full report in her second reading speech rather than doing it publicly or making it available publicly. We asked in our government briefing last week—to the public servants—for a full copy of that report. We have seen parts of the report that have been given out to the media by the government, but not the report in full. I have not read it yet because it is currently being tabled in the Parliament. The Chief Minister did not release this report publicly for all

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Territorians to examine, provide feedback on the report's findings or the recommendations, or allow us to do a more fulsome part of our job to look at what recommendations were or were not provided.

I will wait, although I am still speaking in debate now. For the record, the full report was not provided by the Chief Minister's briefing that was offered last week to the Labor Opposition. Instead, elements of the finding have been selectively reported by the CLP government and provided to certain media outlets; this is not a fulsome and open, transparent and accountable process. For legislation of this nature, the CLP should be making the evidence available to everyone, particularly our Parliament considering we are the ones who are looking at law-making in the Northern Territory on behalf of all constituents, and all of the areas that we are fortunate and honoured to represent in this place.

I would like to begin by acknowledging something that should not be lost in this debate. There are many Territorians who do not feel safe in their own communities. There are people who are genuinely frightened when walking home from work, opening their businesses early in the morning or simply going about their daily lives. We should never dismiss those fears or question the experiences of people who are victims of crime in the Northern Territory. If carrying OC spray provides some Territorians with an additional sense of personal security, that is something that we should acknowledge and respect; everyone now has that opportunity here in the Territory.

My Territory Labor team is not interested in standing in the way of law-abiding Territorians who want to feel safer and protect themselves. At the same time, we have a responsibility to consider how these arrangements operate, whether the safeguards are adequate and whether they genuinely contribute to a safer Territory community.

We should acknowledge the experience of the trial over the last 12 months. According to information reported by the community reference group's review, more than 3,700 Territorians purchased OC spray during the trial, with thousands of canisters sold by Territory retailers. An overwhelming majority of those purchases were lawful. Police reported nine deployments, three of which were not in self-defence. That demonstrates thousands of Territorians have followed the rules and that widespread misuse has not been identified through the reported trial data—at least the reported public data that was available to us.

We believe that data is important, and it would be wrong to ignore that. Equally, those figures do not tell us everything. We have consistently raised the concern that OC spray must never be presented as a substitute for tackling the causes of crime. It is not a crime prevention strategy in itself. It does not address the circumstances that lead to someone to offend, prevent domestic and family violence, tackle alcohol and drug dependency or provide better opportunities for young Territorians who are at risk of entering the justice system.

Organisations such as the Aboriginal Medical Services Alliance Northern Territory (AMSANT) have raised legitimate concerns about the danger of governments focusing on defensive measures rather than addressing the underlying causes of violence. AMSANT pointed out the importance of safe housing, early intervention, accessible healthcare and support services that strengthen our families and communities.

They are important considerations regardless of where members stand on this Bill. Territorians deserve more than the ability to defend themselves from crime. They deserve a government that is working to prevent that crime from occurring in the first instance.

That brings me to a contradiction in the CLP government's messaging. We regularly hear the Chief Minister and her CLP ministers declaring victory on crime, telling Territorians that their policies are working and that the Territory is becoming safer, but at the same time the CLP government is promoting the need for more Territorians to arm themselves with OC spray for personal protection. I think the CLP government needs to be more consistent and honest in how it talks to the community about community safety. If significant numbers of Territorians still feel unsafe and believe that they need to carry a defensive weapon, the CLP government should take that seriously. The CLP cannot simply claim victory on crime while telling Territorians that they need OC spray to protect themselves. Both the crime statistics and the lived experiences of Territorians should inform any approach to community safety and, particularly, lawmaking.

Something came out from the government without any clear reasoning on why it has been added to the legislation, and we believe it requires further explanation; that is the decision to extend OC spray to people aged 16 and 17 years. During the trial, eligibility was restricted to adults aged 18 years and above. The Bill proposes to lower that age to 16 years, provided that parental consent is obtained and the eligibility requirements are met. As our team understands it, the community reference group did not recommend access be extended in the proposed legislation to 16 and 17-year-olds.

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If that understanding is incorrect, the CLP should clarify it. If it is correct, we would assume, and we would like to understand, that there is evidence informing this decision for the Bill to be presented in this way. Was specific consultation undertaken within schools and with teachers, parents, carers, youth organisations or child development experts? Did the CLP seek advice on potential risks associated with young people possessing OC spray. What consideration has been given to situations where OC spray might be brought into our Territory schools or used during disputes between young people? These are reasonable questions we believe.

The Chief Minister has pointed to the fact that 16-year-olds can drive vehicles and hold jobs as part of the justification for this change but there is significant training, testing and licencing requirements associated with driving a vehicle in the Northern Territory. There is no equivalent mandatory practical training requirement for a young person under the age of 18 to purchase OC spray under the provisions in the current Bill before the House. That does not by itself determine what the appropriate minimum age should be. We look forward to seeing or hearing from the Chief Minister why this decision was made, what evidence was followed, and what expertise was offered when this decision was made.

It demonstrates why parliament should understand the rationale before being sought input and debate to legislate any changes for the Northern Territory. While the Bill includes provisions for teachers and other authorised people to confiscate OC spray, we should ensure schools in the Territory have clear guidance on how it is to be safely handled, stored and managed if brought onto school grounds.

We also need to consider the concerns raised by frontline police officers. At the beginning of the trial, the Northern Territory Police Association President, Mr Nathan Finn, warned about weaknesses in the purchasing and monitoring arrangements. During the first four days, 11 prohibited persons were identified as having purchased OC spray. The association raised concerns about relying on statutory declarations, the lack of immediate eligibility verification and the additional burden placed on our police officers who may be required to recover spray from people who should never have possessed it in the first place. Without that real-time registration, like we see in systems in the Northern Territory already in place, such as the Banned Drinker Register. These were legitimate operational concerns raised by the Northern Territory Police Association.

While the majority of purchases across the trial were lawful, the CLP should explain what improvements have been made since the trial was undertaken to the point of the Bill being drafted and debated today and have they made any improvements to address any of those early weaknesses that were identified. Under the legislation before us dealers are required to maintain purchasing records and provide information to police within five business days of the purchase, but we should ask whether those arrangements are sufficiently timely to prevent prohibited people from obtaining OC spray rather than identifying them after a purchase that has already occurred. We should also consider whether police have the resources and the systems they need to monitor these arrangements effectively.

Our police officers should not face the unnecessary risks or additional administrative burdens because the CLP government has failed to adequately consider the operational consequences of its decisions. The research surrounding OC spray also requires a balanced consideration. There are legitimate arguments in favour of allowing people to access a less lethal means of defending themselves. Legal research has recognised that that people may wish to protect themselves without resorting to more dangerous weapons. That is an understandable consideration, but OC spray is not harmless, and its effectiveness depends on the circumstances in which it is used. A published study examining 936 incidents involving OC spray in Swedish policing found that it reduced violent behaviour in 93% of those incidents. However, the same research identified practical limitations, including the short distances at which the spray is often used, accidental exposure and risks in confronting armed individuals.

Importantly, that research concerned involved trained police officers, not ordinary members of the public who have had no practical experience, training or education in using OC spray. There is an important difference between possessing a defensive weapon and being able to use it safely and effectively under pressure. The legal distinction is equally important. The fact that a person can lawfully possess OC spray does not mean that every use of it will constitute lawful self-defence. That is why clear public information about the circumstances in which OC spray can be used, its potential health consequences, safe storage and what to do following exposure is essential for the Territory community.

We should also listen carefully to the concerns that have been raised by people working in the domestic and family violence prevention sector. Before the trial commenced survivors and advocates warned that OC spray could potentially be used as another means of intimidation or even coercive control. Those concerns should

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not simply be dismissed because the broader trial has recorded relatively few incidents of unlawful deployment. We must ensure that there are effective protections to prevent perpetrators of domestic violence from obtaining OC spray and that people experiencing violence are not exposed to additional danger in their homes, their businesses and our public spaces. The CLP government should be able to explain how these safeguards will operate in practice when domestic violence orders are involved. These are not arguments for ignoring the wishes of Territorians who want to protect themselves. These are reasons to ensure that this legislation is accompanied by proper safeguards and continued monitoring by the government.

Ultimately, the introduction of permanent OC spray laws will also test the Chief Minister's leadership and credibility. The Chief Minister has personally championed this policy. She has promoted the trial, celebrated its results and is now bringing forward legislation to make the arrangements permanent. With that comes responsibility. If OC spray is misused, falls into the wrong hands or weaknesses in the system places Territorians or our frontline police officers at risk, the Chief Minister cannot simply wash her hands of those consequences. She is the person asking the parliament to establish these arrangements permanently. The Chief Minister must accept responsibility for ensuring that these arrangements, through law, are properly managed. That means listening to police, schools, health professionals, victim advocates and the broader Territory community. It means being prepared to improve the safeguards if evidence shows that changes are needed. It also means continuing to report transparently on how the legislation is operating after it comes into effect.

I finish where I began. This debate should be approached with an understanding of the genuine fears that many Territorians have about their personal safety. We acknowledge those who have chosen to purchase OC spray lawfully. We acknowledge the work of the community reference group and the predominantly lawful conduct recorded during the trial.

We also acknowledge that there are important questions about access by minors, public education, police oversight and the risk of misuse. These matters deserve careful consideration by the government rather than political slogans or, indeed, misuse of the parliament's time.

No Territorian should have to feel that carrying a defensive weapon is their only option to feel safe. Ultimately, the CLP government's responsibility is to create communities where people can live, work and raise their families without the fear of crime, rather than battening down and arming himself with weapons. That is the standard against which any government across the country should be judged.

Thank you for the opportunity to contribute to the debate. I sincerely hope that the Chief Minister can answer the questions when she wraps up.

Mrs CARLSON (Wanguri): Madam Speaker, I support the Weapons Control Legislation Amendment (Legalising Controlled OC Spray) Bill 2026 brought to the Assembly by the Chief Minister.

This legislation goes to the heart of an issue that matters enormously to the people I represent: the rights of Territorians to feel safe at home, at work and in public. As the Member for Wanguri, representing Leanyer, Wanguri and Muirhead, I hear those concerns of the families, workers, young people and the older residents who simply wish to go about their daily lives without fear. They want to work without being threatened, travel on public transport safely and, above all, they want to feel secure in their own homes or go about their daily lives. These are not unreasonable expectations. They are the foundations of a safe and functioning community, and to the very heart of why families moved into the Wanguri electorate is because it was a safe community to raise their families.

Violence does not always come with a warning. A person going about their ordinary daily life can suddenly find themselves confronted by someone who is aggressive, threatening or armed. Under the previous Labor government law, the order was out of control and at many levels. In those moments, every second matters.

I acknowledge the extraordinary work of the Northern Territory police officers who respond to dangerous situations and work tirelessly to protect our communities, but police cannot be standing beside every Territorian at every moment.

When someone faces an immediate threat, they may only have seconds to respond. This bill seeks to provide eligible Territorians with access to a carefully regulated, less lethal means of self-defence that may help them escape that danger.

The importance of personal safety is particularly clear when we consider incidents reported in the northern suburbs. In June 2025 the Northern Territory Police reported an alleged aggravated assault along Lee Point

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Road in Leanyer. According to police, a man allegedly restrained a woman from behind while threatening her with a broken glass bottle. The woman reportedly screamed and the alleged offender fled into the suburb. I cannot imagine how frightening that experience would have been. It was in broad daylight, in a community where people should have been able to go about their daily lives without fear. We cannot know whether controlled OC spray would have changed the outcome of that incident.

Being restrained from behind, particularly by someone holding a weapon, is extremely dangerous and raises an important question: if someone is confronted by an immediate threat and has an opportunity to defend themselves safely, should they have access to lawful means of creating distance and escaping? This is one of the central questions this Bill addresses. The police reported an alleged aggravated robbery at a residence in Wanguri in March 2024 under the previous Labor government. According to the police, three youths allegedly threatened a man with a knife before stealing his vehicle. This is a reported incident involving a resident confronted by an alleged threat of violence in their own home where they should feel safe. This demonstrates why the discussion about lawful self defence matters.

In April 2026, police report an alleged aggravated robbery on Vanderlin Drive in Wanguri. According to the police, a man was sitting in his stationery vehicle at approximately 2:30 am when a group of youths allegedly attempted to steal it. One of the alleged offenders was reportedly armed with an edged weapon and allegedly attempted to drag the man from his vehicle. Luckily, the man reportedly suffered only minor cuts to his hand and, fortunately, police were passing at the time and were able to respond; I commend those officers. This incident raises another important question: what options are available when someone faces an immediate threat and police are not on the scene?

Controlled OC spray is not a guarantee of safety, particularly against an armed attacker or a group of people. Some would say the safest response may be to comply, retreat, secure oneself and contact police. However, where a person cannot safely escape, a lawful option may help create an opportunity to get away.

I acknowledge the recent Strike Force Trident arrests, following a series of alleged incidents in Casuarina and Wanguri. On 18 November 2026 police reported that three young people had been arrested following incidents in which three people were allegedly assaulted at the Casuarina bus exchange. Police also alleged that the group entered a residential property in Wanguri, stole a machete from the shed and damaged a locked door while attempting to gain entry to the home. As these matters are subject to the court proceedings I will not comment further on those allegations. However, reports of incidences of this nature highlight the importance of community safety and the need to consider lawful options for personal protection. Every Territorian deserves to feel safe, particularly in their own home.

In November 2025 police reported an alleged aggravated robbery at a bottle shop in Leanyer Drive. According to the police, three young females allegedly threatened an employee with a knife, and they damaged stock. Police further alleged the same group was subsequently involved in attempted vehicle theft on Grassland Crescent. The female driver was reportedly dragged from her vehicle and sustained minor injuries. Police reported that she defended herself before the alleged offenders fled with her mobile phone.

Nobody should have to face that kind of alleged violence simply because they are driving through their neighbourhood or turning up for work. We cannot claim that controlled OC spray would necessarily have prevented this incident, but it may provide an additional defence option in circumstances where someone faces an immediate threat and cannot safely escape.

These reported incidents bring us to a broader question about the priorities of this government. Community safety must be measured by what happens to ordinary Territorians, not simply by what government says it intends to do. For far too long people across the Territory have been asking whether our justice system gives sufficient weight to experiences of victims. They are entitled to ask difficult questions of every government, including the former Labor government.

When a person is allegedly assaulted at a bus exchange, when a worker is allegedly threatened with a knife or when a resident faces an alleged attempted break-in, the immediate concern must be the safety and well-being of those affected. That does not diminish the importance of the due process, rehabilitation or the presumption of innocence. Those principles are fundamental to our justice system, but victims also have rights and they deserve to be heard. They deserve to be supported and fundamentally protected.

The question for this House is not whether we care about community safety, it is what practical measures we are prepared to put in place. The CLP Finocchiaro government introduced a regulated OC spray trial and is now seeking to establish a permanent legislative framework for lawful self-defence. The opposition is entitled to scrutinise that proposal. It should scrutinise the safeguards, the age requirements and the risks of misuse,

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but it should also explain what additional practical options it believes should be available to someone facing an immediate threat.

The people I represent are not asking for slogans. They are asking to feel safe and they lock their front doors at night. They are asking to feel safe when they turn up for work, catch the bus, walk through the shopping centre or return to their car. At home, at work and in public, those are the places where community safety must mean something and come first.

This legislation will not solve all the crimes and problems, and no responsible member of this House should pretend otherwise, but it offers eligible Territorians an additional regulated means of protecting themselves when they cannot safely escape in an immediate threat. That is the concrete policy choice. It deserves to be judged on its evidence, safeguards and capacity to improve all our personal safety.

The people of Wanguri deserve nothing less than a serious commitment to their safety. This is about the people who serve our communities, our shop assistants, bottle shop workers, security officers and other frontline employees who may find themselves facing aggressive or threatening behaviour simply because they have turned up to work. They deserve protection as well. This bill expands the circumstances in which eligible employees and security providers can lawfully use controlled OC sprays for self-defence at licensed premises. It recognises that personal safety matters, not only in the home, but in their workplace.

Controlled OC spray is a less lethal defensive option, which in some circumstances the effects may interrupt an assault long enough for a person to move away and seek help. OC spray may cause injury and its use must remain subject to the clear legal limits. It must never be used to intimidate, punish, retaliate or pursue another person. Its purpose is lawful self-defence.

We had the benefit of a regulated trial, with great success and uptake. The Northern Territory commenced it through their OC spray trial in September last year. Up until October this year, close to 4,000 people have purchased the OC canisters through approved dealers across the Territory. During that period, seven reported lawful self-defence incidents were recorded. These figures show substantial public interest in access to the controlled OC spray and seven people confidently used it in self-defence. The community reference group reportedly found the trial was well-managed and operated with all the appropriate safeguards. The trial has therefore provided practical experience to inform the proposed permanent framework.

The safeguards in this Bill are important. This legislation does not provide unrestricted access to OC spray. It establishes a regular framework for more Territorians to access it and keep themselves safe when used in a self-defence option.

There is the addition of eligible people aged 16 and over to also purchase, possess, carry and use controlled OC spray for lawful self-defence through their parents. Those aged 16 and 17 will require that parental consent when purchasing it. As the eligible 16 and 17-year-olds can apply for a driver's licence, they find themselves in public under circumstances that put them in harm from another individual. Regulated dealers will be required to undertake the identification and eligibility checks. People prohibited under this legislation will still not be permitted to obtain or use it. The legislation also includes provisions for record-keeping, secure storage and the enforcement.

Police will retain those powers to respond to unlawful possession and its misuse. Another new addition which I welcome, is that the Bill also recognises that a threatening situation within a family home may involve someone other than the original purchaser, allowing lawful defensive use by eligible household members in the circumstances provided for by this legislation. I welcome this. There are so many families in the electorate that could use this. These are significant safeguards and they reflect the need to balance personal protection and our broader community safety.

No single piece of legislation will eliminate violent crime. Controlled OC spray is not a substitute for strong policing, effective crime prevention, support for victims or appropriate accountability for offenders. Those responsibilities remain essential. Nor is anyone encouraged to confront a person armed with a knife or machete rather than retreat, secure themselves and seek police assistance.

The existence of those risks does not remove the need to consider practical options for people facing immediate threat. These questions before us is whether a regulated defence tool can form part of a broader approach for our community safety. The trial provided evidence that parliament can examine. The safeguards provide legal limits that parliaments can scrutinise. The experiences of the victims remind us why these issues matter.

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Protecting yourself should never mean having to become a victim first. The people of Leanyer, Wanguri and Muirhead deserve to know that their safety is taken seriously. They deserve laws that recognise the realities of living, working and travelling across the Territory. They deserve these practical options alongside strong policing and effective crime prevention, and a parliament prepared to examine those options carefully and responsibly.

Territorians want to be safe at home, at their workplace and in public. They must be the standard against which we measure our decisions. For those reasons, I support the Weapons Control Legislation Amendment (Legalising Controlled OC Spray) Bill 2026, and I commend this Bill to the House.

Mr YOUNG (Daly): Mr Deputy Speaker, today I am against this legislation and the government's proposal to make OC spray permanently available to members of the public in the Northern Territory. I also want to make it clear that I understand why people want to feel safe. We all want to feel safe in the Northern Territory. That is not questioned by anybody in this House this evening.

There are women who worry about walking to their cars at night. There are shift workers that finish late at night time that worry about going home. These concerns are real and I did not want to dismiss them at all.

I do not believe making OC spray available to the general public is the right answer here. I have concerns about extending access to 16 and 17-year-old children. We are talking about teenagers; young people who are still growing, learning, understanding how to deal with conflict management with their peers, testing those boundaries and those behaviours and learning to understand how to deal with conflict.

My worry is that these are 16 and 17-year-old children may use the OC spray when those challenges are tested. What we do not want to see is teenagers going straight to their pocket to pull out the OC spray and use it on each other. I worry about what could happen if it gets in the hands of young people. I have spoken to many teachers in regard to this since taking on the Education portfolio. Many teachers are concerned about the use of OC spray that could potentially happen in their schools. We know that banning certain items alone does not mean that students do not bring those items to school. There are concerns with the teachers and staff in those schools and with the parents about children having OC spray.

I also pick up on the report that was done by the Jumbunna Institute. What has occurred here this evening is an admission from this CLP government that it is not getting on top of the crime concerns in the Northern Territory. We have seen, from that report, that the government has been selective in its crime figures, highlighting drops in certain offences while leaving out rising rates of other offences in the reporting because they have changed the way it reports on certain crimes in the Northern Territory.

The research also points out the changes to police data systems and the offence classifications made to these claims that are unreliable, and that major categories like drug and weapon offences are left out of standard crime statistic all together. Meanwhile, court appearances and justice system demand has surged.

While the Chief Minister, Lia Finocchiaro, and the government maintain that their bail reforms are reducing youth offending and improving safety, the Jumbunna report reminds us that Territorians deserve the full, transparent picture. To put it simply, the numbers being used do not compare apples with apples.

In 2023 NT Police switched to a brand new computer system to record crime, which means today's figures cannot be accurately measured against older data. On top of that, the way certain crimes are grouped has changed. For instance, threats to kill were recently removed from the main assault statistics, making assault numbers look lower on paper than they actually are. There are also major blind spots in the public figures. Standard police crime reports leave out the drug and weapons offences, even though those make up more than half of all adult criminal cases going through the Local Court.

When you look at the broader picture, including the rising arrests, high prison numbers and a sharp jump in court appearances, you see that the data shows our justice system is under more pressure than it ever has been, not less.

We come to that point about community safety. Is the community safer under the CLP since it got into government? No. This is one admission by the CLP government, the Chief Minister, that its tough-on-crime agenda has not been working. The CLP has not been looking at a holistic approach for the Northern Territory to address those underlying issues.

We question why the report from the reference group was not released publicly. It has literally just been tabled within the hour. We question why the report would not be made public to be properly scrutinised so

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that we can debate it properly. If this has worked out so well, what do you have to hide? Again, the CLP is deflecting from proper processes in Parliament House and not allowing people to understand what has come out of that reference group report.

I have real concerns in regard to this legislation; I oppose it. I think we should be looking at the holistic picture. looking at community safety, I picked up one member asking: what if someone is knocked to the ground? My worry is that once you are knocked to the ground, you will not be able to pull out OC spray and use it. My other concern is that we escalate violence with violence. It puts the person who may have OC spray in a more dangerous position because it will escalate the conflict.

I think about it when I am walking anywhere, wherever I am, that if it was to be needed, was improperly used and did not disperse properly, that would immediately escalate the person using that threat and could put them in a more dangerous position than they were in before. That is my real concern with this Bill.

Mr HOWE (Drysdale): Mr Deputy Speaker, at the core of this Bill you see the fundamental differences between the two sides of the Chamber.

The right to defend oneself does not originate from government. The right to defend oneself cannot be bestowed upon the citizen by government; it is an inherent right of the individual to protect your life. In my belief, our entire CLP government will recognise and uphold that right. We will trust our citizens and allow them to protect what is the most important thing, which is their right to life. If that is threatened, we will empower them to defend it. Between all the arguments, that is the fundamental difference you will see. You will see our government backing its citizens, listening to them as they say, ‘Give us the ability to defend ourselves’. We will do that because we believe in the individual, their right to defend their life and self-defence.

You will see those opposite, who have fought it the entire time, under a paternalistic view of the relationship between the state and its citizen. There is an inherent right to self-preservation. I ask every Territorian: do you have a right to your life? That is the question. The CLP government says that, yes, you do. We do not just make up lies to our people and say that we can put a police officer on every square metre of the Northern Territory. No government, no matter how well resourced and how effective, can ensure the safety of every citizen at every moment. It cannot be done. Therefore, we empower the citizen to protect themselves. What does that do? It complements the state’s first duty of law and order. The state and the citizen are now upholding that together.

It is interesting that Labor and those opposite will continue to fight every measure we do to further empower Territorians. We are giving them more responsibility and more freedom to act because they have asked for it. We had a crime crisis that strangled the Northern Territory. It strangled everyone. It affected every life. Every Territorian wants law and order under control. They want to feel safe, and we are a government that will empower them to do so because we will not pretend that you can put a police officer in every house and on every street corner because you cannot.

Honesty with the people is number one. We will take every measure, as we have shown, to improve law and order and safety in the Northern Territory. When people’s lives and right to self-defence is under threat, we will also empower them to protect that. That is what we are doing today, despite what is said by those opposite. I stand firm on the individual’s right to protect themselves and I will back Territorians to have that right and exercise it freely. Ultimately, the right to self-defence cannot be bestowed upon the citizen by the state; it is a fundamental right that the state has a duty to uphold. That is what we are doing.

I touched on government’s first duty to law and order and public safety. Without it, the whole thing falls apart; the whole charade ends. You cannot have health or education. Nothing works in a lawless society. Our government has been firm on re-establishing law and order because we know that it is the cornerstone and foundation of building our entire society and our economy and ensuring we have hospitals and schools. Everything requires a society that has functioning law and order because that is a priority.

As I stated, if you cannot protect every citizen all the time—anyone who says so is straight-up lying—you have to empower the citizen to defend themselves. Those two things are complementary. The citizen is assisting the state in maintaining law and order and reducing the crime burden. This side of the House has shown, through our actions, that we will uphold that. We have consistently shown in this Chamber that we will back Territorians and their rights to have a safe life where they have the freedom to do the things they want to do.

On that topic of liberty, this side of the House has shown that we back the presumption of liberty and it is a value we will uphold. What does that mean? You are free to act unless there is a compelling reason to

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restrict that freedom. I say that the burden of proof for restricting that freedom should be placed on the state, not the citizen who is wishing to exercise their freedoms. That is what we are doing. We are here today giving the Territorians who have asked continuously for greater abilities to protect themselves that freedom which is inherently theirs. A government does not have a right to take that away from them.

This Bill empowers the more vulnerable; to a degree it removes the physical strength disparity that can exist. To no surprise—guess what?—offenders like to target vulnerable people. That is what they do. What does that look like? In my electorate it looks like the humongous number of women who were being robbed in the Coles car park, particularly in 2023. Those numbers were huge, to the point where women told me that they do not shop by themselves anymore.

I had a 70-something-year-old constituent tell me that she will not shop by herself anymore. That is shocking. She does not feel safe to leave her home. She wanted to be able to protect herself with OC spray and she was glad we were bringing it in. It might not surprise you that a lot of our seniors carry it, Mr Deputy Speaker, because I am sure it is similar in the electorate of Karama. A lot of our seniors carry OC spray, and good on them because they feel more empowered should that situation ever arise.

As for extending it to 16 and 17-year-olds, the same principle applies. It would have been useful for the teenage girl whom I pulled three offenders off at Palmerston Markets as she was being bashed. I dare say that she could have used OC spray. I do not know what argument the Member for Daly thought he was putting forward, that it will somehow escalate violence. It may help when you have three people punching you in the face continuously and you are on the ground and the local member of parliament has to remove three individuals from you to try to protect you. However, Labor still says that it will escalate violence. It is actual madness. How on earth would OC spray escalate violence in that situation? The only thing that de-escalated it was a CLP MLA who is now here, ensuring laws exist so that girl can have OC spray and spray those offenders if they ever come at her again. That is the reality.

We trust our citizens. It is clear that the obsession with paternalistic government is still running hard on the other side of the Chamber. I am proud to stand with the Chief Minister as we empower our citizens, and I look forward to tearing down more of those paternalistic barriers between the citizen and their freedoms with the Chief Minister into the future. I look forward to giving Territorians greater ability to defend and protect themselves, because that is a fundamental right every citizen has and the state cannot take it away. I hope, if Labor should ever even get a sniff at re-election to government, that Territorians will rally against it and uphold their rights to protect themselves.

Mr PAECH (Gwoja): Mr Deputy Speaker, I express my serious concerns about allowing children as young as 16 and 17 to have access to pepper spray.

Let me be clear: every person across the Northern Territory deserves to feel safe walking home from school, going to the shops, catching up with friends, catching public transport or spending time with their friends. I understand why some young people and their families might see pepper spray as an additional means of protection. Their concerns about safety deserve to be taken seriously, but surely our ambition as an Assembly should be to create a Territory where young people feel safe without having to arm themselves. We should be giving our children a sense of security, not a canister of pepper spray.

We spend an enormous time in this Chamber talking about youth crime, youth violence and the need to prevent young people from carrying weapons, yet here we are today considering legislation that would give children greater access to a weapon. How does the government reconcile those two positions? How can we tell young people that violence is not the answer while introducing legislation that encourages them to carry something that can incapacitate another person.

I acknowledge the Chief Minister has tabled a report today, and I look forward to reading that. I understand that the government's own original 12-month pepper spray trial was restricted to people aged 18 and over. So I am curious where is the evidence is that the trial demonstrates extending access to 16- and 17-year-olds is safe? There is considerable difference between evaluating the behaviour of adults and evaluating the behaviour of children.

Has the government undertaken a comprehensive risk assessment specifically relating to young people? Has it extensively consulted with teachers, youth workers, paediatricians, police officers and child protection officers? Has it consulted with young people themselves, or has this decision been primarily based on feedback from some parents who understandably want their children to feel safe? Good intentions do not always make good legislation.

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Pepper spray is not a toy. It is not a harmless accessory to be carried around in a handbag or a school backpack. It can cause intense pain, temporary visual impairment, respiratory distress and potentially serious complications for people with underlying health conditions, including asthma. We need to consider the unintended consequences. What happens when an argument between two teenagers escalates? What happens when a young person uses pepper spray impulsively? What happens when it is taken away from them and used against them? Or what happens when it falls into the hands of their younger sibling? What happens when an innocent bystander is injured? These are entirely legitimate questions that this government needs to answer and should answer before expanding this access to children.

The government has indicated that teachers and schools have the authority to confiscate pepper spray. Our teachers are there to educate our kids; they are not there to confiscate weapons, and they are not officers to confiscate those weapons. Our teachers are already dealing with enormous pressures in the classroom, and now they are potentially expected to manage another safety risk. Simply telling children they cannot carry pepper spray at school does not guarantee that it will never make its way onto school grounds. What additional training, resources and support will be provided to teachers? Who carries the responsibility when something goes wrong? These, again, are practical questions, not political ones.

I acknowledge that the legislation does provide for parental consent; however, parental consent does not remove the risk of misuse, accidental exposure and escalation of violence. A signature on a piece of paper does not guarantee that a young person will make the right decision in a frightening, stressful and confrontational situation. We recognise throughout our legislative frameworks that children require different safeguards from adults. That is not because young people are incapable or irresponsible; it is because we have a responsibility to protect all of them while they develop their skills, judgement and necessary experience to navigate adulthood.

If parents genuinely feel that their 16-year-old child needs to carry pepper spray to walk to school, walk down the street, that should prompt a serious reflection about community safety. What is the government doing to address those very circumstances that have made families feel so unsafe? Where is the investment in youth engagement? Where is the investment in public transport? Where is the investment in crime prevention, early intervention, domestic family violence and other accessible services? Where is the investment in mental health services, and where is the investment in creating safe public spaces?

The responsibility for community safety should not be transferred from government to the pockets of children. We should not be asking a 16-year-old child to carry the responsibility for preventing violence against them. We should be addressing the very behaviours of those who perpetrate that violence. I am not standing here questioning the right of young people to protect themselves. I am questioning whether expanding access to pepper spray is the safest, most efficient way to protect our kids. There is a fundamental difference between empowering young people and arming children. I want our young people to leave home with confidence, not fear. I want them to carry textbooks, sporting equipment and instruments, not weapons.

Before this parliament lowers the age of access, it must be satisfied that the benefits outweigh the risks and that all the appropriate safeguards are in place. Our children deserve that level of consideration. We should be giving our young people safer communities rather than another means to defend themselves in unsafe situations.

I note that the Members for Wanguri and Drysdale, as local members, listed terrible crimes that happened in their communities. We have heard those personal stories that people have talked to them about. Let us be clear: they already had access to pepper spray. That has not prevented that crime from occurring under your watch as the CLP government. The Member for Wanguri listed multiple crimes that had happened under her watch as the Member for Wanguri. The Member for Drysdale listed a whole heap of crimes that had happened under the CLP's term in government. These are crimes that have happened.

Pepper spray has been made available by the Chief Minister in our communities. We heard the Member for Wanguri talking about these crimes. Today is not about making it available; it is already been available. Today is a question about legislating that, and I do not believe that 16 and 17-year-olds' answer is to carry the weapon of pepper spray.

We need to invest in addressing the root causes of crime in the first place and ensure that we deliver smarter justice for safer communities. I wish the government members would talk about that as excitedly as they do about all these punitive measures. They should have that same excitement when we talk about restorative justice, justice reinvestment, rehabilitation and reintegration. These are areas where we know we can change lives.

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When we look at the alternative to custody or what is known as the Healing Centre on Groote Eylandt, we see that there was a deduction of 96% of youth crime in that community because we invested in working with the leaders to respond to the issues in that local community. That is how we build safer communities. We do not build safer communities by giving people weapons. Today it is pepper spray; tomorrow or next year, when this government still cannot get a handle on crime, it will be something different. We need to invest in addressing the root causes.

One thing I agree with the Member for Drysdale on is investing in other areas. We need to invest in health, education, housing and economic opportunities, not just in Darwin but across the Territory. We know that when people are meaningfully engaged and being lifted above the poverty line, we see everyone in our communities thriving and surviving.

I do not hear that from the government. It could just be that government members have not spoken about it. It could be that I have not been at an event where they have spoken about it. I am genuinely interested to hear, rather than all the things you constantly list that require a prison sentence, the other alternatives that help address the root causes of crime.

That is education. It is not fining people to get them to school. It is about how we get people to value education and have a thriving education system that is supported, valued and seen. Simply referring people to income management does not address the root causes of that issue. It is investing in quality healthcare so that people are fit and healthy to engage in the workforce. Creating more jobs across the Territory is important. That is an opportunity for local government, the Territory government and the federal government. That is what we all need to aspire to. When we do those things, I believe that we address the issues of crime and antisocial behaviour in our communities.

When we invest strongly in better housing, provide more housing and can air-condition, green and cool our communities, we also address antisocial behaviour.

This is the very government that has reduced funding to Centre Bush Bus. In December when that service stops—and whichever decision Centre Bush Bus makes on those travel routes—Territorians will start to question why more people are stuck in town, and why there is more pressure on social, affordable and public housing in our local community. These government decisions are placing more pressure on people staying in town because they cannot afford the $700 round trip to get from Kintore and return home again.

These are all things that help contribute to the large number of antisocial behaviour disturbances we see across our community. Rather than giving pepper spray to 16 and 17-year-olds, we should be investing in alternative first responder models. We can invest in frontline services—so that is not constantly up to the police—so that there are alternative first responders that can address, reform and respond to situations in our local community. They are done across the country and internationally also. We need more social workers to continue to do the good work and more youth workers, as well as Aboriginal interpreters, to help de-escalate situations in our communities.

We need to be looking at and investing in those types of models. I am not saying that one is right and one is not, but there are many sides to this space, and we just cannot continue to go down one path, which is constantly the simple answer of locking them up. Even this government must acknowledge that with the rate of recidivism across the Northern Territory, the system that is in place is catch and release. We need to look at more alternatives to custody. We need a commitment from this government to renew those contracts that are about to expire. The Alice Springs Alternative to Custody Life Skills Camp and the Anindilyakwa Healing Centre funding agreements are about to expire, and we have an Attorney-General who keeps saying that she will review the law and justice groups.

Law and justice groups are an intrinsic integral part to reforming the Territory's justice, restoring community safety and building a better future for everyone, and we need more.

Mr Edgington: You scrapped them in 2005.

Mr PAECH: I pick up on the interjection, Member for Barkly. I am not here to fight you; I am just here to say what we need to do is welcome the Attorney-General. Where is your government at with that evaluation? Will we see more law and justice groups opening around the Territory, or have you decided that you will leave what is in place for the remainder of your term? I am interested in understanding that. I am not here to have a fight about it. That is your decision, you are in government, but I am genuinely interested: can we expect to see more law and justice groups or have we reached capacity, given your decisions? That is what we need to understand and work through.

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The Barkly Work Camp is great, and people see it as a correctional environment, but it is much more than that; it does a whole piece of work. I understand that there is work happening on the Katherine Work Camp, but alternative custody facilities are different; I think the name tricks people. It is still a secure facility, and it is an alternative custody facility, not an alternative to custody. You are still essentially in some form of custody, so it is an alternative custody facility where there is rehabilitation and reintegration. There are so many women in the Alice Springs Alternative to Custody Life Skills Camp that people would normally demonise every day, but they do not know that they are the same women who are serving people, whether it be at a government institution, an arts venue or a cafe in town, through meaningful employment.

I have a real concern as I do not support 16 and 17-year-old children—because they are children, not adults—having access to pepper spray. I am genuinely interested in where the decision came about to afford that level of access to 16 and 17-year-old kids. I acknowledge that it might be in the report, but we did not have access to the report until it was tabled today. It might see that in there, but I am not sure. I have not had the chance to read it because it was tabled only an hour or so ago. I would really like to understand where that has come from. Has that been the advice of a clinical psychologist? Has that been the advice by an expert panel that has reviewed the cognitive decision-making of young people? Let us remember, this is a government that backflips on so many things when it comes to expert advice and experience. On one hand, it lowers the age of criminal responsibility to 10, now you are saying that 16 and 17-year-olds can have access to that. I want to understand why or how and what has driven that decision to do that.

When I look across this Chamber, we were all 16 and 17-year-olds once. The Members for Arnhem and Goyder and I probably a little earlier than everyone else in the Chamber. I am looking across the Chamber and some people in here were probably not good 16 and 17-year-olds and did not behave themselves. That is not me, of course.

I make the point that some 16 and 17-year-olds have not fully cognitively developed and some still run an absolute mark. I am worried about young kids, 16 and 17-year-olds, who are going to a party and are underage drinking. They had too much to drink and suddenly pull out the pepper spray and think it is a great joke and someone is sprayed. That is what we are dealing with. We know that there are many children, 16 and 17-year-olds, who go out, have a good time, illegally drinking and partying, and they are pushing themselves to the limit where they are making decisions when they are not cognitively aware of what they are doing because they are so horrors.

I want to understand the consequences as well when someone does that and the mechanisms of when it is reported and what happens. It is incredibly important.

I thank honourable members for hearing me tonight. I look forward to hearing the contributions by other members. I place on record that I do not think pepper spray is the answer to the Territory's problems. We should be investing more and doing more in the front end, which is prevention. Prevention is the cure creating safer communities—crime prevention by design. All of those things are important.

Again, I acknowledge the government has the numbers. We all want a safer Territory. I acknowledge we choose different roads to get there. It is important to put that on the record. Thank you for hearing me tonight.

Mr MACKAY (Goyder): Mr Deputy Speaker, I pick up where the Member for Gwoja left off in that speech. I want to reassure him that the legal use for OC spray is self-defence. In the example that the Member for Gwoja gave where someone assaulted somebody else in the context of illegal drinking and partying who thought it would be funny to spray somebody, that would still be illegal. That is clear in this legislation.

I am proud to be part of the government that is delivering this legislation that backs Territorians. It says we trust you. We ran a trial for over a year now and Territorians demonstrated that they are responsible people who did the right thing with a 99% compliance rate. In a couple publicised incidents over the past year, it has helped protect people.

When the Member for Gwoja talks about the 16 and 17-year-old children, I see them as young adults because they are young adults. They are the apprentices, the shop assistants, the people driving around our community, working in our community, with some living independently, others still living with mum and dad. They functioning in society. A 16-year-old girl clocking out from a shift at Kmart should have every right to feel safe as she walks to her car in the car park. That 16-year-old boy who is an apprentice who has finished a late shift and he is walking to his car to go home and there is someone waiting in the car park, he should have that mechanism to defend himself.

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Territorians will continue to do the right thing. These laws also expand commonsense defences. It expands the ability, if the husband has bought pepper spray which is in the house, someone is trying to break in and he is at work, his mother, daughter or wife can grab that pepper spray and use it to defend themselves, and they will no longer be charged as long as they are an eligible person. That makes sense.

It makes sense for workplace changes, families and Territorians. Territorians are responsible people. The previous government may not trust Territorians, but we have just done a year trial. Those opposite came out hard at the beginning, saying that there would be random assaults everywhere, chaos and panicking. What happened is Territorians continued to do the right thing. About 4,000 Territorians took up the offer and said, 'Hey, I actually want this' and they feel safer.

Not long after the trial began, I went into Coolalinga Guns & Ammo, a fantastic store in Yarrawonga, and talked to some of the people queuing up. I was like what made you decide you wanted to get the OC spray and the first two lovely ladies, I placed them in the seniors category, told me they have market stalls. They are worried, they see some kids mucking about and want to feel a bit safer when they are at their market stall. Another lady told me her husband said if she got the OC spray, she could go back to riding her bike along the Esplanade. The third lady from Humpty Doo told me she just wanted it for the random dogs that try to attack her.

Territorians have different reasons for wanting it, but feeling safe is part of having that control. As somebody who has not been described as an athlete in a while, I can appreciate that physicality and being able to defend yourself using a mechanism like OC spray that negates the size of an attacker. It is incredibly important.

To address what the Member for Gwoja said midway through his speech about addressing the root causes, if he paid attention sometimes—I know it is lovely to hear his voice in this Chamber, but it is nice when you listen to others. We have heard multiple times about the fantastic work that Minister for Children and Families has done with the Circuit Breaker program. We have heard about the incredible investment, not only in the court systems but the Correction systems to make sure people are getting that rehabilitation once something has gone wrong.

We have heard repeatedly from the minister for Education about the work we are trying to do to get kids back to school, engage with the system and have a good chance of becoming productive members of our society. This Bill is not in isolation. This is not the only change we are making. Amongst it, fundamentally, we have increased our law and order penalties.

If the Member for Gwoja is upset that we increased the penalties for domestic violence or penalties for people who assault essential workers, fundamentally, I disagree with that view. The Member for Gwoja said we all want the best for Territorians; we want a safe Territory. He might not agree with our way. He has his way—and we had eight years of his way—and we saw that it is not the right path.

We are taking a path, backing Territorians, giving them that ability and mechanism to defend themselves in a legal self-defence situation.

J DAVIS (Johnston): Mr Deputy Speaker, this is the first time the parliament has been asked to vote on this issue. As we know, the trial began in September 2025 and set up through an exemption under the *Weapons Control Act* published in the government gazette. It did not need a new Act of parliament. It never came to this Chamber. Until today, this parliament has never made a decision about the question this Bill puts to us. The question is not do we want Territorians to be safe? Of course we do; of course every person in this Chamber wants Territorians to be safe.

The question is: do we want to arm the public with a chemical weapon? This is a decision that should not have been made by exemption, and it should not be brought into law on the back of a trial that we have only seen the results of in the last hour. This is our first vote on it, and we owe it our full attention. We do not build a safe community by putting weapons in the hands of the public or by arming children.

I will also address the way the Chief Minister has characterised those who have raised concerns about this Bill. In this Chamber now we heard her describe opposition to it as hysteria, including me, and hand-wringing; she called those raising concerns anti-victim. There is nothing hysterical about asking for evidence before parliament makes a decision to legalise a chemical weapon for use by the public.

Mr Maley: Sounds like someone is trying to backpedal here.

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J DAVIS: I note the interjection.

Mr DEPUTY SPEAKER: Deputy Chief Minister, please desist.

J DAVIS: I note the laughter and the mocking.

There is nothing wrong with asking whether the safeguards are adequate, particularly when the Bill proposes making that weapon available to 16 and 17-year-olds. Raising questions about the potential for pepper spray to escalate violence, including domestic and family violence, is not being anti-victim; it is the opposite. It is taking people's safety seriously.

These are questions that people in my community have asked me to bring to this parliament, and if the Chief Minister is not interested in hearing those questions, I can go back to them and let them know. A person who buys pepper spray is telling us that they do not feel safe, and that is not because there is something wrong with them. It is a challenge for this government to resolve. The question for this parliament is not to help people arm themselves, it is to answer the question why they feel they need to.

A pepper spray canister in the pocket is not a community safety plan. The Chief Minister is telling us that this trial made people safer, but we have only just now seen the evaluation that the Chief Minister is relying on to justify legalising pepper spray. From what I can see, this evaluation did not measure or ask Territorians why they feel unsafe or how pepper spray has made them feel safer. If we ask Territorians why they feel unsafe, the answers are not a mystery. We talk about community safety and lack of safety all the time.

We know that it is about overcrowded housing, intergenerational poverty and alcohol harm …

Mr Maley: It is about Labor.

J DAVIS: I am so bored of hearing members in this Chamber attack each other.

Mr DEPUTY SPEAKER: Member for Johnston, please direct your comments through me.

Deputy Chief Minister, I will not ask you again: do not interject.

J DAVIS: It is about overcrowded housing; intergenerational poverty; alcohol harm; children who are at risk without support; stretched domestic violence services turning people away; the lack of mental health services; and young people with nowhere to go and nothing to do. Pepper spray does not fix one of those things. It does not reduce alcohol harm, build a house, keep a child safe at home and put resources into mental health; it treats the fear and leaves the cause exactly where it is, and it removes responsibility.

I fundamentally disagree with the Member for Drysdale: keeping people safe is our job; it is the government's job. A government that points people to a shop counter is telling them to look after themselves rather than saying that we will make sure that they are safe.

The minister told us that the trial showed a 99% success rate supported by operational data and formal evaluation. As we know, that evaluation has just been tabled despite asking for it. I asked for it in the briefing. I was told that it would be provided to me. I note it was tabled at 4.45 pm today, with the Chief Minister tabling it saying that everyone can now see what it says. I thank the Table Office for speedily providing me with a copy so that I could look at it. In having a look at it, it is clear that this evaluation has no clear measures of community safety. What does the 99% success rate that the government keeps touting refer to?

Nathan Finn from the Northern Territory Police Association put it clearly. That figure appears to relate to the compliance and purchasing requirements, but it does not demonstrate that OC spray has prevented assaults or improved community safety. The trial does not show whether anyone was safer or even felt safer. It did not even ask that question. It just asked whether buyers followed the purchasing rules.

In 2025, in relation to this trial, Minister Cahill said that the measures of community safety for pepper spray use are being developed by police, and they will be revealed as the trial progresses. The trial is in fact not over, but it is almost over. We still have not seen those measures, and we still have not seen what they show.

At the start of the trial, more than 20 domestic and family violence organisations signed an open letter warning that legalising pepper spray could risk escalating violent incidents and gave examples of what that might look like. These people support victims every single day. They know what a home in crisis looks like. I am curious about whether these organisations were consulted in the development of this Bill.

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The Bill also makes people subject to a domestic violence order a prohibited person, and I agree with that principle, but I want to look at how it is meant to work. Section 18(N)(i) says that a person who becomes prohibited must surrender spray as soon as reasonably practical, but the Bill does not specify what that means. Is that in an hour? Is it in a day? Is it in a week?

What happens if someone says they have lost it? How can police check where it is? A firearm has a serial number and a registered owner. An OC spray canister does not.

We have heard about section 1(NQ), which lets household members who have never been checked against any system use pepper spray inside the home. If it is left on a bedside table and a prohibited person picks it up in an argument and uses it, they may be charged later, but the victim still faces a chemical weapon. That is not safety.

The part of this Bill that is most concerning is the part about young people. We know that section 18(NB) sets the minimum age for buying and using pepper spray at 16, but what do we know from the trial about how it will work for 16 and 17-year-olds? Nothing. The trial was open to adults only, not one 16 or 17-year-old took part.

I have only heard one member of government talk about extending the age to 16 and 17-year-olds. I cannot see anything in the report—I have just seen it, so I may have missed it—that talks about 16 and 17-year-olds. I cannot see anything that recommends they should have access to pepper spray.

What I can see is that the government has no trial data, no clinical advice and no risk assessment on how a teenager will use, store and carry this spray. Whatever the trial shows about adults, it says nothing about teenagers.

People are worried about that. I again quote the president of the Police Association, Nathan Finn, who said that his association has concerns about putting OC spray in the hands of 16 and 17-year-olds. He said that parental consent is important but does not guarantee a 16 or 17-year-old has the maturity or the judgement to determine when deploying OC spray is appropriate and whether they will use it genuinely. The Australian Education Union called the idea wild.

We already have rules for under-18s. A 16-year-old in the Territory cannot buy a drink, tobacco or fireworks, even with a parent's signature. Parliament made those rules and drew those lines because Parliament decided that those things carry too much risk for a young person. This Bill says chemical spray is different. I have not heard any reason why we think a chemical weapon should be measured by a lower bar than a beer, a pack of cigarettes or fireworks.

We have no shortage of information about how young people grow. We know that the parts of the brain that manage impulse, risk and anger are still developing through the teenage years. That is not a criticism in any way of young people; it is why we set age limits—to keep young people safe.

A 16 or 17-year-old might worry about their safety, and we should do everything we can to make sure they are safe, but this Bill tells them that the way to deal with a threat is to reach for a weapon. If a young person feels unsafe, that is telling us something important—just as if an adult feels unsafe.

Teenagers might be afraid on their way to school, at home, at a party or on the bus, and we need to ask what would make them safer. They need a safe home, a school with support, a youth service that is open at night, a place to go and a safe adult to talk to. A pepper spray canister provides none of that.

What about other 16-year-olds? If a classmate has spray in their bag, how does everyone else feel? Will they feel safe? Will others feel that they need pepper spray now, too? Where do we stop? A race to arm the schoolyard is not a safety policy. A chemical spray in the middle of an impulsive teenage argument can really hurt someone and can change two lives in an instant.

The Bill lets a 16 or 17-year-old buy spray with written parental consent signed at the shop counter. Most parents want to protect their child. I do not question that; I want to protect my children too, but let us think about the young people who are the least safe—those living with violence at home, those in the care system and those without a stable adult. For them, a parent’s signature is not a safeguard. For some, the parent is the risk.

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The Bill also depends on a dealer to be the check on who is buying the pepper spray without, from what I can see, providing a functional system for them to check it. The dealer cannot see whether the parent signing is subject to a domestic violence or personal restraining order if it has not yet reached the police system. As far as I can find, the Bill does not say who signs for a young person in care.

Even for a young person with a safe family, a signature at a counter is a paperwork check; it is not a guarantee of safe storage at home or safe use, and it puts responsibility on a parent that the government should be carrying.

I want to talk about schools. Section 18NS protects a teacher from liability if they take custody of a spray, but that is all it does. It gives teachers no power to search a bag or take a canister from a student who says no. A 16-year-old can lawfully buy spray, carry it onto school grounds and the teacher cannot, under this law, make them hand it over. There may be a school policy, but that is an internal rule; it is not a power of seizure.

This is an issue that has been raised with me by many people who work in schools across the Territory about the realities of trying to seize pepper spray. People have asked, 'Does the CLP think it is acceptable for teachers to have to go to work knowing they might have to seize pepper spray from a student?' This does nothing to prevent assaults from happening in the first place, we know that there are often violence in schools. Teachers are telling me they are both fearful this will make it worse and that it is not giving them the power or protection to intervene.

I do not know who the government consulted on this clause, but it looks like teachers are being handed a risk without the tools to manage it. An employer supply has a similar gap. Under Section 18NO, an employer can give spray to a 16 or 17-year-old worker, but when their shift ends, nothing in the Bill stops that young person from taking it home or to school the next morning. Section 18PH leaves the same gap for pepper spray supply to the employees of firearms dealers.

This Bill is supposed to be about young people, but I have not heard of anyone actually talk to young people and ask them what would make them feel safe. I have asked young people what they think about pepper spray and the vast majority of answers I received is they think it is a really bad idea for young people to be given this weapon. I wonder whether the government spoke to the Acting Children's Commissioner, youth organisations, student representatives or to young people themselves.

Young Territorians deserve better than a can of pepper spray. They deserve a government that says, 'We will address these issues, and we will address them properly and not give you a weapon so you have to do it yourself'.

Asking questions about the evidence behind this Bill is not hysteria. Asking whether a chemical weapon should be legally available to 16-year-olds is not hand wringing. Raising legitimate concerns about the risks of pepper spray being used in domestic and family violence situations or in schools is certainly not anti-victim. It is the responsibility of this parliament to scrutinise legislation, particularly legislation that has consequences for people's safety.

The organisations working on the frontline of domestic and family violence and family safety are not anti-victim. Teachers raising concern about what this means for school safety are not being hysterical. The NT Police Association raising questions about young people carrying chemical weapons is not engaging in hand wringing. These concerns deserve answers, not dismissive labels. The people who are most entitled to have their safety taken seriously are the very people this debate is supposed to be about.

I will be opposing this Bill. I will also be moving amendments. They do not address my objection that arming the public with a weapon, including children, does nothing in the long term to make us safer, but they seek to limit the harm. They restore a minimum age of 18, remove the root for minors to buy spray with a parent's consent, and they limit employer and dealer employee supply.

I want a Territory where no-one thinks they need a chemical spray to walk home, to close up their shop at night or feel safe in their own home. I want it most of all for our young people. A 16-year-old should be able to go to school, catch a bus and go to a party without anyone around them carrying a chemical spray and without feeling that they should carry one too. We get there by dealing with why it is that people feel afraid. That means investing properly in crime prevention, not just prisons; in alcohol harm prevention; in housing; in domestic violence services; and in youth programs. It means a government that brings this parliament and the NT a real plan for community safety—not a plan for locking people up—with evidence that it works, not one that dismisses legitimate concerns as hysteria, hand-wringing or being anti-victim and pushes legislation

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through without us answering the questions. Arming the community, including arming children with a canister, is not a community safety plan.

Mr KERLE (Blain): Madam Speaker, I support this Bill.

First I will make some observations about the contribution by the Member for Johnston. She says that we do not make people in the community safer by arming them. Unfortunately, we are downstream from eight years of Labor chaos and dysfunction when criminals were repeatedly released back onto the streets rather than facing consequences. The criminals and the dangerous people are already out there, Member for Johnston.

I wish we had enough police to have a cop on every bus, at every bus stop, on every corner and in every shopping centre. A cop on the corner of every street in front of every business—I wish we had that many; unfortunately we do not. Therefore, we have to be wise with the allocation of resources and allow the police to put their members where they are most needed. In the meantime, keeping our citizens defenceless makes no sense.

OC spray is a well-known, well-used, well-researched product that is used around the world by not just law enforcement and correctional services but also women and people in the United States and Western Australia. It is well proven to be a significant deterrent to violent people who are threatening violence against others who are smaller, weaker and less able to defend themselves. Those opposite say that they should not be allowed to have access to that.

When it came in, I went to Coolalinga Guns & Ammo at Yarrawonga, like the Member for Goyder. There was a line of people, mostly women, waiting to get access to OC spray, so they could feel safe. Anecdotal evidence—I know the Member for Johnston loves her evidence—is that just the deterrent of pulling it out is often enough to scare away a would-be attacker.

The constant use of the term ‘chemical weapon’, although true in a technical sense, is language specifically chosen to be inflammatory and to inflame the debate. It is OC spray; it is pepper spray. Our police and correctional officers get sprayed with it before they are allowed to commence work. A lot of my mates who served have been sprayed with it. Customs officers get sprayed with it. When I was a security guard many years ago, I watched many people get sprayed with it. The alternative to getting sprayed was probably getting shot. Having a nonlethal option is much safer.

I find it odd that the Member for Johnston made the point that 16-year-olds are not mature enough to carry OC spray and defend themselves—all their decision-making capabilities because of their frontal cortex is not fully developed. The Member for Johnston is on the record as thinking that children who are prepubertal are mature enough to take puberty blockers that could potentially render them permanently infertile. I do not see the consistent standard there. Those on the left, if they did not have double standards, sometimes they would not have standards at all.

I support this Bill. I support the right of Territorians to have access to safe proven methods of self-defence. Having the ability to use the product by different members of the same household clears up some issues that arose during the trial.

I know a few girls who have worked in the retail space who have been scared, honestly, under the previous Labor government. They worked in retail at a local shopping centre in the northern suburbs. They would look after my kids and tell me stories about people walking around that shopping centre with knives and that things would break out. They had to escort some of the girl staff members to the toilets because they were scared of what could happen. Allowing 17 and 16-year-olds to purchase OC spray and defend themselves is reasonable. If it turns out that people do the wrong thing, we can always come back and fix it. Women, and especially girls, deserve the right to be safe and to take reasonable precautions to keep themselves safe.

Other members have suitably addressed other various details in the law, so I will cease my contribution there.

I commend the Bill to the Assembly.

Mrs FINOCCHIARO (Police)(in reply): Madam Speaker, I am sure we will now move into consideration in detail.

I thank the members of my team for their contribution and the members of the opposition and the Independent who continue to run their offender apologist approach. They do not like being called out for it and are against everything. At one point the Member for Johnston literally said that this Bill will not build houses. She lost me

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at that point. In fairness, she is correct; it will not build houses. It will not because this is about the legal use of OC spray during self-defence.

I remind those opposite who have been caught up in their whirlwind of hysteria, fearmongering and scare-campaign tactics and whatever rabbit hole they have walked head first into that this is about self-defence. It is not about anything other than that. In this country and many others you are allowed to defend yourself. The question is how you defend yourself. Without OC spray you will literally be scrambling for whatever lifeline you can reach at the time. Under a CLP government, the difference is that if you choose to purchase and carry OC spray, you can put precious seconds and metres between you and that perpetrator in the hope that it buys you enough time to get away. That is as complicated as this gets. It speaks volumes about the capacity of those opposite to understand what we are talking about, given the ridiculous level of rhetoric we just had sprayed across the Chamber.

With that simple explanation—because I could not make it any simpler—we can move to the next stage of the Bill.

I seek leave to move the third reading.

Madam SPEAKER: The question is the Bill be now read a second time. Those of that opinion say aye; those to the contrary, no. I think the ayes have it.

J Davis: Division.

Ms Uibo: No, she is doing the second reading. They have to close off the second reading, then she has to seek leave to move to the third reading. Then we will say no, and then we will go into CID.

Mr Young: You can.

Madam SPEAKER: You can do that, Member for Johnston, if you want to call a division on the second reading. Is it supported? No.

J DAVIS: Can my dissent be noted?

Mrs Finocchiaro: You happy to sling at it, but you do not want to vote against it.

Ms Uibo: You were doing the second reading under the third reading move. That is when we go to CID.

Mrs Finocchiaro: Is she dividing?

Ms Uibo: Do you understand the process?

Madam SPEAKER: Can you stop this dialogue across the Chamber, please? I am in charge. I am the Speaker; I will tell you what is going on.

Member for Johnston, you called a division, it is not supported.

J DAVIS: Can my dissent be noted?

Madam SPEAKER: Yes.

Motion agreed to; Bill read a second time.

Consideration in detail

Mr DEPUTY SPEAKER: The Assembly will consider the Weapons Control Legislation Amendment (Legalising Controlled OC Spray) Bill 2026, Serial 80, together with amendment schedule 80OPP circulated by the Leader of the Opposition and amendment schedule 80IND circulated by the Member for Johnston.

Clauses 1 to 6, by leave, taken together and agreed to.

Clause 7:

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Ms UIBO: Why have you chosen to lower the minimum age to 16 to purchase OC spray? What evidence demonstrates that 16 and 17-year-olds can safely possess and use OC spray?

Mrs FINOCCHIARO: Sixteen and 17-year-olds can legally possess the weapon of a motor vehicle driving at 130 kilometres per hour, so we entrust them with a lot of things. We allow a 16 or 17-year-old to leave school forever and take up permanent employment. We allow 16 and 17-year-olds to babysit small children, work at shops, deliver services and do an entire range of things. The reason we put this into scope for this Bill is that we received feedback from the community as part of the successful trial that parents wanted an opportunity for their young people, when they are out for a run or finishing work late at night, to be afforded the same protection as adults, as they are given many other responsibilities as adults. I can assure you, Opposition Leader, that driving a motor vehicle is much more lethal and dangerous than having a can of OC spray which, at worst, will make your eyes hurt for half an hour.

Ms UIBO: Obviously, 16-year-olds do not drive at 130 kilometres per hour because they would be on their P plates and they are restricted to 110, so it worries me that the Attorney-General and Chief Minister do not know that basic fact about 16-year-olds driving and the P plate restrictions in the Northern Territory. Furthermore, your OC spray trial was restricted to people aged 18 years and over. What evidence from the trial supports extending access to minors who were never part of the 12-month trial?

Mrs FINOCCHIARO: I just answered that question.

Ms UIBO: None; okay.

Mrs FINOCCHIARO: Sorry, I am being verballed by the Opposition Leader and the Member for Johnston. I said that I have answered the question, not that the answer was what has been articulated by the Opposition Leader.

Ms UIBO: No evidence—part of the next question.

Mrs FINOCCHIARO: I will not be verballed by the Opposition Leader; she can clean her ears out and stop verballing me.

Mr DEPUTY SPEAKER: Let us keep it down. The Chief Minister has clearly stated that she has answered the question, so can we continue?

Ms UIBO: She answered the question with no evidence based or tabled.

Mrs FINOCCHIARO: She is saying that my answer was that there is no evidence; that was not my answer. I completely reject the imputations she is making. She is verbally me; that was not my answer, and she can withdraw it.

Mr DEPUTY SPEAKER: Leader of the Opposition, can we continue another line of questioning?

Ms UIBO: Of course; thank you for your independent advice.

Chief Minister, can you table the evidence that I requested in what demonstrates 16 and 17-year-olds to be part of the *Weapons Control Act* under your leadership for this Bill that is before the House?

Mrs FINOCCHIARO: What evidence would satisfy you that you would like me to table?

Ms UIBO: As I asked in the previous question, the trial was restricted to 18-year-olds. What evidence has the government based this decision on to include 16 and 17-year-olds when the trial was purposely outlined by yourself, as the Chief Minister and the Minister for Police, to be restricted to 18-year-olds?

Mrs FINOCCHIARO: I have answered that question.

Ms UIBO: No evidence tabled—thank you.

Mr DEPUTY SPEAKER: The Chief Minister has said that she has answered the question a couple times. Can we move on to another line of question please?

Ms UIBO: Did the Community Reference Group recommend extending access to 16 and 17-year-olds? If not, whose recommendation are you acting on?

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Mrs FINOCCHIARO: I have already answered that question; it came from community feedback. When you look at the roles and responsibilities and the powers that we give 16 and 17-year-olds, giving them a non-lethal opportunity to protect themselves should the need arise. I cannot understand why you do not trust 16 and 17-year-old young adults—who are allowed to leave school and go into the workplace, are allowed to drive lethal motor vehicles and do a range of other responsibilities in our community—to have a small can of spray that they are only allowed to use in a situation where their life is being threatened in order to buy precious seconds to run away.

I think the question is more for you on why you think this is not appropriate. What evidence do you have that 16 and 17-year-olds are not fit-and-proper persons to legally defend themselves, to stop them from entering into hand-to-fist combat with someone who wants to attack them? Can you answer that question for me?

Mr DEPUTY SPEAKER: You do not need to answer that question, Leader of the Opposition.

Ms UIBO: Of course not; it is not my legislation. It is called deflecting and deferring, which is what the Chief Minister is perfect at.

Mr DEPUTY SPEAKER: The Chief Minister has answered the question. Can we move on?

Ms UIBO: The Chief Minister cannot answer that question, so it is probably not worth asking the next one, but I will anyway. We will give you an opportunity to surprise us and stop acting immature and childlike under your own legislation; it is quite embarrassing.

Mrs FINOCCHIARO: Like a 16-year-old child?

Ms UIBO: Worse. I know teenagers who act much more appropriately than the Chief Minister. It is quite abhorrent to see the Chief Minister acting like a little schoolgirl.

Can you identify any other weapon that a 16-year-old can lawfully purchase and carry simply by signing a declaration and obtaining their parental consent?

Mrs FINOCCHIARO: There is a long list of weapons a 16-year-old can buy now, and the one we are talking about is for the use of self-defence. We are talking about a controlled weapon in an environment that can be used only for self-defence. That is what we are talking about. You, for some reason, have a fundamental problem with a 16 or 17-year-old putting time and distance between themselves and a person attacking them. That is the question you are asking me.

We have no problem with that, Opposition Leader. We welcome the parents who want to go with their child to the firearms dealer, sign up and acknowledge that they are a lawful person. In the unlikely but horrific circumstance that they come under attack, we pray that they can use OC spray to get away. That is the intention.

Ms UIBO: Under section 7A of the existing *Weapons Control Act*, people under 18 are prohibited from possessing or carrying certain controlled weapons, including crossbows. Why is the government maintaining that prohibition while still allowing 16 and 17-year-olds to carry OC spray?

Mrs FINOCCHIARO: I cannot even dignify that question with an answer.

Ms UIBO: I am wondering why the Chief Minister bothered to present legislation that she does not want to answer questions on.

Mrs FINOCCHIARO: I am sorry, the Opposition Leader wants me to explain why a crossbow—which has an arrow on it—is different from a little can of spray that hurts your eyes. I will let that play out and roll around her head for a while, but I think it is obvious to everyone why those two weapons are different.

Ms UIBO: I am interested because I heard the Deputy Chief Minister rattle off a whole list of what are perceived as weapons that could be under the *Weapons Control Act*, saying that they are all legally obtainable for a 16 or 17-year-old.

Mr DEPUTY SPEAKER: That is fine, I just want you to focus on the Chief Minister's answer.

DRAFT

Ms UIBO: I want to hear whether that was on the Chief Minister's mind or whether that is something the Deputy Chief Minister is solely responding to from his seat, rather than letting the Chief Minister speak for herself.

Mr MALEY: Someone is getting a bit frustrated, I think. She needs a little chill pill.

Mrs FINOCCHIARO: You have realised how dumb it sounds.

Mr DEPUTY SPEAKER: I remind everyone to keep the questions focused on clause 7.

Ms UIBO: If a 16-year-old unlawfully uses OC spray against another person, who bears the criminal responsibility—the child, the parent who consented to the purchase or both of them?

Mrs FINOCCHIARO: The person who used the OC spray. You have to responsibly use the OC spray in a legal manner and you have to be ready to defend yourself in the use of that spray to the police. That is consistent for everyone, just as it is in self-defence using any other means—fist, rock, heel of a shoe, pencil or broken glass. You always have to justify the self-defence component, no matter how you tried to achieve it.

Ms UIBO: What legal responsibility does a parent accept by signing the declaration as outlined in the legislation, beyond consenting to the purchase alone?

Mrs FINOCCHIARO: They are providing supervised authority that their young adult is allowed to purchase it. It is simply an endorsement by the parent that says, 'Yes, I want my 16 or 17-year-old to have OC spray'.

Ms UIBO: If a parent subsequently withdraws their consent, does the child lose the right to possess and carry OC spray, or is parental consent required only at the point of purchase?

Mrs FINOCCHIARO: It is at the point of purchase. That would be a matter for the young person and their parent to resolve.

Ms UIBO: If there was a change, would that mean the parent becomes responsible for the OC spray, or does it still act under the child's name if they are the holder of the OC spray?

Mrs FINOCCHIARO: Whoever purchases the OC spray, whoever's name that is in, they are the person responsible for use of the OC spray.

Ms UIBO: The purchaser is the parent.

Mrs FINOCCHIARO: No.

Ms UIBO: The purchaser is the 16 or 17-year-old, and the responsibility sits with them regardless of whatever signature is on the parental consent; is that correct?

Mrs FINOCCHIARO: Always.

Ms UIBO: What safeguards prevent 16-year-olds from obtaining parental consent once and then continuing to possess OC spray against their parents' wishes?

Mrs FINOCCHIARO: They might end up in the naughty corner at home. I have just answered that question. If a parent, all of a sudden, withdraws consent that really is a matter for parenting to resolve, not the law.

Mrs FINOCCHIARO: What requirement is there for a dealer to verify the adult providing consent actually has parental responsibility for a child?

Mrs FINOCCHIARO: It is as per the definition, so it is part of the form they have to complete on the iPads. That declaration has to be made appropriately or it is breaking the law.

Ms UIBO: Is that form available publicly already or is it something that will be developed?

Mrs FINOCCHIARO: The new component is—we are debating the Bill now, so no, this will commence a bit later in December.

DRAFT

Ms UIBO: I am aware that the intended anticipated commencement is 18 December 2026. The question was about the form and would the retailer/dealer be responsible for verifying parental consent. If a 16 or 17-year-old walked in with an adult and they were signing the purchasing form, what responsibility links that adult, that over-18-year-old, to the 16 or 17-year-old?

Mrs FINOCCHIARO: As is clearly set out in the legislation, they have to be able to show they are the parent, guardian or person who has parental responsibility as defined. If they were somehow fraudulently doing that, when police do their checks and discover they were not, that person would have broken the law through fraudulent representation. There is a number of safeguards.

Ms UIBO: I am aware that sometimes there can be various forms of parental responsibility, particularly in kinship systems. What kind of definition would extend if we were talking about relationships of a paternal or maternal sense in an Aboriginal kinship system as an example? Is that taken in account in the Act or will it be through a parental or kinship form?

Mrs FINOCCHIARO: We have just lifted it straight out of the *Education Act*. You have to be the parent, guardian or someone who has parental responsibility as defined by section 7 of the *Education Act*.

J DAVIS: Who signs for a young person who is in care?

Mrs FINOCCHIARO: The person who is the guardian or has parental responsibility. In some instances it is the CEO. It depends on whatever framework that child is under at the time.

Ms UIBO: How would the police follow up to verify it is true and correct for that adult to sign the parental consent form on behalf of that 16 or 17-year-old?

Mrs FINOCCHIARO: Do not misconstrue what I was saying. At the end of the day, the grown-up person has to go to a firearms dealer with the 16 or 17-year-old. They have to show the firearms dealer that they are one of those three things and they have to follow the declaration process. If it comes to police attention that was a fraud, they would be pursued however police pursue those types of matters. Ultimately, it is the responsibility of the person coming forward to prove. The firearms dealer has to be able to verify, through that documentation, they are in fact one of those three categories of what is defined as parent.

J DAVIS: Does the grown-up person also have to prove that they are not a prohibited person?

Mrs FINOCCHIARO: Yes.

Ms UIBO: Have you undertaken a specific risk assessment of the OC spray being brought into schools and used against minors?

Mrs FINOCCHIARO: It is not allowed to be brought into schools. That is why there is a range of powers in here about confiscation. The department of Education separately has an entire policy on this area which we ruled out. The new policy on the prohibition of OC spray in schools will be an extension of its policy of no weapons in schools. Whatever the weapons are currently that people are not allowed to bring to school, there will be ‘, OC spray,’—a continuation of the list of weapons. There is zero change to business but for one additional item.

J DAVIS: Is there nothing in the Bill that gives any educational staff a statutory right to confiscate a canister? Is it just an extension of the existing policy about weapons?

Mrs FINOCCHIARO: No, that is the opposite of what I just said. I said that in the Bill there is a clear process for how it is not allowed at schools, which is why we have given Education the power to confiscate and there is separately an Education policy, just like there currently is, which will expand no weapons at school to include no OC spray at school.

J DAVIS: Can you point to where that is in the Bill?

Mrs FINOCCHIARO: Proposed section 18NS, Persons who confiscate spray from child, states:

(1) This section applies to a person who:

(a) works at an education facility …

DRAFT

J DAVIS: My understanding of that is someone who confiscates it cannot be held liable for having it, but it does not give them the power to confiscate it; is that correct?

Mrs FINOCCHIARO: No.

J DAVIS: That section gives a teacher the legal power to confiscate the pepper spray; is that correct?

Mrs FINOCCHIARO: Yes.

Ms UIBO: Does proposed section 18NQ allow a child younger than 16 to use another household member's OC spray in self-defence if at home?

Mrs FINOCCHIARO: No.

Ms UIBO: If the young person, a 16 or 17-year-old, is found with OC spray on the school grounds, will that be prosecuted under a school policy or a criminal policy?

Mrs FINOCCHIARO: It will be a breach of school policy.

Ms UIBO: When a person discharges OC spray against another person, who determines whether that use was lawful for self-defence?

Mrs FINOCCHIARO: The police.

Ms UIBO: Does that rely only on first or second-party reports or could that be reported by a third party?

Mrs FINOCCHIARO: Any report, just like normal. People report crimes all the time. It is exactly the same.

Ms UIBO: Is there a presumption that the discharge was lawful self-defence or is it initially treated as a potential assault until police determine otherwise?

Mrs FINOCCHIARO: It is treated how police always treat self-defence. It is no different.

Ms UIBO: Who bears the burden of proof?

Mrs FINOCCHIARO: The police would do an investigation. The police will work out what happened and make a decision about whether it was lawful. If they do not believe, based on their investigation, it was lawful, they would press charges. If they do, happy days, off you go.

Ms UIBO: What specific evidence must police consider when determining whether the discharge of the OC spray was reasonable or proportionate?

Mrs FINOCCHIARO: It is all the normal considerations they make when they look at this. It is, as I said, no different.

Ms UIBO: If a person discharges OC spray because they generally believe they are in danger, but police subsequently determine there was no actual threat, has that person committed an offence?

Mrs FINOCCHIARO: I will not get into the semantics of this because I am not a police officer. They weigh up a range of situations every time they look at this, which police are well-equipped to do. Let me make it clear: we have changed no self-defence laws; we have only said, 'Hey, instead of dragging yourself on the ground as someone tries to attack and kill you, instead of just trying to reach for a rock, you could have sprayed the person before you ended up on the ground and hopefully had a chance to get away'.

I remind those opposite, as they get carried away and get dragged back down the rabbit hole of this topic, that we are talking about buying precious time to put distance and time between yourself, and a would-be perpetrator. The laws of self-defence are exactly the same. We have not changed those. We have just put on the table a new opportunity to activate that self-defence.

Ms UIBO: Is verbal abuse or threatening behaviour alone sufficient justification for discharging OC spray?

Mrs FINOCCHIARO: These are hypotheticals.

DRAFT

Mr DEPUTY SPEAKER: You are allowed hypotheticals during consideration in detail, but decide whether the question has been answered.

Mrs FINOCCHIARO: These are hypotheticals about self-defence. This is not a Bill changing the laws on self-defence.

Ms UIBO: Can OC spray lawfully be discharged to protect property even when there is no physical threat to a person?

Mrs FINOCCHIARO: Again, Mr Deputy Speaker, it is out of order.

Mr DEPUTY SPEAKER: I think the Chief Minister is saying she has answered the question before and she has referred a number of times that these are judgement calls to the police, so can we move on?

Ms UIBO: Well, she did not answer; she just avoided it.

Mrs FINOCCHIARO: Opposition Leader, I have just explained to you that the police must investigate. It is not that I do not want to answer your stupid questions; it is that you should not be asking them. That is the reality, Opposition Leader. I am trying to be polite about it by staying quiet.

Members interjecting.

Mr DEPUTY SPEAKER: Thank you, Chief Minister, stop. I will call on both sides now. Can we just tone it down? I think the Chief Minister has already mentioned a number of times these are judgement calls for the police, so can we move on to a different line of questioning please?

Mr YOUNG: A point of order, Mr Deputy Speaker! Standing Order 32; I ask that she retract about the stupid question, making a reflection on a member. This is an important debate. Consideration in detail is an important process so that if this is tested in court …

Mr DEPUTY SPEAKER: I do not think it was a reflection on the member; it was a reflection on the nature of the question. Can we just …

Mr YOUNG: But if this is tested in court, we should have the ability to ask those questions.

Mr DEPUTY SPEAKER: Member for Daly, take your seat. Leader of the Opposition, if you want to continue another line of questioning, please.

Ms UIBO: I would like to continue questioning without the barrage of derogatory comments from the Chief Minister. That would be appreciated.

Is there a requirement in the legislation for a person to report to the police when they discharge OC spray against another person?

Mrs FINOCCHIARO: No.

Ms UIBO: Why is that?

Mrs FINOCCHIARO: Just like any other use of self-defence, you do not have to ring the police and let them know you did that.

Ms UIBO: If a person discharges OC spray and never reports the incident, as you have said can happen, how will police identify potential misuse, and how can the government accurately monitor the legislation's effectiveness?

Mrs FINOCCHIARO: You are fundamentally misunderstanding what we are monitoring. We are monitoring that appropriate people are purchasing the spray, making the appropriate declarations, and that the spray is not ending up in the hands of people who are not authorised persons under the legislation. That is what we are monitoring. Everything else exists under existing legal frameworks, which have been tried and tested for just about all eternity, so that is why your question does not make a lot of sense.

Ms UIBO: If the government is confident that these laws provide sufficient protection against misuse, why has it not included mandatory reporting on every discharge?

DRAFT

Mrs FINOCCHIARO: Would you want everyone ringing 000 or 131 444 and tying up police time? You must get out of the OC bubble and separate this into two separate things. There is self-defence. That is an existing protection that every citizen in this country can avail themselves of; they must then be able to justify. They can defend themselves in that situation with whatever they deem necessary at the time, and then they must be able to explain that to the police should that come up.

OC spray is a lawful tool. OC spray was previously unlawful, but we are saying that it should be on the table for those who want it. You are conflating two things which do not mash together. We have not made any changes to self-defence laws other than to say that OC spray is a tool that is available.

J DAVIS: Does an interim DVO that has been made, but not yet served, make that person a prohibited person?

Mrs FINOCCHIARO: Yes.

J DAVIS: What is the mechanism for—for example, a shop where someone is going to buy it—to know whether that person is a prohibited person, if the interim DVO has been made but not yet served.

Mrs FINOCCHIARO: They are a prohibited person, so they cannot sign the declaration. We would be checking it. If they lied on their declaration—which I am guessing is what you are asking me—when the police check it, they see that that person should not have it, so they will go around and collect it. We have had a 100% strike rate on that completely effective monitoring system.

J DAVIS: What is the timeframe for that checking?

Mrs FINOCCHIARO: It is either the same day or the next day.

J DAVIS: I understand it can be up to five days; is that correct?

Mrs FINOCCHIARO: In a technical sense. We have been efficiently able to get through it. It could foreseeably be longer, but it is not a lengthy period.

J DAVIS: I think the business has up to five days to send it; is that correct?

Mrs FINOCCHIARO: Yes, the legislation builds a buffer, but in practice it is almost instantaneous because it is a computer system.

J DAVIS: Is it linked electronically?

Mrs FINOCCHIARO: Yes, correct.

J DAVIS: Under proposed section 18PJ—that is the section I was referring to—firearms dealers have up to five business days, but I understand you are saying that this is not how it happens. I am just interested in the detail of how the law could apply.

Mrs FINOCCHIARO: Potentially. If you imagined where the system goes down and we move to paper-based, then you would have to have it in within five days, but everyone has an iPad.

J DAVIS: When police serve a DVO at a residence, what does 'as soon as reasonably practicable to remove the canister' mean in time?

Mrs FINOCCHIARO: Are you talking about proposed section 18NI?

J DAVIS: Yes.

Mrs FINOCCHIARO: That is envisaging the circumstance where someone is a prohibited person, they purchase it, but let us say that they are off on a road trip somewhere or they are not close to where they purchased it. It allows them a couple of days to have the chance to send it back.

J DAVIS: If they are not on a road trip, if the police are attending at a place where they are serving a DVO, what does 'as soon as reasonably practicable' mean in hours for people?

DRAFT

Mrs FINOCCHIARO: I cannot give you hours, but it is as soon as the police identify it, get there and can get to the person and retrieve it.

J DAVIS: Does serving the order mean police have to search for and take the canister?

Mrs FINOCCHIARO: What is your scenario?

J DAVIS: If a DVO is served on someone who has a canister, the police come and serve it. Do they then at that point have to retrieve the canister?

Mrs FINOCCHIARO: There is two ways. The person either surrenders it or we go and get it. Often we have found a lot of people were surrendering, inadvertently not realising that they were not compliant.

J DAVIS: When they are served with the DVO or in general?

Mrs FINOCCHIARO: It depends on the circumstance at the time. It might not be at that point; it might be at a later point. At the point where police become aware, they will go and get it.

J DAVIS: If the person says that they do not have it, they left it at a friend's house or they lent it or lost it, how do police check? Is there a mechanism to check that every canister has been handed in for someone who is a prohibited person?

Mrs FINOCCHIARO: If you are concerned about DVOs, before police go and serve the DVO, they are checking the information about that person. You are worried about OC spray; we are worried about guns. There is a whole lot of other things way higher up our care factor ratio than OC spray.

J DAVIS: We are talking about OC spray.

Mrs FINOCCHIARO: I know, but I am highlighting how ridiculous some of the questioning is.

If the police know that a person with a DVO has something they should not have, we act as quickly as possible, depending on the circumstance, to go and retrieve whatever that thing is, which is bigger than OC spray.

J DAVIS: How do they find it if a person says that they do not have it? A firearm has a registry number; the person is registered. How do they find the pepper spray?

Mrs FINOCCHIARO: People can come up with all sorts of ways of how they lost their firearm too. If only we could be as naive as you are saying.

J DAVIS: That is comforting, but not an answer.

Mrs FINOCCHIARO: The police just have to make those calls on the day.

Mr DEPUTY SPEAKER: Member for Johnston, can we move on? I think we are talking about the operational issues and judgement of police.

J DAVIS: No, with respect, I am talking about proposed section 18NL. I will move on to proposed section 18NO. Does the Bill require the spray to stay on the premises if an employer gives a 16 or 17-year-old pepper spray?

Mrs FINOCCHIARO: If it is provided by the employer, effectively it becomes the employee's.

J DAVIS: Effectively …

Mrs FINOCCHIARO: Even though the employer has provided it, it becomes the employee's, so they can take it with them and use it outside of their premises. It is just the method by which they have obtained it; it is through the employer as opposed to through a firearms dealer. They still have to do the same declaration; it is just a different way of accessing it.

J DAVIS: The canister that is provided for workplace safety, they can use wherever; is that right?

Mrs FINOCCHIARO: Yes, correct.

DRAFT

J DAVIS: Does proposed section 18NR give venue workers or security guards any power to make a person hand over a canister? It is the same liability as with schools I was asking about earlier.

Mrs FINOCCHIARO: Only in a voluntary sense. If someone was going into a premises and for some reason they wanted to say to the security or whoever, 'Can you please look after my OC spray for me?', they could do that.

J DAVIS: A venue could ask to confiscate it. The person can say no. Can the venue do anything?

Mrs FINOCCHIARO: No, the venue cannot. The person who has the OC spray could, in theory, give it to someone else to look after during a certain period. The security is not confiscating OC spray.

J DAVIS: Is there nothing in this Bill for venues to be able to manage OC spray—to intervene or manage OC spray use in their venues?

Mrs FINOCCHIARO: I do not understand your question. What do you mean by that?

J DAVIS: I understand this particular clause gives venue staff an exemption from any criminal or civil liability if they hold spray that someone has given to them; is that correct?

Mrs FINOCCHIARO: Yes.

J DAVIS: My question, which I think you have answered, is: does it give them no power to confiscate a spray?

Mrs FINOCCHIARO: No.

Ms UIBO: I move amendment 1 in schedule 80OPP to clause 7.

I will speak to the amendments circulated in my name en bloc. These amendments are pretty straightforward. They will ensure the minimum age for purchasing and carrying OC spray under the proposed eligibility framework remains at 18 years. They will also remove the provisions allowing employees to supply OC spray to 16 and 17-year-old employees.

I listened carefully to the Chief Minister's debate today. The performance has been underwhelming and arrogant. We have a Chief Minister who has brought legislation to the parliament that will allow 16 and 17-year-old children in the Northern Territory to purchase and carry a weapon capable of temporarily incapacitating another person, yet when asked the most basic question, 'Why do 16 and 17-year-old children need to access OC spray?', the Chief Minister has been unable to provide a convincing answer.

The Chief Minister has been unable to articulate what evidence supports this decision that the CLP government has made and to explain why 16 is the appropriate age when there are obviously workers in the Territory who are under the age of 16. The Chief Minister has also been unable to demonstrate that young people have been properly considered.

What we witnessed today is a Chief Minister who is simply not across this part of the brief and the operational provisions that would occur should this legislation pass today. It should concern every member of this parliament. We are talking about putting a weapon into the hands of children, and the potential consequences of getting that decision wrong is serious.

The CLP government conducted a trial of OC spray involving adults of the age of 18 and over. That trial was subject to a review by a community reference group. As we understand from the limited information other than tabling the reference group report today during the second reading by the Chief Minister, despite having asked several days ago for that report in a government briefing—which was not provided to the Labor opposition—the group, as we understand, has not recommended to extend access to 16 and 17-year-olds.

Where has this decision come from? What evidence has the Chief Minister relied on? What advice has the Chief Minister received from police, teachers, child development experts and people who work with young Territorians, for this decision? There are no reasonable answers to these questions. They still remain unanswered.

DRAFT

The CLP has provided the bare minimum to this parliament, and we should expect more when we talk about responsibility of government answering why decisions are made, particularly of this nature, when talking about amendments to the *Weapons Control Act*.

Today, the Chief Minister has failed to provide this justification. The amendments I am putting forward are not about denying young Territorians to feel safe. Of course we want young people to feel safe. The amendments are about 16 and 17-year-olds who have been victims of crime, experienced threatening situations and deserve to feel safe in their communities. That is not disputed. In terms of decision-making there is a world of difference between acknowledging a young person who feels unsafe and deciding the answer is to arm themselves with OC spray.

We are talking about teenagers—young people who are still developing in their judgement, their ability to assess risks and the capacity to respond to stressful situations. We are talking about confrontations that can escalate in a matter of seconds. Imagine when teenagers are arguing and pull out the OC spray, what happens next? Does another teenager back away? Do they retaliate? Does somebody try to wrestle the canister away? Does the spray hit an innocent bystander? Does the confrontation that could have ended up without serious injury suddenly become a much more dangerous incident between the young people?

The Chief Minister is creating circumstances through the proposed legislation as it stands currently where a young person's split-second decision could escalate an incident rather than resolve it. It is not enough for the Chief Minister to simply say that OC spray can be only used in self-defence. The law may set out when it is used and justified, but that does not mean a frightened and inexperienced 16 or 17-year-old would correctly interpret those legal boundaries in the middle of a confrontation. It does not mean they will understand what constitutes as a reasonable response or that they will have the training or experience to use it safely.

There is no mandatory practical training requirement for these young people. We have heard the argument already by the Chief Minister herself about being able to drive a vehicle. A vehicle in the Northern Territory, as in other jurisdictions, requires strict licencing requirements, driver training, education and testing to ensure whoever is in that vehicle—whether they are 16, 17 or 18-plus—is capable, trained and responsible to drive that vehicle. There is no such mechanisms or process, training or programs within this legislation that does this for 16 or 17-year-olds to access and use OC spray. There is no assessment of young people's ability to use the spray safely. This has come completely out of nowhere. There is no requirement to demonstrate that the young person understands the consequences of discharging the OC spray. Instead, the CLP proposes that a declaration of parental consent is sufficient.

I find it extraordinary this legislation specifically anticipates situations where teachers may need to confiscate OC spray from a child at school. Think about what that means. The CLP is deliberately creating a framework that allows 16 and 17-year-olds to legally obtain OC spray while simultaneously legislating protections for teachers who might have to confiscate it. Why are we creating another potential risk in Territory schools? Why are we putting teachers in a position where they may have to deal with children carrying OC spray? Why are we asking schools to manage the consequences of a decision the Chief Minister has not been able to properly explain?

There is a broader principle. The job of the government is to keep children safe, not make them responsible for defending themselves against the government's failure to keep them safe and address crime.

The Chief Minister talks constantly about community safety, celebrates the government's crime policies and tells Territorians that things are getting better. Yet, here is the Chief Minister arguing that children as young as 16 should be able to arm themselves with OC spray. This is an extraordinary contradiction. The more we examine this decision, the clearer it has become the government has not adequately thought through some of these realistic consequences we have asked about. There is no evidence-based policymaking by the CLP government.

This is not careful, responsible leadership or accountable leadership. This is a political stunt that risks jeopardising the safety of young Territorians. The Chief Minister herself claims she wants to protect them. When it comes to the safety of children, political stunts are simply not good enough in this House.

Our amendments offer a sensible and measured approach. They do not seek to overturn the arrangements for eligible adults, which the trial was focused on. They do not dismiss the concerns of Territorians who want to access OC spray for personal protection as an adult. They simply draw the line at allowing children to purchase the OC spray under this scheme.

DRAFT

If the Chief Minister genuinely believes that children should have access to OC spray then she should be able to explain why. She has not.

The Chief Minister should be able to produce the evidence of why this decision was made by the CLP government. She has not.

The Chief Minister should be able to demonstrate the risks that have been considered. She has not.

The Chief Minister should be able to assure parents, carers, teachers and young Territorians that this decision is based on something more than political opportunism. Today the Chief Minister has failed her own test. Safety of Territory children is too important to be sacrificed for another political headline. I urge the members of this House to support the amendments that I have put.

Mr DEPUTY SPEAKER: Can I just confirm, when I heard you start off, did you want the amendments considered as a bloc or is this just on the first amendment?

Ms UIBO: This is on the first amendment, Mr Deputy Speaker. The reasons for the consequential amendments are all related to explanation I have just provided, unless the government wants to hear it all again.

Mr DEPUTY SPEAKER: The question is that the amendment be agreed to.

The Assembly divided:

Ayes 7	Noes 17
Mr Brown	Ms Boothby
J Davis	Mr Burgoyne
Mr McGrath	Ms Cahill
Mr Paech	Mrs Carlson
Mr Smelt	Mr Charls
Ms Uibo	Mr Edgington
Mr Young	Mrs Finocchiaro
	Mrs Hersey
	Mr Howe
	Mr Kerle
	Mr Mackay
	Mr Maley
	Mr O'Gallagher
	Mr Patel
	Dr Rahman
	Mr Yan
	Mrs Zio

Amendment not agreed to.

Clause 7 agreed to.

Mr DEPUTY SPEAKER: Are there any other further questions on the remaining clauses?

Ms UIBO: I wanted to move to the next amendment.

Mr DEPUTY SPEAKER: No, I asked people whether there was any further after that.

Ms UIBO: Sorry, that one stands as printed, but I have a second amendment to move that is scripted.

Mr DEPUTY SPEAKER: I was a bit confused there as I was getting a bit of different advice. The actual vote then became that the clause stand as printed, and that is what we voted on, and the answer was aye. I know there may have been a bit of confusion, but I was trying to be specific about what I was doing and slowly, and I was also taking advice from your colleague.

Ms UIBO: That bit we just voted on …

Mr DEPUTY SPEAKER: We did the amendment.

DRAFT

Ms UIBO: Yes, then I came back, and I had a second amendment.

Mr DEPUTY SPEAKER: I then said that question is that clause stand as printed; there were no further speakers, and then I put the question

Mrs FINOCCHIARO: I think because all your amendments are to clause 7 …

Mr DEPUTY SPEAKER: … and they are sort of consequential in some ways.

Ms UIBO: I just want to do amendment 2.

Mrs FINOCCHIARO: You have, in a sense.

Ms UIBO: They are not consequential; they are all related, but they are not.

Mrs FINOCCHIARO: We just passed clause 7.

Mr DEPUTY SPEAKER: Yes, and I must admit while there was confusion, I asked clearly.

Ms UIBO: Should I have just moved amendment 1 and amendment 2, and then just we voted everything en bloc because that should have been the advice, with respect, through you, Mr Chair.

Mr DEPUTY SPEAKER: Well, no. I asked, and I said I was going to go 1, 2.

Ms UIBO: I was always of the understanding that you vote on the amendment as per amendment.

Mr DEPUTY SPEAKER: I put the good question that the amended clause was there, and the amendment got defeated. I then asked was the cause to be printed. I then asked if there were any other speakers. There were no other speakers, no-one stood up, so I then put the question. I put the question that the clause stands as printed, and it was passed, so that is what has gone through.

I am sorry if people missed it, but that is exactly the process, and I was also taking advice from your colleague. I will stick with it that the clause has been passed.

Ms UIBO: We have had previous sessions where, at the Chair's discretion, knowing that there has been a lot of work, not just by myself—I know there were circulated amendments by the Member for Johnston as well to make sure that we do our jobs as parliamentarians. We do not just rush to get out of here because people are tired at 7.30 pm.

Mrs FINOCCHIARO: You were teasing me that I did not know what I was doing at the start; now look at you!

Mr DEPUTY SPEAKER: I understand, but I called …

Ms UIBO: I do not care about your sniping, Chief Minister; I care about the Bill. I actually care about doing my job, not about your ridiculous behaviour today.

Mr DEPUTY SPEAKER: Calm down, please. I followed due process. I gave people the opportunity. I was also basing my advice on one of your colleagues coming to me, so the expectation was there, but I put the clear question that the clause stand as printed, and the vote of the Assembly was yes. I have to now stand by that vote of the Assembly, so we move on.

Are there any other questions regarding clauses 8 to 18?

Ms UIBO: Yes. I will go back to a clause at the end, just like we did with the voluntary assisted dying Bill.

Clauses 8 to 18, by leave, taken together and agreed to.

Schedules 1 and 2, by leave, taken together and agreed to.

Ms UIBO: I move amendment 2 in amendment schedule 80OPP to clause 7.

DRAFT

This is specifically to the previous explanation to all of my amendments and similar to drafted the work of the Member for Johnston, the trial of the OC spray was specifically for 18-year-olds-plus.

Mr DEPUTY SPEAKER: You need to move that in the next phase, not this one.

We do the remainder of the Bill, then I will give you the opportunity before we go to the Bill being agreed to.

Remainder of the Bill, by leave, taken together and agreed to.

Mr DEPUTY SPEAKER: If you wish to recommit, now is the time.

Ms UIBO: I move to recommit the Bill.

The Assembly divided:

Ayes 7	Noes 17
Mr Brown	Ms Boothby
J Davis	Mr Burgoyne
Mr McGrath	Ms Cahill
Mr Paech	Mrs Carlson
Mr Smelt	Mr Charls
Ms Uibo	Mr Edgington
Mr Young	Mrs Finocchiaro
	Mrs Hersey
	Mr Howe
	Mr Kerle
	Mr Mackay
	Mr Maley
	Mr O'Gallagher
	Mr Patel
	Dr Rahman
	Mr Yan
	Mrs Zio

Motion not agreed to.

Bill agreed to.

Mrs FINOCCHIARO (Police): Mr Deputy Speaker, I move that the Bill be now read a third time.

Motion agreed to; Bill read a third time.

PAPERS TABLED

Madam SPEAKER: Honourable members, pursuant to Standing Order 201, I report that government responds to the Legislative Scrutiny Committee Report Inquiry into the Education Standards and Registration Board Bill 2026, dated 5 November 2026, was deemed tabled on 10 November 2026.

I table the Independent Commissioner Against Corruption General Report and note, pursuant to section 49 of the ICAC Act, this report was published on 23 November 2026.

I table the Northern Territory Electoral Commission Annual Report 2025–26.

I also table the Schedule of Government Responses to Committee Reports, November 2026.

Legislative Scrutiny Committee Report – Annual Report 2025–26

Mrs CARLSON (Chair of Legislative Scrutiny Committee): Madam Speaker, I table the Legislative Scrutiny Committee's Annual Report 2025–26 and the associated minutes of the proceedings.

This report details the activities of the Legislative Scrutiny Committee for 2025–26. Over the course of the reporting period, the Assembly referred 22 Bills to the committee for inquiry and report.

DRAFT

As detailed in Chapter 2, although the committee recommended that the Assembly pass all the referred Bills, in most cases it proposed amendments to ensure that the Bill had due regard to the rights and liberties of individuals and the institution of parliament, was unambiguous and drafted in a sufficiently clear and precise manner. That 66% of the committee's proposed amendments and recommendations were subsequently accepted by the government is a clear indication of the value of the Bills scrutiny process.

Although the level of public participation in the committee's inquiries varied according to the nature of the Bill under consideration, feedback from those organisations and individuals who made submissions and appeared before the committee has been positive. However, a number of stakeholders raised concerns regarding the short timeframes provided for the preparation of submissions and consideration of Bills.

On behalf of the committee, I thank all those who made submissions or appeared before the committee. Their input has been invaluable and a great assistance to the committee in its deliberations. The committee thanks the chief executives of all the agencies and their staff or their responsiveness in providing information to the committee and appearing before the committee at public briefings and hearings.

The committee also thanks Professor Aughterson for his advice.

Finally, I thank my fellow committee members for their bipartisan commitment to the legislative scrutiny review process.

I move that the report be noted.

Motion agreed to; report noted.

RESPONSE TO PETITION

Petition Number 32 – Repeal Amendments Introduced by the Termination of Pregnancy Law Reform

The CLERK: The following response has been received and forwarded to the member for distribution to the petitioners, from the Minister for Health to Petition Number 32 requesting the repeal of amendments introduced by the termination of pregnancy law reform.

DRAFT TO 7.46 PM

Remainder of transcript will be delivered by close of business on Tuesday 1 December 2026.

DRAFT