

Defarge as the bishops and clergy of the Catholic, Orthodox and Anglican dioceses are taken to gaol, he is a braver man than me.

As an aside, if forcing compulsory notification of pederasty, why limit it to that? As heinous as it is, there are crimes as serious or more serious—murder, for instance. One has to ask whether Mr Xenophon is entirely ingenuous when his proposal limits compulsory notification to the one crime of child sexual abuse. His argument is that of zero tolerance for child abuse. A confessor who maintains the seal of the confessional does not tolerate child abuse any more than he tolerates any of the sins he might hear.

To suggest that churches that maintain such a seal are soft on pederasty, as Mr Xenophon and Prof. Briggs imply, is a wilful misrepresentation of the position of the churches in this area. Mr Xenophon's bill is inherently unworkable and a violation of the constitutional guarantee of freedom of religion. It goes without saying that all parliamentarians are concerned about pederasty and its victims, but the means do not justify the ends.

The Hon. DEAN BROWN (Deputy Leader of the Opposition): I bring to the house a matter of Velo Cardio Facial Syndrome (VCFS). This material has been written for me by the President of the VCFS Foundation of South Australia, Mr Raymond Tanner. I do so because I think that most people in the house—like me, in fact—would not have heard of this syndrome. As you will find out, it has only fairly recently been identified, but it is the second most important syndrome after Down syndrome. I think that it is often worth while bringing to the attention of the house medical issues such as this, and particularly what action might need to be taken to help to improve the understanding of people within the community as far as this syndrome is concerned. I will read from material that has been prepared for me. I have spoken to Mr Tanner: I believe that he has set it out very precisely, and I am willing to accept the sort of description he has given, although I stress the fact that he is not a medical specialist.

Velo Cardio Facial Syndrome is the second most common genetic disorder after Down syndrome. However, due to its complexities, the syndrome was only initially identified by Robert Shprintzen and others in 1978. It is not known what causes VCFS. However, the syndrome is a result of the deletion of a small segment of the long arm of chromosome 22. VCFS affects one in every 3 000 people and, as the words suggest, those affected by VCFS may have one or a combination of problems associated with the palate, heart and facial abnormalities. There are another 180-plus abnormalities, including additional major problems such as learning difficulties, speech, bipolar, schizophrenia and motor skills. Because the syndrome has only recently been identified, many adults may not realise that they may have VCFS. In the case of Raymond, for instance, he was not aware that he had VCFS until his second son, Andrew, was diagnosed with the syndrome 10 years ago. At the time, Raymond was 43. He was also to find out that his first son, James, who had complex heart problems, had died from the syndrome 17 years ago, when he was nine days old.

One of the most frustrating things for parents in bringing up children with VCFS is the lack of knowledge of the syndrome in the following areas. Firstly, in the medical area—general practitioners, medical specialists and hospital staff. Parents need to provide advice on a regular basis to professionals in these areas as to what VCFS is about. In

most cases, parents feel that they have more knowledge about the medical condition than many of the medical specialists from whom they are seeking answers.

The second area is education—and I am delighted that the Minister for Education and Children's Services is here, so she is able to hear this. Many children need one on one training in the classroom, and many schools do not have the resources to cater for this, or the understanding of the problems associated with educating a child with VCFS. As a result, parents seek to have their children educated in private schools, in particular, those that cater for children with special needs.

The third area is the lack of financial support and recognition from both federal and state government organisations, in particular, Centrelink. For example, the new Centrelink carer allowance form to obtain financial assistance does not make allowances for children who have VCFS. The fourth area is the lack of family support due to the child's being diagnosed with the syndrome. Once the child has been diagnosed with VCFS, many parents do not advise other family members or friends, due to the syndrome's complexities.

Although Mr Tanner has only touched the surface about VCFS in what he has written about it and its impact on those who have been affected, either directly or indirectly, by the syndrome, I hope that by my giving this speech in parliament, more people will have a better understanding of what VCFS is about. I realise that the government has various priorities in its budget; however, the government should promote the issues of VCFS in the education and health systems so that parents of VCFS children do not always have to struggle to get their message across. Another thing about VCFS is that there is a very strong belief that many children who have learning difficulties may also, unknowingly, have the syndrome. If people require more information on VCFS they can access the main web page, which is www.vcfsf.org or www.vcfs.com.au. Otherwise, people can contact Mr Raymond Tanner directly on his mobile on 0414-578-785 or on his email, tanner@arcom.com.au.

I want to thank Mr Tanner firstly for taking an interest in contacting me—and I know that he has also contacted the Minister for Health and raised the matters with her—and for preparing this material for me to present to the parliament. I again stress that people can contact Mr Tanner as President of the VCFS Foundation of South Australia at 45 Southbound Avenue, Aberfoyle Park 5159, and I am delighted to bring that information to the attention of the house as part of this Address in Reply.

The second issue I wish to touch on in this Address in Reply speech is that of supported residential facilities. It is a matter I raised publicly yesterday and also raised in three questions in parliament today, and it is also a matter I have raised previously—particularly during estimates, I think, last year and again this year on 24 June. Let me go back a little: I was minister responsible in this area for, I think, a total of 3½ months only, but during that period the plight faced by supported residential facilities was brought to my attention—in fact, I have a number of them in my electorate. I visited some of those and talked with other operators here in Adelaide, and I realised that they were facing an increasing financial plight.

Supported residential facilities come under South Australian law—in fact, an advisory committee reports to the appropriate minister—and by law can take only up to 85 per cent of the gross income of the resident involved. Most