

GENERAL PURPOSE STANDING COMMITTEE NO. 3

Tuesday, 30 August 2016

Examination of proposed expenditure for the portfolio area

MENTAL HEALTH, MEDICAL RESEARCH

**WOMEN, PREVENTION OF DOMESTIC VIOLENCE AND
SEXUAL ASSAULT**

UNCORRECTED PROOF

The Committee met at 09:00

MEMBERS

The Hon. N. Maclaren-Jones (Acting Chair)

Dr M. Faruqi
The Hon. B. Franklin
The Hon. C. Houssos
The Hon. S. Mitchell
Reverend the Hon. F. Nile
The Hon. M. Pearson
The Hon. L. Voltz

PRESENT

The Hon. Pru Goward, *Minister for Mental Health, Minister for Medical Research, Assistant Minister for Health, Minister for Women, and Minister for the Prevention of Domestic Violence and Sexual Assault*

CORRECTIONS TO TRANSCRIPT OF COMMITTEE PROCEEDINGS

Corrections should be marked on a photocopy of the proof and forwarded to:

**Budget Estimates secretariat
Room 812
Parliament House
Macquarie Street
SYDNEY NSW 2000**

The ACTING CHAIR: Welcome to the public hearing for the inquiry into budget estimates 2016-2017. Before I commence, I acknowledge the Gadigal people, who are the traditional custodians of this land. I pay respects to elders past and present of the Eora nation, and extend that respect to other Aboriginals present. I welcome Minister Goward and accompanying officials to this hearing. Today the Committee will examine the proposed expenditure for the portfolios of Mental Health, Medical Research, Women, and Prevention of Domestic Violence and Sexual Assault. Today's hearing is open to the public and is being broadcast live on the Parliament's website. A transcript of today's hearing will be placed on the Committee website when it becomes available.

In accordance with broadcasting guidelines, while members of the media may film or record Committee members and witnesses, people in the public gallery should not be the primary focus of any filming or photography. I also remind media representatives that they must take responsibility for what they publish about the Committee's proceedings. It is important to remember that parliamentary privilege does not apply to what witnesses may say outside of their evidence at this hearing. So I urge witnesses to be careful about any comments they may make to the media or to others after they complete their evidence, as such comments would not be protected by parliamentary privilege if another person decided to take action for defamation. The guidelines for the broadcasting of proceedings are available from the secretariat.

There may be some questions that a witness could only answer if they had more time or with certain documents at hand. In those circumstances witnesses are advised that they can take questions on notice and provide answers within 21 days. Any messages from advisers or members of staff seated in the public gallery should be delivered through the Committee secretariat. Minister, you can pass messages directly to the advisers seated behind you and they can do the same to you. Transcripts of this hearing will be available on the web as of tomorrow morning. Finally, I ask everyone to please turn off their mobile phones or set them to silent.

All witnesses from departments, statutory bodies or corporations will be sworn in prior to giving evidence. Minister, I remind you that you do not need to be sworn in as you have already sworn an oath to your office as a member of Parliament.

ELIZABETH KOFF, Secretary, NSW Health, sworn and examined

KERRY CHANT, Chief Health Officer and Deputy Secretary, Population and Health, NSW Ministry of Health, affirmed and examined

CATHRYN COX, Acting Deputy Secretary, Strategy and Resources, NSW Ministry of Health, sworn and examined

JOHN ROACH, Chief Financial Officer and Deputy Secretary, Finance, NSW Ministry of Health, sworn and examined

KAREN CRAWSHAW, Deputy Secretary, Governance, Workforce and Corporate, NSW Ministry of Health, sworn and examined

MURRAY WRIGHT, Chief Psychiatrist, NSW Health, sworn and examined

NATASHA DE SILVA, Director, Women NSW, NSW Ministry of Health, affirmed and examined

The ACTING CHAIR: I declare the proposed expenditure for the portfolios of Mental Health, Medical Research, Women and Prevention of Domestic Violence and Sexual Assault open for examination. The questioning of the portfolios of Mental Health and Medical Research will run from 9.00 a.m. until 10:20 a.m., and questioning on the portfolios of Women and Prevention of Domestic Violence and Sexual Assault will run from 10:20 a.m. to 11:40 a.m. As there is no provision for an opening statement, I will commence with questions from the Opposition.

The Hon. LYNDIA VOLTZ: Minister, are you aware of the medicine dosing errors occurring at the Cumberland and Macquarie hospitals?

Ms PRU GOWARD: That is an operational question, so I would like to ask Ms Koff to answer it.

Ms KOFF: Could you repeat the question? Are they in mental health facilities?

The Hon. LYNDIA VOLTZ: Are you aware of the medicine dosing errors occurring at the Cumberland and Macquarie hospitals?

Ms KOFF: No, I am not aware. I will take it on notice.

The Hon. LYNDIA VOLTZ: You are not aware that there may be 20 to 30 errors occurring each week?

Ms KOFF: I have not seen any such report.

The Hon. LYNDIA VOLTZ: Was the Cumberland mental health hospital allowed to use unique medical charts rather than the National Inpatient Medication Chart [NIMC]?

Ms KOFF: I will have to take that one on notice. I am not aware of the medication chart used at Cumberland Hospital.

The Hon. LYNDIA VOLTZ: Would anyone else know what kinds of charts are used?

Ms KOFF: In terms of medication charts used across the system, there are some standard forms that are used universally and then there are some discretionary modifications that the district makes.

The Hon. LYNDIA VOLTZ: Why do they get modifications?

Ms KOFF: To ensure that it is appropriate for the mode of clinical delivery and the systems that they have in place.

The Hon. LYNDIA VOLTZ: You do not think that this increases the risk of harm to patients?

Ms KOFF: I would certainly hope not. The reason and rationale for any sort of medication chart modification should be to ensure maximum safety of patient care delivery and medication delivery. Part of the process that NSW Health is rolling out—the electronic medication management—will provide a further level of safety and assurance around medication safety to patients.

The Hon. LYNDIA VOLTZ: Are you aware of the May 2015 report, "Independent review and report of the use and effectiveness of Clozapine and maintenance electroconvulsive therapy as treatment modalities within the rehabilitation services of Cumberland Hospital"?

Ms KOFF: I am not aware and I will defer to Murray Wright, the chief psychiatrist.

Dr WRIGHT: Yes, I am aware of that report.

The Hon. LYNDIA VOLTZ: Minister, are you aware of that report?

Ms PRU GOWARD: I think, since Dr Wright is aware of it—

The Hon. LYNDIA VOLTZ: No, I would like to know whether you are aware of it.

Ms PRU GOWARD: I get reports and notes to my office frequently. I can take it on notice, but I think Dr Wright is going to answer your questions.

The Hon. LYNDIA VOLTZ: Are you aware of that report or are you not aware of that report?

Ms PRU GOWARD: I will ask Dr Wright to answer that question.

The Hon. LYNDIA VOLTZ: I am not asking Dr Wright; I am asking you whether you are aware of that report.

Ms PRU GOWARD: I have already said that reports come in and out of my office all the time, and—

The Hon. LYNDIA VOLTZ: You do not recall that report in particular?

Ms PRU GOWARD: I do not recall that report.

The Hon. LYNDIA VOLTZ: So you are not aware of the recommendations of that report?

Ms PRU GOWARD: I will ask Dr Wright to answer your questions.

The Hon. LYNDIA VOLTZ: What I am asking is whether you are aware of the recommendations in that report.

Ms PRU GOWARD: I will ask Dr Wright to answer you. I do not recall and it is better—

The Hon. LYNDIA VOLTZ: You would not know whether any of the—

The Hon. BEN FRANKLIN: Point of order: The Minister has already made it quite clear that she does not specifically recall that exact report, so going down this line of questioning is just a waste of time.

The ACTING CHAIR: The Minister has answered the question. However, if the member wishes to ask the same question and get the same answer, that is her choice.

The Hon. LYNDIA VOLTZ: That is good. Minister, you would not be aware whether any of the recommendations have been implemented?

Ms PRU GOWARD: No, that is definitely an operational question and you should ask Dr Wright.

The Hon. LYNDIA VOLTZ: You are the Minister responsible for these facilities. They are very important facilities. There is a report of an independent review. I would have thought you would be aware of it and whether recommendations have been implemented.

Ms PRU GOWARD: I will ask Dr Wright to answer that question. If you want to know if they have been implemented, you should ask Dr Wright.

The Hon. LYNDIA VOLTZ: Is the use of the NIMC standard in all New South Wales mental health hospitals or mental health services?

Ms PRU GOWARD: I will defer to Dr Wright.

Dr WRIGHT: I am sorry—the NIMC standard?

The Hon. LYNDIA VOLTZ: Yes, the NIMC standard.

Dr WRIGHT: I am sorry but I am not familiar with that acronym.

The Hon. LYNDIA VOLTZ: I will find the reference for you—National Inpatient Medical Chart.

Dr WRIGHT: I cannot comment on whether that particular chart has been implemented at Cumberland Hospital. I can comment about the review that you mentioned. That review was completed and we are having meetings with the senior management of the Western Sydney Local Health District [LHD] mental

health executive to monitor its progress against the implementation of the recommendations of that and some other reviews.

The Hon. LYNDIA VOLTZ: Was that not specifically what the review was about? Is that not part of the recommendations? In fact, there was no evidence to support the use of your organisation's own medication charts. Is that not the fundamental part of that report?

Dr WRIGHT: I do not think it is a fundamental part, but the medication chart is a significant issue. It is certainly one of the recommendations that is to be implemented by the district. I cannot give you a current state of the implementation of those recommendations; there were a number of them.

The Hon. LYNDIA VOLTZ: Going back to my original questions, do you accept that this unique chart increases the risk of harm to patients?

Dr WRIGHT: I do not accept that it increases the risk to patients. I will put a corollary of that, which is that standardising medication charts reduces the risk of harm and that is the process that is being embarked upon through all of our services. You would appreciate that changing from quite long-term historical practices to these charts is a significant piece of work for each of the institutions. It is a recommendation and it will be implemented.

The Hon. LYNDIA VOLTZ: I will take you to the report. It states:

What was apparent was that a number of the patient cohort reviewed had a number of medication charts and in one particular case, one of the contents of one of these charts was not transcribed on to the ECT prescription. Given this particular omission were two anticonvulsive agents, the potential for adverse clinical implications was high.

Dr WRIGHT: I do not resile from the fact that medication errors are a significant part of our quality improvement services. We are continuously trying to reduce any kind of risk of adverse medication events. They can occur, even in the best-run services. There is a project running nationally at the moment, which is the reducing of adverse medication events to try to improve those kinds of outcomes. The electronic medical record and a universal or standard medication chart are strategies that will reduce adverse outcomes.

The Hon. LYNDIA VOLTZ: Ms Koff, I will go back to my original question, which is whether you are aware of the medical dosing errors at Cumberland and Macquarie hospitals. Given what you have just heard, what are the clinical risks arising from these errors?

Ms KOFF: All medication errors are required to be reported on our incident information monitoring system. There is a vigilance required. It is important to understand that medication errors cover a range of areas in the patient journey. It can be prescribing errors, it can be dispensing errors, it can be administration errors. It is a journey of a pathway for medical administration and pharmaceutical prescription. We take medication errors very seriously. They are one of the key priorities in the national health quality standards to minimise across the country. As I mentioned, the electronic medication prescribing system that we are installing, we believe, is an important aspect to reduce medication errors across the State.

The Hon. LYNDIA VOLTZ: Minister, given my original question relating to medicine dosing errors, is it a concern that you and your staff have said that they are not aware of it, yet we have a report that has clearly outlined problems within the chart system?

Ms PRU GOWARD: I think the department has adequately answered your questions.

The Hon. LYNDIA VOLTZ: Even though they are saying they are not aware of it and I had to read from the report?

Ms PRU GOWARD: I think Dr Wright has explained it to you and Ms Koff has also explained how errors in medication are managed and that there is a national approach to this.

The Hon. LYNDIA VOLTZ: When can we see these recommendations implemented?

Ms PRU GOWARD: I will have to take—

The Hon. LYNDIA VOLTZ: You will have to take that on notice?

Ms PRU GOWARD: No, I can take the advice of the department.

Ms KOFF: Yes, take it on notice. We have not seen the report.

The Hon. LYNDIA VOLTZ: I am asking you, Minister, when will you implement these recommendations. As the Minister responsible for the delivery of these services on behalf of the people of New South Wales, when will you implement the recommendations?

Ms PRU GOWARD: I will take that on notice.

The Hon. LYNDIA VOLTZ: Minister, what is the wastage figure for cats and dogs that have been euthanased for the purposes of medical research?

Ms PRU GOWARD: That is a question I will ask Ms Koff to answer.

Ms KOFF: I will pass to Dr Kerry Chant, the chief health officer responsible for research.

The Hon. LYNDIA VOLTZ: Back to the front line.

Dr CHANT: I will have to take that on notice. I can add that there is an animal ethical process that is in place to approve research on animals and a monitoring regime. I would have to take the specifics of the exact wastage on notice and I would also be happy to provide the animal ethics framework that governs appropriate clinical use of animals for research purposes.

The Hon. LYNDIA VOLTZ: It is true, is it not, that the Medical Research Support Program [MRSP] is the major source of infrastructure funding for independent medical research institutes in New South Wales?

Dr CHANT: The Medical Research Support Program is the major source—it is a contributor to the funding, so medical research institutes receive philanthropic donations. They receive infrastructure funding in the form of MRSP, but also achieve grant funding from the Commonwealth through a variety of grant programs, particularly the National Health and Medical Research Council [NHMRC].

The Hon. LYNDIA VOLTZ: It is interesting that you dispute whether they are a contributor or a major source because your own website says that they are a major source.

Dr CHANT: I agree that they are a major source and the increase in the MRSP has been significant. There have been significant investments and increases in funding around the MRSP. I have got some additional information around the governance of the animal testing if you would like me to take you through that?

The Hon. LYNDIA VOLTZ: Only if it answers the question I have asked you, which is what are the wastage figures.

Dr CHANT: In respect of that, I will have to take it on notice.

The Hon. LYNDIA VOLTZ: Does it have how many cats and dogs have been offered to be rehomed under the program and how many guinea pigs and mice have been rehomed?

Dr CHANT: Again, I would have to take that on notice.

The Hon. LYNDIA VOLTZ: How many primates in New South Wales are used for the purpose of medical research?

Dr CHANT: Again, I would have to take that on notice. As I said, the governance around animal testing in New South Wales is comparable to other jurisdictions federally and globally. All human and animal research is conducted within it or supported by NSW Health and must comply with the State legislation and the National Health and Medical Research Council guidelines. This includes, but is not limited to, Animal Research Regulation 2010, the Australian code for the care and use of animals for scientific purposes, a policy directive that we have in relation to the human and animal research in the National Health and Medical Research Council Act, the New South Wales Animal Research Act 1985, which is overseen by the New South Wales Department of Primary Industries, and it should be noted that the Act was the first piece of self-contained animal research legislation in Australia. These regulations require that animals be used in medical research only when it is scientifically warranted and require that respect for animals underpin all decisions and actions involving the care and use of animals for scientific purposes. It requires that those using animals for scientific purposes must avoid or minimise the harm, including the pain and distress to the animals.

The Hon. LYNDIA VOLTZ: Minister, are you aware of an instance of xenotransplantation where a baboon named Conan underwent a whole kidney transplant from a genetically modified pig in early 2014?

Ms PRU GOWARD: That is an operational matter and I will ask Dr Chant to answer.

The Hon. LYNDIA VOLTZ: You are not aware?

Ms PRU GOWARD: As I say, reports come in and out of my office all the time.

The Hon. LYNDIA VOLTZ: I am asking you whether you are aware. I do not mind if you defer to a person if you are not aware. I am asking you if you are aware.

Ms PRU GOWARD: I do not recall would be the best answer.

The Hon. LYNDIA VOLTZ: Okay, you do not recall.

Dr CHANT: Again, I would have to seek further details of that piece of research that you are describing. If that research was undertaken, I would believe that it would be consistent to the process and the assessments I have outlined.

The Hon. LYNDIA VOLTZ: You would possibly also need to take this on notice. How many other instances of xenotransplantation have been undertaken? How much funding for the purpose of medical research has the New South Wales Government provided to organisations undertaking xenotransplantation?

Dr CHANT: I am happy to take that on notice.

The Hon. LYNDIA VOLTZ: Do you know how many medical research experiments in total are being conducted on primates in New South Wales?

Dr CHANT: At any one point in time there would be a range of research. I would have to take that on notice.

The Hon. LYNDIA VOLTZ: Could you also take on notice how many, in total, would have subjected the research animals to the threshold of minor pain. I will go back to some questions on other issues.

The Hon. SARAH MITCHELL: You have nothing to ask, Mark?

The Hon. MARK PEARSON: There is plenty to ask.

The Hon. LYNDIA VOLTZ: There are heaps of questions. Minister, there was an article in the *Sunday Telegraph* stating that trained mental health nurses would ride along with police to every mental health related incident under a plan being proposed by the NSW Police Force. Given that there are 76 local area commands, does that mean there will be 76 new clinical nurses employed by your department to take up this role?

Ms PRU GOWARD: The NSW Police Force mental health intervention team began as a pilot program in July 2007, and we now have a partnership between ourselves, NSW Health and Police. It is a permanent unit. The team delivers a four-day mental health training program for—

The Hon. LYNDIA VOLTZ: Point of order: I am asking whether, on 23 August 2015, when you announced that mental health nurses would ride along with police, you meant that there would be 76 new mental health nurses or whether they were part of your existing mental health nurse staff?

Ms PRU GOWARD: That is an operational question and—

The Hon. LYNDIA VOLTZ: You made the announcement, didn't you, Minister?

Ms PRU GOWARD: Yes, but the details that you are asking for are quite specific. May I just say that the memorandum of understanding [MOU] that we now have between—

The Hon. LYNDIA VOLTZ: It is not pretty specific. You made an announcement that mental health nurses were riding along with police. I am asking whether you have new mental health nurses or are taking existing mental health nurses in crisis teams and plopping them in as a number. Are these new staff or are you expecting the existing staff to undertake this role?

Ms PRU GOWARD: I will ask Elizabeth Koff to answer you.

The Hon. LYNDIA VOLTZ: Minister, you went out and made an announcement.

The Hon. SARAH MITCHELL: Point of order: The Minister has said that she would like Ms Koff to answer the question. She is entitled to do that. If the member keeps talking over the top of her, that is not going to change her wanting to ask the Secretary to answer.

The Hon. LYNDIA VOLTZ: To the point of order: It is inconceivable that a Minister would go out and make an announcement in the media about a role for her staff and not know any detail at all.

The ACTING CHAIR: The Hon. Lynda Voltz will come to order. That is not to the point of order. I am happy to rule on the point of order. The Minister is entitled to answer the question whichever way she wishes. As the member is entitled to ask the questions, the Minister can respond as she wishes, and can refer the answer to the department if she wishes.

Ms PRU GOWARD: I ask that the Hon. Lynda Voltz table the article to which she refers.

The Hon. LYNDA VOLTZ: You want me to table a *Sunday Telegraph* report from 23 August by Ben Pike, from an announcement you made?

Ms PRU GOWARD: Yes.

The Hon. LYNDA VOLTZ: There was an announcement that you made and I have to table the article. Seriously?

Ms PRU GOWARD: It will not hurt.

The Hon. LYNDA VOLTZ: Tabling it?

Ms PRU GOWARD: Yes. Go on; table it.

The Hon. LYNDA VOLTZ: How about answering the question.

Ms PRU GOWARD: I am asking Elizabeth Koff to answer it, but I would quite like to see what you are talking about.

The Hon. LYNDA VOLTZ: I ask that someone takes this article to the Minister.

Ms KOFF: As the Minister described, it is very important that police services work very closely in conjunction with mental health services and health services in general. Challenges are faced by police in the community and, as described by the Minister, training programs and joint MOUs on how the Department of Health and the NSW Police Force work together collaboratively is absolutely critical. We were looking at work done in Victoria with the new mental health and police response, which is called the MHaP Response model. It draws on previous models, styled—

The Hon. LYNDA VOLTZ: Are they new nurses or existing nurses?

Ms KOFF: We have not definitively defined how we will roll out that process of partnering police and mental health services on call-outs.

The Hon. LYNDA VOLTZ: Is there any money allocated for new resources under this announcement?

Ms KOFF: Not specifically.

The Hon. LYNDA VOLTZ: There are no resources. I am told by mental health crisis teams that there is a seven-day wait even to get an appointment. How are they going to fulfil this role when they have no new resources and they already have seven-day waiting lists just to get an appointment with the crisis team?

Ms KOFF: I think it is important for us to understand and look at the evaluation of the Victorian model and see how it can be adapted to the New South Wales situation.

The ACTING CHAIR: Time has expired for questions from the Opposition. We now move to questions from the crossbench, starting with Reverend the Hon. Fred Nile.

Reverend the Hon. FRED NILE: Regarding drugs and mental health, what is the Government doing to support families affected by drugs?

Ms PRU GOWARD: Thank you, Reverend Nile, for your question. Thank you for your advocacy and your determination to do more for our young people and vulnerable families. This year we have done great work on drug and alcohol issues, and I thank you for your insights and the time you have given to this. There are very few in Parliament who have had such a sustained interest in helping people who are struggling with addiction. I am very proud that we are part of a Government that cares for the vulnerable, and has prioritised drug and alcohol treatment. So, thank you.

More than a third—35 per cent—of people presenting to New South Wales hospitals have a drug and alcohol problem in need of some level of intervention. The New South Wales Government has increased funding by \$75 million over four years to tackle drug abuse in our communities. That is over and above our current investment, and will bring the New South Wales Government investment in drug and alcohol services to

\$197 million in 2016-17. The Government is supporting families and supporting young people. We are supporting early intervention and we are supporting more people into treatment. That means building a system that empowers non-government organisations [NGOs] to intervene earlier and work with our young people in new and innovative ways. We are building a system that supports people in crisis, including families of those affected by the drug abuse of a loved one—be it a parent, a friend or a child. It is a system that works for our most vulnerable and complex clients, but acknowledges that prevention is better than cure.

I have heard from people on the ground. I have met families. I have met people recovering from addiction. I have visited services right across the State. I have been determined—as have you—to be build a sound and lasting relationship with the drug and alcohol NGO sector, that is based on mutual respect and understanding. We all know the importance of supporting vulnerable and complex families. I met with a woman, Elizabeth, and her gorgeous baby at Jarrah House, which is a fantastic residential NGO that supports women with children recovering from addiction in Sydney's south-east. She was a mother addicted to ice and she was dealing with her own traumas. She was pregnant and homeless, and absolutely at risk of losing her baby permanently, but at Jarrah House she got the help that she needed to recover and to turn her life around. She now hopes to find a new home, a job, and to be a positive role model for her children. I wrote to her recently to thank her for the meeting. Her letter of reply certainly confirmed that she is now very confident that she will get back on track.

I have been to The Glen Centre on the Central Coast, where I met with young men who had come in homeless, hopeless and, very often, broken. One of them told me that he would be the first person in his family to have a job. He was proud and filled with hope for the future. At the Mac River Centre in Dubbo I met with young boys, all under the age of 18. They were lovely young men, who were polite and talented. Some of them were artistic. Thanks to the Mac River Centre and Mission Australia I think they are much less likely to return to a life centred around drug use and addiction. That, of course, is what we want to see more of. Our Government wants to see more mothers and fathers off drugs, in stable housing, employed, and back to being positive role models for their own children.

We want to reach young people before they find themselves homeless and addicted to drugs. We want to help young people to get back on track and have the best chance of a positive future. We know that strong communities and supportive families are actually our best defence against drugs. We know that we do need to intervene early and save another generation of a family from the dangers of drug abuse. I have certainly met people recovering from addiction and people from services right across the State.

Dooralong, which is run by the Salvation Army, is one of Australia's largest rehabilitation centres. I know the importance of supporting what those services do and of helping more people into treatment. That is why this new investment will focus on three areas: more support for young people, more support for families, and getting more people into treatment. For young people, there will be \$24 million over four years to help young people. For the first time in New South Wales we will have youth-specific detoxification services; that will be statewide at \$16 million. We will also have funding to support capacity building within our public health system because we know that experienced clinicians are vital to effective service delivery. We are also investing \$8 million in an early intervention and innovation fund, which will be focused on evidence and evaluation because we want to know what works.

Then, of course, there are families, particularly young families, so we are investing \$24.5 million over four years, so that is \$15 million to expand substance use in pregnancy services. These services will support the identification of women who are misusing drug and alcohol in pregnancy, providing appropriate prenatal care and ongoing support. We will begin a staged commencement of that in November this year. There will be \$8 million to increase residential rehabilitation and ongoing care for women and parents of dependent children. We have already started a capacity assessment to augment existing services, and a select tender is expected in the latter part of this year. So \$1.5 million is invested to booster support for families and carers, particularly, so that they can care for those who are addicted.

Of course we need to get more people into treatment and that is \$26.5 million to get more people into treatment—community treatment and after care. We know that recovery is a journey, not a single treatment episode. There is \$12 million for that. To help people with severe substance dependence and highly complex needs, we have \$14.5 million for that and then we are going to increase access to the Magistrates Early Referral into Treatment [MERIT]. That is on top of our \$11 million election commitment that we made in 2015 to tackle ice. Those services are now operational across our State.

I can tell you what the drug and alcohol sector said. Larry Pierce, the chief executive officer [CEO] of the Network of Alcohol and Other Drugs Agencies [NADA] said, "This new and well thought through package

of funding is the most significant enhancement of resources to the drug and alcohol program in New South Wales for over 15 years." Matt Noffs said, "This Government's support for the drug treatment sector is truly historic." Tracy Howe, the chief executive officer of the New South Wales Council of Social Service [NCOSS], said, "\$75 million over four years to tackle drug misuse in our community is a step in the right direction. The \$8 million allocated to increase residential rehabilitation for women and parents with dependent children is, in particular, a great initiative." They are very excited about the leadership role the Government is now taking when it comes to tackling drug and alcohol abuse in New South Wales. We all know that that impacts on communities and families as well as our hospitals, our child protection services, police, prisons and our courts.

I think almost all of us could think of someone they know has been affected by drug and alcohol abuse. We recognise that we need to get on with the job of tackling that scourge. We need to provide care and support to people who are abusing drugs to prevent the destruction we are seeing in users, their families, their friends and indeed their wider communities. This is all about creating a system that is supporting families, supporting young people, supporting the most vulnerable, supporting more people into treatment, and planning for the future and early intervention and prevention. We are incredibly proud to have delivered this extra enhancement to our drug and alcohol services for the people of New South Wales. Again, I thank you for your efforts.

Reverend the Hon. FRED NILE: Thank you, Minister. In regards to the King's Cross Injecting Centre, there have been reports that there has been a review conducted into the injecting room. Is that correct? If so, are there any results, or when will the results be known?

Ms PRU GOWARD: I am advised that the Minister for Health and the Minister for Justice and Police are responsible Ministers for part 2A of the Drug Misuse and Trafficking Act, which provides a statutory basis for the medically supervised injecting centre. My focus is on early intervention and prevention, supporting families and getting people into treatment. I do not support allowing children and pregnant women into the supervised injecting centre. In fact, as I have just outlined, we are actually committed to spending more than ever on programs to tackle drug use in our communities with an additional \$75 million committed over the next four years, which includes \$24 million to help more young people, including that \$16 million for additional youth treatment services and, for the first time, youth-specific detoxification services. Of course, there would be more funding for early intervention and there will be an expansion of substance use in pregnancy services, including appropriate prenatal and post-delivery support which is due to begin in November 2016. I might ask Dr Kerry Chant if she would like to add to my answer.

Dr CHANT: Just to clarify the timing for you, the Ministry of Health and Justice currently is undertaking a statutory review. This includes feedback from experts and key stakeholders, but then a whole-of-government approach is taken to the next steps. The report of the review is to be tabled in Parliament in November.

The Hon. MARK PEARSON: Thank you very much, Minister. It is nice to see you again. Dr Chant, you spoke about the Animal Research Act and the National Health and Medical Research Council [NHMRC]. In relation to animal research, any animal cannot be experimented upon unless the experiment has been put before an ethics committee. How can the community be assured that experiments on animals are not undertaken when really the ethics committee is clearly not a fifty-fifty balance in relation to the protection of animals? You only have one category 4 and one category 5, which is a member of a community or a member of an animal protection organisation, and all the other members are either directly or indirectly connected with animal research and advocates for animal research.

How can the community be assured, when there is such an inappropriate balance in terms of protecting animals from harm in research, that animal research is not happening on such a scale that would not be acceptable, considering the principles of the National Health and Medical Research Council—that is, we must move towards replacement of animals, reduction in the number of animals, and refinement to reduce invasive experimentation on animals?

Dr CHANT: Just to clarify—I think I mentioned this in my previous response—the Department of Primary Industries, under the New South Wales Animal Research Act, is the overseeing and monitoring body for animal research. Your question does go to the composition of the animal research ethics committees. I believe that we comply with what is happening across Australia. I am happy to take up with the NHMRC the particular approach and the concerns you raise around the relative composition but I would not want to presuppose that the decisions made by any of those ethics committees do not achieve that balance. If there are particular concerns around particular cases that you would like me to investigate, I would be happy to do so.

The Hon. MARK PEARSON: It is not an issue of particular cases. It is a matter of whether the community would be satisfied that a committee of that balance could possibly deliver the proper, reasonable and acceptable analysis of a proposed experiment when you have only two people on a large committee who actually represent the main interests of animal welfare. That is the question.

Dr CHANT: It is difficult to answer that because, whilst there may be two members that reflect the particular interests of animals or who come from an animal research group, it presupposes that other members of the scientific community are not similarly weighing up those balances on that committee. I would be very happy to take those concerns to the NHMRC and I would also be happy to look into any concerns that may come to your attention where you think the decisions have not been appropriately weighted.

The Hon. MARK PEARSON: The unfortunate aspect of that is that often other members are about to have an application for an experiment on animals to be approved by the same ethics committee in the next meeting. As you can imagine, there then starts to be a question as to whether members would be compromised. Moving on to another question, considering the principle of reduction, or mainly replacement, of animals with non-animal objects for experimentation, reduction and refinement, is it absolutely incumbent upon any researcher to prove to the animal ethics committee that they have exhausted all investigations as to whether the experiments they are proposing to do have been done somewhere else in the world? For example, if you are going to do an experiment on 100 mice in relation to toxicity of the particular toxin or drug, is it incumbent upon that researcher to ensure that they have exhausted globally as to whether that same research has been done somewhere else and therefore to sacrifice those animals would be completely unnecessary?

Dr CHANT: Perhaps I can talk to the general processes. We do not really want to repeat research that is redundant research. Researchers want to add new pieces of information to research. It is not in the interests of researchers to replicate things when they could be moving to the next phase in the clinical research. It goes to the visibility of the fact that those studies have been done and it goes to the lag in the publication of that data for scientific purposes and the visibility people might have of those pieces of research. I would generally say that scientists network actively internationally—and we are promoting this actively. Medical and scientific research now more than ever is an international pursuit. I suspect that people working on the cutting edge of drug development or interventions involving testing on animals are very connected. Can I absolutely say that they have found out everything that may have been going on internationally? No. But I think it would be in their interest to find out that prior—

The Hon. MARK PEARSON: Not necessarily, if you are seeking funding for a research proposal. You might even not want to find out that it has been done somewhere else, because there is a lot of pressure to seek funding for your research proposals. My question is saying that we really need to look at the Animal Research Act to make sure that it is an absolute requirement and punishable if you have not sought and investigated all research around the world to ensure that you are not repeating something, or even if you are slightly amending it, to find out whether it is really necessary. I might leave it there because time is short.

Dr CHANT: Perhaps I could just answer that. The funding bodies, in terms of the scientific review of pieces of research, have a range of experts who provide advice. Clearly the relevance and the newness or how a piece of research adds to a new body of evidence will be a matter for consideration. Funding bodies will not want to fund research that has been done before. I am happy to take that on notice and think about it in the context of my representation on NHMRC.

The Hon. MARK PEARSON: Thank you. My next question relates to a xenotransplantation experiment of a pig's liver put into a baboon, as referred to by the Hon. Lynda Voltz. This experiment happened not under the radar of the animal research regulatory authorities. That begs the question: Should the Animal Research Review Panel be given powers to do unannounced assessments of and investigations into animal research facilities? At the moment the panel does not have those powers so that it has to give notice of a visit to or an investigation into a research facility. Having those powers would have captured that particular experiment that occurred without approval.

Dr CHANT: I would be very happy to investigate the circumstances and liaise with my colleagues in the Department of Primary Industries in relation to any investigation or otherwise around that incident and provide the information back.

The Hon. MARK PEARSON: Minister, I have a question in relation to what the principles of the National Health and Medical Research Council are about, and that is the reduction, replacement and refinement in relation to animals. When we look at what has been happening, those principles are really not being applied. We are seeing an increase in the numbers of certain species of animals being used. If the National Health and

Medical Research Council has made it clear that there is a direction in which we need to be heading, would it be of concern to you, being responsible for all this, that really in New South Wales these principles are not effectively being applied in the animal research community?

Ms PRU GOWARD: You have raised an important matter, and I am very happy to look at that for you.

The ACTING CHAIR: Time has expired, so we will now move to questions from the Opposition.

Ms PRU GOWARD: The Hon. Lynda Voltz raised some questions earlier about Cumberland—

The Hon. LYNDA VOLTZ: No, I have another question for you.

Ms PRU GOWARD: I was going to say that we now have some information on that, if you would like to hear it.

The Hon. LYNDA VOLTZ: You took the question on notice, so you can give it to us later or I will come back to Cumberland.

The ACTING CHAIR: Unfortunately, we need to move on to further questions.

The Hon. LYNDA VOLTZ: Minister, the Premier said, "As a humane and responsible government, we are left with no acceptable course of action except to close this industry down", when talking about the greyhound industry. Given that action, will you now legislate to ensure that no greyhounds are used in medical research?

Ms PRU GOWARD: I will have to take that on notice; that would be a matter for the Cabinet.

The Hon. LYNDA VOLTZ: Are you concerned that greyhounds are being used in medical research?

Ms PRU GOWARD: I would need to get more information for you, so I can take that on notice.

The Hon. LYNDA VOLTZ: You said in the debate on greyhound racing, "For this Government to do this is evidence of the seriousness of the animal welfare issues".

Ms PRU GOWARD: Yes.

The Hon. LYNDA VOLTZ: Why is greyhound racing a serious animal welfare issue and the use of greyhounds in medical research not?

Ms PRU GOWARD: I was referring to greyhound racing, and I would like to take your question on notice.

The Hon. LYNDA VOLTZ: Do you think greyhounds are not being put through cruel treatment in medical research?

The Hon. SARAH MITCHELL: Point of order: The Minister has already said—

Ms PRU GOWARD: It is a serious question that has been asked and it deserves a serious answer. I think we need to look at it.

The Hon. LYNDA VOLTZ: You have been the Minister with responsibility for this area for at least two years and possibly more—

The Hon. BEN FRANKLIN: Point of order: The Minister has now said four times that she will take this question on notice. She has clearly treated this question with the seriousness and appropriateness it deserves. There is absolutely no point asking the same question when the Minister has made quite clear that she treats it very seriously and will take it on notice and provide a thoughtful response.

The Hon. LYNDA VOLTZ: To the point of order: Given that you have not even heard the question, that is a big leap.

The Hon. BEN FRANKLIN: To the point of order: The Hon. Lynda Voltz has asked the same question four times.

The ACTING CHAIR: Order! As I said before, the Minister has answered the question. But if the member wishes to ask the same question and get the same answer then that is her prerogative.

The Hon. LYNDIA VOLTZ: Minister, you have had ministerial responsibility for medical research for at least two years. Why has the issue of greyhounds and their treatment under medical research never been brought to your attention?

Ms PRU GOWARD: I have been the Minister since April 2015. I am very happy to take that question on notice. I understand that our research is always conducted humanely. I might ask Dr Chant to give you some further information.

Dr CHANT: As I have said, animal testing is overseen and monitored by the New South Wales Department of Primary Industries. I am happy to personally follow up the use of greyhounds in research. That is probably all I can say at this point. Having said that, if any ethics committee has approved it, it would have gone through the processes as described. I am happy to take up the issues raised by the Hon. Mark Pearson as previously indicated.

The Hon. LYNDIA VOLTZ: So no qualms have been raised with you about the use of greyhounds in medical research?

Dr CHANT: I have had no personal representations. I would have to check correspondence to my office, because some of that correspondence would go to the Director of the Office for Health and Medical Research. None has been brought directly to my attention, or I have not had conversations where that issue has been directly raised with me. That is not to say that no-one has not raised that with the department. Again, we would be happy to look into this issue.

The Hon. LYNDIA VOLTZ: Could you also provide the number of greyhounds that have been used for medical research?

Dr CHANT: As I said, that data may be held by the Department of Primary Industries, so we will work on the appropriate responsible agency to respond.

The Hon. LYNDIA VOLTZ: Minister, are you aware of the incident management system?

Ms PRU GOWARD: Would you like to explain to me what you mean by that?

The Hon. LYNDIA VOLTZ: The incident management system. Are you aware of it? It is pretty self-explanatory.

Ms PRU GOWARD: Are you referring to incidents in mental health institutions?

The Hon. LYNDIA VOLTZ: Yes.

Ms PRU GOWARD: Yes, I am generally aware of it, but if you would like more explanation—

The Hon. LYNDIA VOLTZ: Are the number of incidents that are tracked, recorded and monitored reported to your office?

Ms PRU GOWARD: I will ask Dr Wright to explain to you—

The Hon. LYNDIA VOLTZ: But I am asking if you know whether they are reported to your office.

Ms PRU GOWARD: We certainly get reports on incidents. I will ask Dr Wright to explain to you—

The Hon. LYNDIA VOLTZ: When you get your reports on known incidents, have you received through the incident management system a report on Macquarie and Cumberland hospitals?

Ms PRU GOWARD: I have certainly been to Cumberland Hospital and looked at facilities there. Of course, the Cumberland site is a very old site. What is your specific question?

The Hon. LYNDIA VOLTZ: I asked you a specific question: whether you were aware of the incident management system and whether your office received reports. You said you do receive reports. What is the nature of those reports?

Ms PRU GOWARD: Reports come in and out of my office all the time. You need to be more specific.

The Hon. LYNDIA VOLTZ: Just give me an example of one you can recall.

Ms PRU GOWARD: I do not think that is appropriate. I am not going to make up or half-recall—

The Hon. LYNDIA VOLTZ: I am not asking you to make it up. You just said that you receive reports under the incident management system. I am asking you the nature of those reports.

Ms PRU GOWARD: I will take that on notice. I do not want to mislead the committee about any information I provide.

The Hon. LYNDIA VOLTZ: Minister, you announced \$2.1 million for Cumberland Hospital on 16 August. What is that \$2.1 million to be used for?

Ms PRU GOWARD: We announced that mental health facilities at both Blacktown and Cumberland hospitals would benefit from the \$2.1 million in funding to carry out safety upgrades to the infrastructure. That work included airlocks for high-risk units, the addition of swipe card access and enhanced fencing. I am advised that all work is to be completed this financial year.

The Hon. LYNDIA VOLTZ: How much is being allocated to Cumberland and how much is being allocated to Blacktown?

Ms PRU GOWARD: I would have to ask Elizabeth Koff to provide that detail.

Ms COX: In relation to Cumberland the funding is being spent on airlocks in Paringa and Hainsworth, which are at Cumberland; disability access ramps at Hainsworth and at Bungarribee at Blacktown; swipe card installation at Hainsworth, Paringa, Riverview, Boronia, Acacia and Bunya; and fencing and courtyard works at Bungarribee. In relation to other works at Yaralla, there is swipe card access, there is courtyard and fencing works, there is also glazing within that unit, there is an ensuite to the seclusion room and there is also refurbishment of the fence at Hainsworth.

The Hon. LYNDIA VOLTZ: Can you give me the breakdown between the two facilities? How much is going to Blacktown and how much is going to Cumberland?

Ms COX: Bungarribee, which is at Blacktown, will have \$153,000 spent on it.

The Hon. LYNDIA VOLTZ: The rest of the \$2.1 million is going to Cumberland, is it?

Ms COX: To units at Cumberland, yes.

The Hon. LYNDIA VOLTZ: When is Cumberland due to close?

Ms COX: Cumberland is not closing.

The Hon. LYNDIA VOLTZ: It is not closing; it is going to stay open? How many senior management positions are currently filled as acting in Western Sydney Local Health District?

Ms KOFF: We do not know the operational details of management positions currently vacant. We will take that on notice.

The Hon. LYNDIA VOLTZ: You do not know how many senior management positions are acting?

Ms KOFF: No, I do not.

The Hon. LYNDIA VOLTZ: Would Dr Wright know?

Dr WRIGHT: No, I do not.

The Hon. LYNDIA VOLTZ: Minister, what is your plan for the seriously ill patients when the campus is redeveloped?

Ms PRU GOWARD: Are you referring to Cumberland?

The Hon. LYNDIA VOLTZ: Yes.

Ms PRU GOWARD: By the way, when you asked me earlier about incident reports, of course I cannot advise whether I receive all incidents that occur in the health system, but I certainly can confirm that I have received some. The future role and service configuration of Cumberland Hospital will take into account the recommendations and observations in the New South Wales Mental Health Commission strategic plan and the Western Sydney Local Health District mental health clinical services plan for 2015-26.

The ministry is supporting Western Sydney Local Health District in its implementation of key strategies arising from the strategic plan and the implementation of recommendations arising from two recent external reviews of adult mental health clinical services and child and adolescent mental health services. The Western Sydney Local Health District is developing a local mental health clinical services plan to meet the needs of the community and build that better system through to 2026. There will be a major focus on providing

treatment in the community where possible and on early intervention strategies to reduce the impact of mental illness.

The Ministry of Health, Western Sydney Local Health District and Health Infrastructure are continuing to work with UrbanGrowth NSW to facilitate the staged redevelopment of Cumberland East as part of the Parramatta North Urban Transformation Program. This will enable early stages of the district's mental health plan, including preliminary consolidation of mental health beds, and that redevelopment proposal takes account of the need for any associated service relocations in a way that is consistent with the district's mental health service planning. District-wide planning is also under way to determine the provision of mental health services currently performed at Cumberland in conjunction with consumers and carers, community non-government organisations [NGOs], The Children's Hospital at Westmead as part of the Sydney Children's Hospitals Network, Western Sydney District Family and Community Services, New South Wales ambulance and police and St Joseph's Hospital, Auburn, as part of the—

The Hon. LYNDIA VOLTZ: That is good. My question actually was: What are your plans for the seriously ill patients who will be there when the campus is redeveloped? Where are they going?

Ms PRU GOWARD: That is what the planning at the moment is about, and I will ask Elizabeth Koff to add to that.

The Hon. LYNDIA VOLTZ: Have you provided to the Minister for Family and Community Services through Housing the number of patients that will need housing under that department?

Ms KOFF: There is some comprehensive work being undertaken as part of the mental health reform package as the State is rolling out. The three main components of the mental health reform are deinstitutionalisation of long-term patients—

The Hon. LYNDIA VOLTZ: Exactly, so have you provided the Minister the number of people who need to be rehoused?

Ms KOFF: Yes. The process is underway. We have had some tenders out and the deinstitutionalisation process is underway across the State.

The Hon. LYNDIA VOLTZ: How many people are going to be required to—

The Hon. BEN FRANKLIN: Point of order: Ms Koff is answering the question. It would be appropriate for the member to allow her to answer the question and then, if she does not receive the information she wants, she could ask a follow-up question. That is the way these things usually work most effectively.

The Hon. LYNDIA VOLTZ: To "work most effectively" would be to answer the question.

The Hon. BEN FRANKLIN: Give her a go and she might.

The ACTING CHAIR: Order!

The Hon. LYNDIA VOLTZ: How many patients need to go on the priority housing list?

Ms KOFF: On our estimates there are 100 at the Cumberland site who will need to have alternative accommodation.

The Hon. LYNDIA VOLTZ: What is the waiting list at the moment for priority housing?

Ms KOFF: The whole process of deinstitutionalisation is to target those over 65 years first because, understandably, at that age it is most beneficial if they are accommodated in aged care nursing facilities with expertise and support from community health providers. It is a package that we are developing to facilitate the transition of these patients. The other factor at play is the National Disability Insurance Scheme rollout, because mental health disability is an aspect which will require greater social support. In addition to that we have the HASI program, and the HASI-supported accommodation program which we enhanced is another dimension. There are a number of reform programs underway. Patients who are residents at Cumberland Hospital will be accommodated via one or another of these mechanisms.

The Hon. LYNDIA VOLTZ: Has the department told you how long it will take to rehouse those people?

Ms KOFF: No, it is a process that we are working with sequentially.

The Hon. LYNDIA VOLTZ: Minister, is it true that when asked for your vision for mental health at Cumberland Hospital you responded "urban development"?

Ms PRU GOWARD: Can you provide a little more detail?

The Hon. LYNDA VOLTZ: No.

Ms PRU GOWARD: I am sorry, I cannot recall.

The Hon. LYNDA VOLTZ: Are you aware of how many reviews of practices at Cumberland Hospital have been undertaken?

Ms PRU GOWARD: I will ask Elizabeth Koff to provide some detail. I am generally aware of it. Do you want more detail?

The Hon. LYNDA VOLTZ: You can give me your general view.

Ms PRU GOWARD: I am generally aware that there have been reviews.

The Hon. LYNDA VOLTZ: How many of those reviews have been acted upon?

Ms PRU GOWARD: I will ask Elizabeth Koff to answer that question because obviously we have made serious investments in Cumberland Hospital recently. I will ask her to link the processes together.

Ms KOFF: There are a number of reviews of which I am aware, which you referred to in your earlier questions, and about which I have received advice regarding anonymous correspondence from concerned staff at Cumberland Hospital containing allegations about clinical practices at the hospital. Two separate reviews and investigations were commissioned in response to those allegations. The first was an external inquiry into clinical issues undertaken by Professor John Allan, the chief psychiatrist at Queensland Health, and the second was an internal review of workforce/human resources issues undertaken by Western Sydney Local Health District. Murray Wright, the chief psychiatrist, has been actively involved in oversighting some of the review recommendations. I will refer to him, if I may.

Dr WRIGHT: Over the past nine months or so the recommendations from the series of reviews have been aggregated by the executive management team from the Western Sydney mental health services, and it has embarked on a significant reform process. Some of the recommendations require substantial clinical and cultural change within the services. We have been meeting periodically with the team to monitor its progress against those recommendations, and it has made substantial progress during the course of this year. I think the next meeting will occur in the next couple of months. You will also understand that there is a new management team within Western Sydney mental health services that has taken over the process this year.

The Hon. LYNDA VOLTZ: Was the new management team established as a result of the conclusions of those reports?

Dr WRIGHT: No. The new management team is not the result of the conclusions of those reports. I am not aware of any of the reports making such recommendations.

The Hon. LYNDA VOLTZ: What was the conclusion of the report that looked at the clinical review?

Dr WRIGHT: There is a large number of recommendations from the accumulated reviews. I do not think I can do the answer justice from memory at this point. The recommendations involved clinical practice and some of the review processes, and it also involved models of care.

The ACTING CHAIR: Time has expired for questions from the Opposition. We will now move to questions from the crossbench. We will commence with Reverend the Hon. Fred Nile.

Reverend the Hon. FRED NILE: Minister, I have received a copy of a letter addressed to you from the secretary of the Sacred Heart parish in Griffith. The letter states that, "Many of the links and content of the Safe Schools Coalition program have children as young as 10 roleplaying inappropriate sexual actions or situations, or accessing sites of extremely explicit behaviours that most of us would see as pornography. Will you consider the social, emotional and psychological ramifications before making any hasty decisions concerning this course?" Given the potential impact on children's mental health, has there been or will there be any evaluation of the Safe Schools course from that perspective?

Ms PRU GOWARD: Obviously that is primarily a matter for Minister Piccoli, but I take your point about the impact that it might have. I am happy to look at it.

Reverend the Hon. FRED NILE: I am raising it in the context of your responsibility for mental health.

Ms PRU GOWARD: I understand that, and I am happy to look at it.

Reverend the Hon. FRED NILE: I raised it with the Minister yesterday and he seemed indifferent to some of the questions I asked about the course.

Ms PRU GOWARD: I am sure that was not intentional.

Reverend the Hon. FRED NILE: He did not see any dangers or problems associated with the course.

Ms PRU GOWARD: I am happy to look it.

Reverend the Hon. FRED NILE: That mental aspect is very important.

Ms PRU GOWARD: Yes, I take your point.

Reverend the Hon. FRED NILE: What are you doing in regard to ensuring the safe use of medicinal cannabis and that a scientific approach is taken?

Ms PRU GOWARD: Thank you for that question. I appreciate your concern about ensuring that any future legalisation regarding medicinal cannabis is safe for the community and, as you say, based on scientific evidence. The Government is very proud of what it has done in this regard, and it is determined to take a scientific approach to this process to ensure that our doctors and patients then have confidence in the products. We do not want patients or carers having to pay pharmacists, and we are determined to apply this approach and to lead the country on medicinal cannabis research. It is a bold public policy step to improve people's lives and health care.

The New South Wales Government has committed \$21 million to furthering our understanding of the role that medicinal cannabis might play in alleviating symptoms or potentially treating a range of debilitating or terminal illnesses. The Government is also investing \$9 million in clinical trials for children suffering from severe epilepsy and adults experiencing chemotherapy-induced nausea and vomiting, and for symptom relief for adult palliative care patients. In addition, \$12 million has been invested in the Centre for Medicinal Cannabis Research and Innovation. In little more than a year, we have managed to commit to the clinical trial, identify research groups and products, secure them, and design all three clinical trials. We have delivered a compassionate access scheme for some of our sickest and most vulnerable children. We have also amended the regulations to allow for the prescription of cannabis-based medicine by doctors. We are forging ahead on medicinal cannabis and, importantly because we recognise the safety aspects, we have the support of doctors.

On 30 May, Professor Jennifer Martin, the chair of Clinical Pharmacology at the University of Newcastle, said, "The overriding desire to have cannabis available has meant that this has gone much more quickly than it would for other therapies." Professor David Pennington, the former head of the University of Melbourne's medical school and the University Vice Chancellor said, "The medical profession does not want to be steamrolled and asked to prescribe something they cannot be sure is safe to use." That is exactly the member's point. On 20 July the Centre for Medicinal Cannabis Research and Innovation held a symposium to update doctors on medicinal cannabis and our clinical trials. The centre is led by the NSW Chief Scientist and Engineer, Professor Mary O'Kane, and it continues to draw on local and international sources to advance our understanding of medicinal cannabis, to monitor the New South Wales funded clinical trials, to educate the community, to support stakeholders navigating regulatory processes, and to support innovation.

I reaffirm the Government's commitment to an evidence-based scientific approach. That is how we will lead the nation on medicinal cannabis. We are conducting world-first trials and forging a path that can take Australia forward on medicinal cannabis. However, we must commit to a scientific approach which is therefore supported by doctors and clinicians and which offers the best hope for patients and their families. We have secured a whole program of activities for children with severe drug resistance epilepsy. I have met with parents who have been told there is nothing else they can do for their child. They have been told that they must simply watch as their child continues to have hundreds of seizures and ultimately loses their life. Watching these parents burst into tears when we revealed the program of trials for children with paediatric epilepsy was one of the most meaningful moments of my parliamentary career.

We have given those families hope. In October last year we signed a historic memorandum of understanding with GW Pharmaceuticals to support a suite of activities using cannabis-derived products. When we first considered medicinal cannabis products for treatment of paediatric epilepsy, our experts told us the products being developed by GW were the best available. That was basically what they wanted. And at first GW's doors were closed. We really had no choice at that stage. We could not give up. We are thrilled now that New South Wales children will access these world-leading drugs as a result of that determination. I think when it really matters we would all say it pays never to give up.

The parents and carers in my view are the real heroes here. Their determination and commitment to their beautiful children and their unwillingness to accept defeat certainly drove me to do this in what some would say is the hard way but it is also the right way because in the end it will be the safest way. It is providing hope to children and their families—families who have been told there is nothing else they can do for their child. I think that is very powerful and something this Government can be very proud of. I look forward to continuing our world-leading trials as we work to improve the lives of people suffering these terrible illnesses.

Reverend the Hon. FRED NILE: Thank you. A similar situation is now occurring with a bill we have just passed through the Parliament nicknamed the poppy bill to legalise the growing of poppies in New South Wales to be used as opiates to relieve people's pain. Have you had the opportunity yet to work out some similar scientific supervision of that area?

Ms PRU GOWARD: I appreciate the growing of it in Tasmania is very closely supervised. Kerry Chant would be the best person to answer.

Dr CHANT: Whilst we would not be the approval body, I am aware that in selection of sites security of access is key. There is also a very tight regulatory structure put around the misuse of the poppies. But clearly having an opioid supply for pharmaceutical products is essential.

Reverend the Hon. FRED NILE: So the department does have a monitoring role?

Dr CHANT: It would be other regulators, but the department would obviously be consulted on some aspects of it. Regulation for safety and security would not primarily sit with the ministry, as far as I am aware. I would be happy to look at the exact nature of the regulatory process and take that on notice.

Reverend the Hon. FRED NILE: Thank you.

The ACTING CHAIR: We now move to questions from the Hon. Mark Pearson.

The Hon. MARK PEARSON: Would the Minister agree that if the Safe Schools program is implemented responsibly it would go toward improving the mental health of many children, particularly those children who are facing sexual identity issues by preventing them from feeling isolated and rejected which can often lead to depression, self-harm and suicide?

Ms PRU GOWARD: I think the key there is if it is implemented appropriately. That is something I would like to take further advice on. We certainly appreciate the importance of child and adolescent mental health and of ensuring that our young people have access to strong mental health services. That is why we have committed over \$120 million to child and adolescent mental health services in this budget. That includes \$28 million for specialist programs including schooling, whole family teams, Getting on Track in Time and youth community living support services. The remaining child and adolescent mental health services budget is allocated across the local health districts, the specialty networks and non-government organisations [NGOs] for ongoing child and adolescent mental health services such as community-based programs, day programs, specialist inpatient units and new enhancements.

Under our response to Living Well, our specialist clinical mental health services in the community for children and young people and their families are also being enhanced. We have three additional School Link coordinators being funded to help create stronger links between the Department of Education and communities, network specialist centres, schools and mental health services. The Getting on Track in Time [Got It!] program, which delivers school-based early intervention for children with emerging conduct disorders and their families is, you will be pleased to know, also expanded across the State. We have 57 community-based specialist child and adolescent mental health service full-time positions across 15 teams and they are being funded to deliver Got It! in partnership with, as I say, Department of Education staff. These pre-existing teams continue to be funded under Keep Them Safe until June next year.

The Hon. MARK PEARSON: One of the main principles of the Safe Schools program is an inclusiveness of children who are facing sexual identity issues rather than an exclusiveness. Is that incorporated into this program that you are talking about at the moment?

Ms PRU GOWARD: I am happy to look at it and get some further advice for you.

The Hon. MARK PEARSON: So there is no move to reject the national Safe Schools program? As we know, it is highly controversial. I am just wondering if the State Government is starting to reconsider whether it is going to implement the Federal initiative.

Ms PRU GOWARD: I believe Minister Piccoli would be best placed to answer those questions.

The Hon. MARK PEARSON: I have another question. I learnt that mentally ill people who are going through a major episode of mental illness are having to wait seven days to be seen by a crisis assessment treatment service. How could that be called a crisis assessment treatment service if one has to wait seven days? As one would be aware, the problem with that is that usually within 24 hours a crisis will occur in which police become involved and the person ends up presenting at a psychiatric hospital or emergency department. It seems to be against the very spirit of what a crisis assessment and treatment service is about if one has to wait for seven days.

Ms PRU GOWARD: If you are discussing our discharge performance, there is always more we can do to improve the follow-up rate. So the first week after leaving a mental health—

The Hon. MARK PEARSON: I am not talking about discharge. I am talking about someone becoming mentally ill in the community, not the discharge process after an admission—

Ms PRU GOWARD: My apologies.

The Hon. MARK PEARSON: —but rather somebody becoming mentally ill and then needing an emergency or crisis intervention assessment and therefore treatment plan: the front door rather than the back door.

Ms PRU GOWARD: I appreciate that, I am sorry. I might ask Elizabeth Koff to answer that question.

Ms KOFF: I will just mention—before giving the clinical perspective that Murray Wright, the Chief Psychiatrist, will provide—part of our reform program is to enhance community-based mental health delivery. The Mental Health Commissioner identified in his report a need for us to provide more comprehensive care in the community. The significant enhancements that the Minister described in child and adolescent mental health and our assertive outreach teams and crisis management teams are part of that. I will pass to Dr Murray Wright, Chief Psychiatrist, to provide the clinical perspective.

Dr WRIGHT: The initial contact that anyone makes when they are seeking a mental health service is often by phone. Those calls are triaged in terms of levels of urgency. I guess it goes to the meaning of the word "crisis". In some instances there is a very urgent requirement for immediate response. That sometimes is a response for that person to attend an emergency department or even in certain dire circumstances to mobilise support from ambulance and police. We monitor performance across the State against those real emergency cases.

There is a series of rankings of responses within 24 hours, within 48 hours and within a number of days. That kind of prioritising by the teams does occur. We certainly monitor the timeliness of those responses. We also monitor any instances of an adverse outcome and would investigate any instances where there was an adverse outcome on the basis of a delayed response. The requirement to redesign some of our community-based services on the back of the enhancements that are occurring as part of the mental health reform process is quite a significant piece of work over the next few years. That is going to make a major difference, because the connection between inpatient mental health services, our crisis teams and our assertive outreach services is really quite central to the issue that you raise. Improving the functionality of that, and the responsive of those services, is really going to be an important part of the reform process—because we believe that we can deliver more, and more complex, services within the community, which is what the community actually expects.

The ACTING CHAIR: Time has expired for questions on the portfolio of Mental Health and Medical Research.

(Short adjournment)

The ACTING CHAIR: We will now commence the examination of the portfolios for Women and Prevention of Domestic Violence and Sexual Assault. As before, there is no provision for opening statements, so we will begin with questions from the Opposition.

The Hon. COURTNEY HOUSSOS: In last year's estimates you said that your job is "the coordination of policy so that we can achieve an all-of-government approach". I am interested in how you play this coordinating role. Is it through a subcommittee of Cabinet?

Ms PRU GOWARD: There is a subcommittee of Cabinet that is devoted to social policy, and I am a member of that, but I am also responsible for coordinating the budget bid, if you like, for domestic violence.

The Hon. COURTNEY HOUSSOS: Coordinating the budget bid for domestic violence generally?

Ms PRU GOWARD: The Expenditure Review Committee [ERC] submission, yes.

The Hon. COURTNEY HOUSSOS: Do you hold regular meetings with relevant Ministers and departmental heads separate from that?

Ms PRU GOWARD: There are a number of mechanisms for ensuring that inter-agency consistency. Of course, as I have just indicated, we do have a subcommittee of Cabinet where domestic violence can be discussed. I will ask Natasha de Silva to describe the departmental arrangements.

The Hon. COURTNEY HOUSSOS: I am more interested in what happens at a ministerial level and how it is coordinated through the ministerial level, so that is okay. I am sure we will have some questions for Ms de Silva later.

The Hon. LYNDIA VOLTZ: On 17 June, your department wrote back to Jenny Aitchison, the member for Maitland, following a GIPA [Government Information (Public Access) Act] request in which she asked, "How many beds are available for women leaving violence in New South Wales?" Your response said, "I liaised with the acting director of homelessness in the Community Homes and Place business unit who advised me that FACS does not hold or record information relating to information as per point (1) and point (2) of your request." Given that Brad Hazzard yesterday said that there were 531 rooms and 1,490 beds that could accommodate 1,900 people and that you have the mapping responsibility for this, why was your department unable to answer that GIPA request?

Ms PRU GOWARD: I will ask Elizabeth Koff to answer you.

Ms KOFF: At that time we did not have the information available, and we are very pleased to see the report from Minister Hazzard yesterday on bed availability.

The Hon. LYNDIA VOLTZ: On 17 June you did not have the information available and in August the information was available?

Ms KOFF: Yes.

The Hon. LYNDIA VOLTZ: You are saying that the first time you have been aware of how many beds are available for women leaving domestic violence is somewhere between June 2016 and August 2016?

Ms PRU GOWARD: These are really questions for Minister Hazzard.

The Hon. LYNDIA VOLTZ: Minister, I will take you back to what you said last year. You have just answered a question from my colleague that you are responsible for mapping the services for domestic violence, you have an overview of it and you meet regularly with your Ministers. I assume as the Minister you will take some interest as to how many beds are available?

Ms PRU GOWARD: Yes, but the question needs to be—

The Hon. LYNDIA VOLTZ: The GIPA request was sent to your department, not to Minister Hazzard's. As the Minister responsible for mapping it, I would assume you would want to know how many there were.

Ms PRU GOWARD: Traditionally, this is the responsibility of Minister Hazzard as the Minister for Family and Community Services.

The Hon. LYNDIA VOLTZ: When I asked Minister Hazzard, he gave me an answer. As the Minister responsible for domestic violence and sexual assault, with a whole-of-government strategy and who meets regularly with Ministers to ensure that the plan for the New South Wales domestic and family violence blueprint

is delivered, as you stated last year, I want to know was the first time you were aware of how many beds were available for women leaving domestic violence was somewhere between June 2016 and August 2016?

Ms PRU GOWARD: I think you should be delighted that pre the reforms we had 63 government-owned crisis properties as women's refuges and we now have 65.

The Hon. LYNDIA VOLTZ: But you would not know that because you did not know until after June 2016 what the figures were of how many rooms and beds were available. Do you know how many beds and rooms were available under that 63?

Ms PRU GOWARD: And we now have—

The Hon. LYNDIA VOLTZ: How many beds were available under that 63?

The Hon. BEN FRANKLIN: Point of order: The Minister is trying to answer the question.

The ACTING CHAIR: Order! I uphold the point of order.

The Hon. LYNDIA VOLTZ: The Minister is not answering the question.

The Hon. SARAH MITCHELL: She cannot get a word in.

The ACTING CHAIR: The Hon. Lyndia Voltz will come to order. When asking questions, please allow the Minister an opportunity to answer. The Minister has been asked a question and she should be given an opportunity to answer it.

The Hon. LYNDIA VOLTZ: How many beds were there under the 63 refuges and how many beds are there now?

Ms PRU GOWARD: I will have to refer that matter to the Department of Family and Community Services because they are the responsible authority—and you have your answer.

The Hon. LYNDIA VOLTZ: You wanted to tell me about how many refuges there were under our Government and how many you have got. Surely as the Minister responsible for the blueprint you can tell me what that translates to in respect of increases in beds?

Ms PRU GOWARD: Yes, but the Minister responsible for the delivery is Minister Hazzard. You had your opportunity to ask him those questions yesterday, and he gave you the answer.

The Hon. LYNDIA VOLTZ: How do you know there has not been a decrease in beds?

Ms PRU GOWARD: Because you asked him yesterday and I think—

The Hon. LYNDIA VOLTZ: I did not ask him that question. I am asking you as the Minister responsible for domestic violence and sexual assault, how do you know that there has not been a decrease in beds under this strategy?

Ms PRU GOWARD: In the last 24 hours?

The Hon. LYNDIA VOLTZ: Since the 64 refuges and your changes to specialist home services.

Ms PRU GOWARD: I am advised that pre the reforms there were 63 government-owned properties; there are now 65. You should be celebrating that. There are now 16 non-government owned crisis properties compared with 13 pre the reform.

The Hon. LYNDIA VOLTZ: You are saying there were 63 and now there are 71?

Ms PRU GOWARD: I did not say that. I said there were 63 and there are now 65 government-owned properties.

The Hon. LYNDIA VOLTZ: What is the difference in the number of beds between 63 and 65?

Ms PRU GOWARD: The delivery of that is the responsibility of Minister Hazzard.

The Hon. LYNDIA VOLTZ: Why are you telling me about the difference in numbers from 63 to 65 if you do not have responsibility—

Ms PRU GOWARD: Because that is the advice I have.

The Hon. LYNDIA VOLTZ: So you do not have responsibility for that?

Ms PRU GOWARD: This is the advice I have.

The Hon. LYNDIA VOLTZ: Do you have responsibility for it?

Ms PRU GOWARD: I have the responsibility for coordinating our response. After 16 years we inherited a domestic violence mess that the Auditor-General described as absolutely lacking in coordination, and nobody knew what was going on. We, this year, have invested a record amount in domestic violence—over \$300 million—and we are very proud of that. Do not ask me questions about domestic violence with your record.

The Hon. LYNDIA VOLTZ: You are talking about our record but you cannot tell us what the difference is?

Ms PRU GOWARD: Well, hello, I have just told you that on advice—

The Hon. LYNDIA VOLTZ: You told me there were 63 and now there are 65. Tell me how many beds that involves.

The Hon. BEN FRANKLIN: Point of order: The Minister has made it very clear that Minister Hazzard implements the details and he is the appropriate person for these questions to be directed to. She has made the point five times. I would have thought it is absurd for the Hon. Lyndia Voltz to continue to ask exactly the same question to try to score some cheap political hit.

The ACTING CHAIR: Order! I uphold the point of order. These are questions for Minister Hazzard and Minister Goward is not obliged to answer questions outside her portfolio.

The Hon. COURTNEY HOUSSOS: Minister, you said that there are now 65 facilities available. Are these specialist facilities or are they general homelessness facilities?

Ms PRU GOWARD: They are government-owned and they are crisis properties used as women's refuges.

The Hon. COURTNEY HOUSSOS: They are used as women's refuges?

Ms PRU GOWARD: That is what I am advised.

The Hon. COURTNEY HOUSSOS: What proportion of those facilities are available for women escaping domestic violence and sexual assault?

Ms PRU GOWARD: I would have to take technical advice, but I would have expected they would all be available.

The Hon. COURTNEY HOUSSOS: Every bed in those facilities is available to women escaping domestic violence?

Ms PRU GOWARD: I think you really need to ask Minister Hazzard that question.

The Hon. COURTNEY HOUSSOS: I am asking you as the Minister for the Prevention of Domestic Violence and Sexual Assault.

Ms PRU GOWARD: Oh, come on. Ask Minister Hazzard. Do you want to know the answer or not? Ask Minister Hazzard.

The Hon. COURTNEY HOUSSOS: I am asking you as the Minister for the Prevention of Domestic Violence and Sexual Assault. In the House last week you said that for the first time in New South Wales rather than delivering a patchwork of services the Government has created a domestic violence and family violence system in a consistent and effective way.

Ms PRU GOWARD: Yes, we do.

The Hon. COURTNEY HOUSSOS: Then surely you should be able to answer questions about what services are being provided to the community?

Ms PRU GOWARD: Absolutely. Rather than that patchwork, we have a system—

The Hon. COURTNEY HOUSSOS: I am interested specifically in specialist—

The ACTING CHAIR: Order! The Minister is trying to answer the question.

Ms PRU GOWARD: We have a system. We have additional refuges. You have now been told that a dozen times. So we have a system that supports victims when they are in crisis, a system that supports victims to recover. For the first time we have a system that targets perpetrators, holds them to account, intervenes to

change their behaviour, and ultimately keeps victims safe. We have a system that works to prevent violence and intervene early, a system that is aimed to reduce re-victimisation, and a system that is working to stop reoffending. I remind this Chamber the Auditor-General said in 2011 that the response to domestic and family violence remains fragmented, organisations do not have a strategy for working together, there is no shared understanding between organisations of each other's role. That was your record and that is what we said about fixing, and we have.

The Hon. COURTNEY HOUSSOS: Minister, we are here today to talk about your record. Specifically I would like to talk about—

Ms PRU GOWARD: Well, I am very happy to. With the Premier's leadership and the determination of my ministerial colleagues—

The Hon. COURTNEY HOUSSOS: Minister, we have limited time. I have another question. In your electorate of Goulburn, one refuge that with originally seven beds has been replaced with a refuge that has only five beds. I am interested to know whether this has been replicated around the State or whether it is purely something that has occurred in your own electorate?

Ms PRU GOWARD: I would have to take that on notice.

The Hon. COURTNEY HOUSSOS: Whether—

Ms PRU GOWARD: Which refuge are you referring to?

The Hon. COURTNEY HOUSSOS: I am referring to your local women's refuge—

Ms PRU GOWARD: Yes. What is its name? Tell me the name. You do not know the name, do you? You have been given this by one of your henchmen and you do not know what you are talking about. Give me the name and I will get you some information.

The Hon. LYNDA VOLTZ: It is really good that you do not know the names of refuges in your electorate and how many there are.

Ms PRU GOWARD: You are asking the questions.

The ACTING CHAIR: Order! Does the Hon. Courtney Houssos have a question to ask the Minister?

The Hon. COURTNEY HOUSSOS: I have just asked the Minister whether this is being replicated around the State—

The Hon. BEN FRANKLIN: Point of order: The Minister has said that she will take the question on notice.

The ACTING CHAIR: The Minister did say she would take the question on notice. You can ask the same question or move on to another question.

The Hon. COURTNEY HOUSSOS: Minister, are you aware of a woman who was left for eight hours at the Goulburn police station because of the reduced number of beds?

Ms PRU GOWARD: I am aware there was a claim to that effect.

The Hon. COURTNEY HOUSSOS: You are aware that a woman in Goulburn was forced to wait eight hours in a police station because of the reduction in beds?

Ms PRU GOWARD: I am aware that that was claimed and I would need to take that on notice.

The Hon. COURTNEY HOUSSOS: Minister, do you know Ms Elaine De Vos?

Ms PRU GOWARD: Could you give me more information?

The Hon. COURTNEY HOUSSOS: Ms Elaine De Vos is the chief executive officer of On Track Community Programs?

Ms PRU GOWARD: I cannot recall.

The Hon. COURTNEY HOUSSOS: You do not recall?

Ms PRU GOWARD: I meet a lot of people.

The Hon. COURTNEY HOUSSOS: Ms De Vos is the chief executive officer of On Track Community Programs on the far North Coast of New South Wales.

Ms PRU GOWARD: Right.

The Hon. COURTNEY HOUSSOS: She professes she has a close personal relationship with you.

Ms PRU GOWARD: Would you like to get to the point of your question?

The Hon. COURTNEY HOUSSOS: I am asking if have you a personal relationship with Ms De Vos.

Ms PRU GOWARD: I would like to ask what your question is. I do not quite see the point of all this. I have personal relationships with all sorts of people.

The Hon. COURTNEY HOUSSOS: I will get to the point of the question in a moment. My question is, Do you have a personal relationship with Ms De Vos?

Ms PRU GOWARD: What do you mean by personal relationship?

The Hon. COURTNEY HOUSSOS: Do you know this person well?

Ms PRU GOWARD: Is that what you mean by personal relationship?

The Hon. BEN FRANKLIN: Point of order: This is a budget estimates inquiry. I cannot see how a personal relationship or otherwise the Minister might have with a random individual is relevant to the budget estimates process.

The ACTING CHAIR: I uphold the point of order. Does the member have a question in relation to this organisation?

The Hon. COURTNEY HOUSSOS: Ms De Vos runs an organisation called On Track Community Programs on the far North Coast of New South Wales. They recently cancelled a contract with Tweed Valley Women's Service. Are you aware of this?

Ms PRU GOWARD: I would have to take that on notice.

The Hon. COURTNEY HOUSSOS: You are not aware of this?

Ms PRU GOWARD: I would have to take it on notice.

The Hon. SARAH MITCHELL: Point of order: The Minister has taken the question on notice.

The ACTING CHAIR: I uphold the point of order.

The Hon. LYNDIA VOLTZ: Minister, you are also the Minister for Women.

Ms PRU GOWARD: Yes.

The Hon. LYNDIA VOLTZ: Given that the New South Wales Government through Events New South Wales funded the men's AFC Asian Cup, why did they not back the women's AFC Asian Cup?

Ms PRU GOWARD: That is a question you should address to the Minister for Sport.

The Hon. LYNDIA VOLTZ: As the Minister for Women, are you concerned that there is an inequality between men's sporting events and women's sporting events?

Ms PRU GOWARD: I certainly recognise the important role that sport plays in the lives of men and women.

The Hon. LYNDIA VOLTZ: Do you think that there is an important principle that the Government should be treating women's sport with the same gravitas that it supports men's sport?

Ms PRU GOWARD: We absolutely support the role of women in sport. I will take the details of your question on notice.

The Hon. LYNDIA VOLTZ: Will you write to the Minister for Sport and to the Premier asking them to support New South Wales holding the next Women's AFC Asian Cup?

Ms PRU GOWARD: When I have a look at the detail of the proposal I will certainly consider it.

The Hon. COURTNEY HOUSSOS: Coming back to the question about Tweed Valley Women's Service, their contract was cancelled in December—just before Christmas late last year. There has been quite a community campaign calling for the reinstatement of this service. My specific question for you is about smaller services contracting to larger lead agencies. Are you familiar with the general processes of what has occurred? I am happy to provide you with more information to assist you.

Ms PRU GOWARD: I think that would be great. Why do you not provide me with more information? I am happy to look at it.

The Hon. COURTNEY HOUSSOS: The contract was cancelled from On Track Community Programs. One of the criteria that was provided to support a cancellation was because the local gag rule had been breached by the Tweed Valley women's community service.

Ms PRU GOWARD: I will take that on notice.

The Hon. COURTNEY HOUSSOS: Minister, are you not familiar? You do not recall any details. You have not heard of this. Is this the first time that you have heard of this particular case?

Ms PRU GOWARD: I need you to tell me who the contract is with.

The Hon. COURTNEY HOUSSOS: Tweed Valley women's community service.

Ms PRU GOWARD: I appreciate the name of the service.

The Hon. COURTNEY HOUSSOS: It was under the domestic violence program that you talk about so often.

Ms PRU GOWARD: Which domestic violence program? There are many.

The Hon. COURTNEY HOUSSOS: Under your \$300 million package.

Ms PRU GOWARD: Which program? There are a number of programs; which one was it?

The Hon. COURTNEY HOUSSOS: It is administered under FACS.

Ms PRU GOWARD: If it is administered under the Department of Family and Community Services [FACS] you will need to ask Minister Hazzard.

The Hon. COURTNEY HOUSSOS: Are you telling me that you cannot answer any questions relating to women's refuges that are administered by FACS?

Ms PRU GOWARD: I am telling you that we have an all-of-government approach to this. I coordinate the policy but the delivery is the responsibility of the line Ministers, as it should be.

The Hon. COURTNEY HOUSSOS: But this is surely an overarching question about delivery of a local service—specialist services for domestic violence that are provided on the North Coast, and you are not able to answer the question.

Ms PRU GOWARD: We have delivered, in this budget, over \$300 million for specialist domestic violence services—much better than the Labor Government ever did. Those services now mean that we have a system, and a systematic response, so that men and women who are the victims of domestic violence across New South Wales can be confident of a response.

The Hon. COURTNEY HOUSSOS: Minister, you have been in government for six years, so it is a little bit late to keep on blaming the Labor Party. I would like to take you to some of the specific—

Ms PRU GOWARD: I was just reminding you of where you have come from. You did nothing. You made up laws and you never funded them.

The Hon. COURTNEY HOUSSOS: We have very limited time. I have three minutes left of my time.

Ms PRU GOWARD: Why do you not ask relevant questions then, instead of wasting your time?

The Hon. LYNDA VOLTZ: That is pretty good, coming from a Minister who does not even know how many—

The ACTING CHAIR: Order! Does the member have a question to ask the Minister in relation to her portfolio?

The Hon. COURTNEY HOUSSOS: I would like to ask you about the Innovation Fund that was announced in the most recent budget. Who will be able to bid for this Innovation Fund?

Ms PRU GOWARD: The Innovation Fund was a fund that we recognised was important as a commitment to pick up on prevention and early intervention and improving crisis delivery. It is currently being scoped, but it is certainly anticipated that it will deliver on outcome areas of the blueprint by providing two

streams of funding over four years for prevention and/or early intervention, and improving the delivery of crisis services.

The Hon. COURTNEY HOUSSOS: When will the scoping be finished?

Ms DE SILVA: The scoping for the blueprint is currently underway, and we anticipate that following some consultations with the community we will have those details towards the end of the year.

The Hon. COURTNEY HOUSSOS: It will be finished by the end of the year?

Ms DE SILVA: I cannot say that it will be finished by then but we are aiming to having further details and consultations start before the end of the year on the exact scoping of the Innovation Fund.

The Hon. COURTNEY HOUSSOS: Will organisations then be told who will be eligible to apply, how they will be able to apply? The specifics of it should be available by the end of the year. Is that the idea?

Ms DE SILVA: Should be.

Ms PRU GOWARD: The fund will support projects that will give us new and improved ways of doing things that promote better delivery of crisis responses, better prevention, early intervention. It will prioritise the needs of communities at risk—including Aboriginal, culturally and linguistically diverse [CALD] and LGBTIQ communities, people with a disability and those in regional and remote areas.

The Hon. LYNDIA VOLTZ: Given that the gender pay gap has, as you said, got worse since your party has been in government, will you now admit that your policies as Minister for Women are a failure.

The Hon. SARAH MITCHELL: Point of order: That question contains argument, overwhelmingly.

The Hon. LYNDIA VOLTZ: It does not contain any argument.

The ACTING CHAIR: The question does contain argument. The Minister can answer the question, ignoring the argument that was in that question.

Ms PRU GOWARD: I take the gender pay gap very seriously. Participation in the paid workforce is at its highest point since 1978. In New South Wales, as you have said, women working full-time earn, on average, about \$320 less per week than men. Our "Women in NSW" report highlights that that gap is increasing.

The Hon. LYNDIA VOLTZ: Under your Government.

Ms PRU GOWARD: I think there are reasons for that. A number of indicators measure and track aspects of women's pay—hourly rates of pay, weekly and average earnings. We need to remember that, like in most parts of Australia, the New South Wales labour market is very heavily sex segregated, with women concentrated in certain occupations and industries, and almost absent in others. In addition, women are much more likely than men to be working part-time hours, and less likely to work long hours or overtime. This is a very complex economic and social issue.

The Hon. LYNDIA VOLTZ: It is pretty straightforward, though.

The ACTING CHAIR: Order! The time for questions by the Opposition has expired. If the Minister has any other response in relation to that last question—

Ms PRU GOWARD: No.

The ACTING CHAIR: We will now move to questions from the crossbench, commencing with Reverend the Hon. Fred Nile.

Reverend the Hon. FRED NILE: Minister, has there been a review regarding the impact of my new provocation law to protect vulnerable women and spouses from domestic violence?

Ms PRU GOWARD: I will have to take that on notice, Reverend Nile. I am not aware of that.

Reverend the Hon. FRED NILE: You are aware of the new rule.

Ms PRU GOWARD: Yes. I am wondering whether Elizabeth Koff has any material to add.

Ms KOFF: I will take it on notice.

Reverend the Hon. FRED NILE: There has been no evaluation?

Ms PRU GOWARD: Of the impact that it is having?

Reverend the Hon. FRED NILE: Yes.

Ms PRU GOWARD: No.

Reverend the Hon. FRED NILE: You will take that on notice, then.

Ms PRU GOWARD: The Attorney General might have some material for you. I will certainly make sure that she is advised of your interest in it.

Reverend the Hon. FRED NILE: I was thinking more in the area of women's activities. It is an issue that should have produced some results.

Ms PRU GOWARD: It should have by now. You are quite right, Reverend the Hon. Fred Nile. I will get some material for you.

Reverend the Hon. FRED NILE: There was a report in the media this morning of a man arguing with a woman—I presume it was his wife—and he had a machete in the front seat of his car. He had proceeded to hack this woman and removed her fingers, and so on. That is why that provocation legislation is so important.

Ms PRU GOWARD: I appreciate your point. That has been an issue for decades.

Reverend the Hon. FRED NILE: He will probably argue that she provoked him.

Ms PRU GOWARD: Yes.

Reverend the Hon. FRED NILE: There is no excuse—

Ms PRU GOWARD: No, absolutely. I understand.

Reverend the Hon. FRED NILE: —for a male.

Ms PRU GOWARD: I understand your point, Reverend Nile.

Reverend the Hon. FRED NILE: What is your Government doing to support women and families affected by domestic violence?

Ms PRU GOWARD: Thank you, Reverend Nile. We needed to look at domestic violence as a system; it is not enough to manage it in pieces. We need to recognise that in relation to domestic violence, we need to be better at early intervention and prevention; we need to be better at protecting victims; and we certainly need to be better at holding perpetrators accountable. There were great services, but they were a patchwork. I really felt that we needed to systematise, and make it consistent and effective. As I said, we needed a system that supports victims when they are in crisis and that supports them to recover so that they can actually move on. We have also needed a system that targeted perpetrators, held them to account, intervened to change their behaviour and, ultimately, would mean that victims were kept safe. We needed to see how we could ensure that the system worked to prevent violence and to ensure that we intervened early—a system that is aimed to reduce re-victimisation and a system that works to stop reoffending.

With the Premier's leadership and the determination of my ministerial colleagues—as I said, it is an across-government challenge involving the Deputy Premier, the Minister of Health, the Minister for Family and Community Services and the Attorney—I think across government now we have created a domestic violence system that supports those victims and puts perpetrators in the centre of the frame. That is why we have a budget now of more than \$300 million, which is up \$148 million on last year's budget. That is in addition to the hundreds of millions of dollars the Government spends each year to combat domestic and family violence through mainstream services in justice, police, health, child protection, social housing and homelessness services. The NSW Council of Social Service [NCOSS] chief executive officer, Tracy Howe, has said that this budget would see welcome funding injections to ensure that people have a safe and secure place to call home, to reduce crisis levels of domestic and family violence, and that investment in those key areas will go a long way to reducing poverty and disadvantage in our State and ensuring our communities are stronger.

Safer Pathway is an integral part of the system and will be rolled out across New South Wales over four years, so the 2016-17 budget allocates it \$53 million over four years for a statewide rollout and \$7.8 million in 2016-17 to roll out 21 new sites and expand two existing sites. We have heard from the police, the services on the ground and from the community about how effective this initiative is when it comes to providing rapid, consistent and multiagency support. Anita Cox, who is the Chair of the Women's Domestic Violence Court Advocacy Service NSW Inc., said that the funding to Safer Pathway will offer women across New South Wales a specialised, integrated response that is improving the safety and the lives of women and children. It has been my pleasure to visit a number of communities recently and announce new Safer Pathway sites to launch in this

financial year. When I have spoken to police and specialist services, they told me about the difference this initiative will make to victims and how excited they are to be part of Safer Pathway. Helen West from the Wagga Wagga WDVCS said, "By telling your story over and over again, it's retraumatising and it is very hard to move on when you have to recall the past all the time." She was of course referring to victims.

As Ela Foster from the Northern Rivers WDVCS said, "It's a really effective model and we are really excited that is going to be rolled out here." As Inspector Guy Guiana, Acting Commander of the Hunter Valley Local Area Command [LAC], said, "Domestic violence has a big impact on all of us. Officers witness and have to deal with so many different scenarios. More often it is harder to access services in regional areas so we look forward to this program reducing domestic violence." Another critical part of the system is the Women's Domestic Violence Court Advocacy Program, which responds to every police referral after a domestic violence incident. This budget locks in \$34 million over four years plus an additional \$6.3 million over four years to meet the unmet demand. As Anita Cox goes on to say, "The New South Wales Government is recognising the necessity to provide dedicated ongoing funding for crisis and early crisis intervention services, such as WDVCS, alongside early intervention programs and programs targeting perpetrators." I was very pleased to announce that the budget also delivers, as we have described, a new \$20 million innovation fund for new prevention, early intervention and crisis responses.

There is also a new \$13 million over four years for victims' services to implement new responses for male victims, such as gay men or fathers and sons suffering family violence. Housing supports also are critical for women and children escaping domestic violence. The Government is providing housing support through the Start Safely program. This budget invests \$100 million over four years for the program, which provides private rental subsidies for people leaving domestic violence. Funding has been doubled and includes \$43 million over four years in base funding and \$57 million over four years under the Future Direction reforms of social housing. We are strongly recognising the importance of further investment for further housing supports. We have allocated \$24 million over four years for Staying Home Leaving Violence; \$2.8 million over two years for women's community shelters; and, as I , \$188 million in 2016 for homelessness services, many of which, as I have already described, offer services to women who are escaping domestic violence.

As well as supporting victims, the Government continues to keep the perpetrator firmly in the centre of the frame. In an Australian first, the Government will invest \$2.9 million over four years for trialling global positioning system [GPS] tracking to improve victims' safety. The police play a vital role in holding perpetrators to account. I commend the Force for its continued efforts to target perpetrators and keep families safe. The budget invests \$22 million over four years to roll out police high-risk offender teams. The first two specialised teams will launch in the northern region and the central metropolitan region this year. There will be \$2.9 million over four years to fast track 24 police domestic violence liaison officers. Six were rolled out in late 2015 and a further 18 will be on the ground by the end of this year. The Government is committed to breaking the cycle of violence that can have such devastating impacts on victims and their families. Behaviour change interventions are a significant component that is intended to break those cycles. To achieve this, we are also investing \$15 million over four years in non-government organisation [NGO] led community-based perpetrator interventions, including \$8 million of new funding.

We have also allocated \$19.5 million over two years for behaviour changing interventions to support the implementation of the Premier's priority; \$2.4 million over four years to continue the men's referral service, which is a telephone counselling and information service; \$1.8 million over two years is been allocated to reduce apprehended domestic violence order [ADVO] breaches using behavioural insight strategies. Through the 2016-17 Budget, the Government continues to deliver through support of a number of other specialist initiatives, which include \$1.7 million over two years for NGO-police partnerships for the Domestic Violence Disclosure Scheme pilot; \$2.6 million over four years for tackling violence, which uses rugby league; \$15 million of four years for the Integrated Domestic and Family Violence Service program; and a \$6.6 million over four years for the domestic violence assistance line. As you can see, it is pretty comprehensive. Thank you.

The ACTING CHAIR: Reverend Nile, as are other crossbench colleague is not here, if you would like to, you may continue questioning for the remainder of crossbench time; otherwise, we can let that time lapse and we could go to Opposition questions.

Reverend the Hon. FRED NILE: I have one or two questions I would like to ask. Just following up that question, can you outline any other programs that you have to target perpetrators of domestic violence?

Ms PRU GOWARD: Well, the perpetrator issue is very significant. I think we are responding in an unprecedented way. For decades, action in domestic violence has been focused on supporting victims—and long may that continue. That is to be central. It is about victim safety. But as well as supporting victims and their

families, the Government is now putting the perpetrator very clearly in the centre of the frame in a way never seen before. We need to stop just managing violence and break the cycle of violence that devastates generations of families. Changing the attitudes and behaviours of perpetrators is essential to breaking that cycle.

As I say, holding perpetrators to account is part of the \$300 million initiative, and we will achieve it through the following: police high-risk offender teams, \$22 million over four years; \$2.9 million to fast-track 24 additional domestic violence liaison officers [DVLOs]; statewide rollout of suspect target management plans; behaviour changing interventions for high-risk domestic violence offenders, which is \$19.5 million over two years; community-based men's behaviour change programs, \$15 million over four years; GPS tracking to improve victim safety, \$2.9 million over four years; \$1.8 million over two years to reduce ADVO breaches by putting ADVOS into plain English and using other behavioural insight interventions. Finally, there is the men's referral service with \$2.4 million over four years. The domestic violence liaison officers, with whom you would be familiar, are a longstanding part of the police response. There is now an additional \$2.9 million so that we can fast-track the rollout of 24 additional DVLOs. Those officers increase police capability in responding to domestic violence incidents.

These are specialist police officers, trained in the dynamics of domestic and family violence, child protection procedures, victim support and court processes required for the protection of victims and their families. The New South Wales Government has recognised the critical role these officers play in providing the appropriate assistance and support that victims need when a domestic violence incident has occurred. They also work tirelessly after the initial offence has occurred to support repeat victims and monitor repeat offenders to ensure that that cycle of violence is broken once and for all.

I am very pleased to note that six DVLOs commenced in December last year, at Tweed Byron, the Shoalhaven, Bankstown, Barrier, Mudgee and Oxley local area commands [LACs]. I am advised that five positions were created in August this year, and the remaining 13 DVLOs will come online by December 2016. Of the 24 officers who will be fast-tracked, 16 will be allocated to regional areas, with nine destined for the State's western region. I am advised that the NSW Police Commissioner is taking a proactive approach to planning and to allocating DVLOs, ensuring that priority areas are filled first as the need arises. Any vacancies are being addressed to a targeted recruitment action. As we know, a number of rural and regional towns have significant issues with domestic and family violence, and we anticipate that these new DVLOs will provide much-needed support to victims, particularly in these high-risk areas.

The ACTING CHAIR: Minister, I am sorry to interrupt, but we only have five minutes left of crossbench time and I note that Dr Mehreen Faruqi has arrived. Please conclude your remarks and we can then move to questions from Dr Faruqi.

Ms PRU GOWARD: I just wanted to quickly mention those high-risk offender teams because I think they will be significant. We have allocated \$22 million for those teams because we know that more than one in five domestic violence offenders will also be convicted of another domestic violence offence within two years, and that is the statistic that we want to change to help keep victims safe.

Dr MEHREEN FARUQI: Minister, there seems to be very little information available about Women NSW. For instance, the budget papers do not include any information specifically on Women NSW and the 2014-15 Health annual report does not contain any specific information either. I have a few questions on that. How many people work at Women NSW?

Ms PRU GOWARD: May I say, budget and staff are a matter for the Ministry of Health. In this year's budget I am pleased to inform the Committee that there was an increase of funding for additional staff in Women NSW, because Women NSW drives the whole-of-government approach to significant issues impacting women in New South Wales, particularly the prevention of domestic violence.

Dr MEHREEN FARUQI: Minister, how many people do work at Women NSW?

Ms PRU GOWARD: I think I need to make it clear that this is because we need to keep driving that whole-of-government approach to significant issues.

Dr MEHREEN FARUQI: Minister, you do not know how many people work at Women NSW? It is under your wing.

Ms PRU GOWARD: May I remind you, I began by saying that budget and staff are a matter for the Ministry of Health. I thought my role in answering that question was to outline why—

Dr MEHREEN FARUQI: Minister, what role do you play with Women NSW?

Ms PRU GOWARD: I will ask Ms de Silva to tell you about the budget and staffing for Women NSW.

Dr MEHREEN FARUQI: I just need to know the number of people working at Women NSW. If you have an answer, that would be great.

Ms DE SILVA: There were 24 full-time equivalent positions on establishment.

Dr MEHREEN FARUQI: Has this changed over the last few years? How many were there last year?

Ms KOFF: It was what transferred over from FACS. It is important to note that Women NSW was not part of NSW Health in the period 2015 budget reporting.

Dr MEHREEN FARUQI: I do understand that.

Ms KOFF: So they will appear in the accounts for this current financial year.

Dr MEHREEN FARUQI: Do you know how many people worked there last year?

Ms KOFF: Yes, that was the staff establishment that transferred over and there were some additional positions to be filled as a result of the funding enhancement for the government response to domestic and family violence. Ms de Silva has the details.

Dr MEHREEN FARUQI: Do you have a number?

Mr ROACH: The budget papers do show programs for specialist domestic and family violence on page 5.16 in Budget Paper No. 3. That has an full-time equivalent [FTE] workforce estimate for the financial year 2016-17 of 30, which includes the original 24 who have moved across from FACS plus an additional six tied to the enhanced program.

Dr MEHREEN FARUQI: So there are 30 now?

Mr ROACH: There will be 30 positions that have been budgeted for for this financial year.

Dr MEHREEN FARUQI: You said you have numbers in the budget as well. What is the budget for Women NSW for this year?

Ms DE SILVA: The staffing budget for 2015-16 was \$3.1 million and as Mr Roach mentioned there is an increase of approximately \$900,000 for 2016-17 to increase the number of staff to 30.

Dr MEHREEN FARUQI: So there is just a staffing budget? There is no other budget?

Mr ROACH: No, the overall budget responsibility for NSW Health for Women NSW includes grants made to other organisations, and that budget is \$30.6 million for the 2016-17 year.

Dr MEHREEN FARUQI: Is there a particular reason that Women NSW does not publish an annual report? Other government agencies do publish annual reports.

Mr ROACH: Women NSW is just a cost centre within NSW Health.

Dr MEHREEN FARUQI: So it is not an office or an agency?

Mr ROACH: It is a cost centre within our structure, so part of our consolidated financial statements. As the Secretary said, in the 2015-16 annual report there will be some reference to the newly transferred office as being part of NSW Health.

Dr MEHREEN FARUQI: Are you saying a report on Women NSW will be included in Women's Health?

Mr ROACH: It will be part of the organisational structure in that report.

Dr CHANT: We should also say that a series of reports are put out throughout the year around matters affecting women, which is done collaboratively between the Centre for Epidemiology and Evidence and Women's Health and that will continue.

Mr ROACH: To be clear, Women NSW is an office within the organisation and the annual report talks about all the different branches and the offices within the organisation of the total Ministry of Health.

Dr MEHREEN FARUQI: Women NSW does produce a report every year, *Women in NSW*. Am I correct?

Ms KOFF: That is correct.

Dr MEHREEN FARUQI: Has any thought been given to analysing within that report intersectionality—for example, between women and race? I know there is a huge difference between outcomes for Aboriginal women and non-Aboriginal women. Are you looking into specifically analysing data to see what the differences are and how to tackle them?

Ms PRU GOWARD: That is a very interesting point. As you can see, we do have subcategories so you can see the different results for Aboriginal women, for example. It is very powerful and very useful. This year we will not be releasing a single annual report on women in New South Wales. There will be four highlighted reports produced over the 12 months, and they will give us a more in-depth analysis of a specific topic. I think your point is a very useful one and I will take it on board.

The Hon. COURTNEY HOUSSOS: Minister, I refer to your media release of 14 October 2015 that talked about expanding the Domestic and Family Violence Council to include sexual assault so that the new name is the NSW Domestic and Family Violence and Sexual Assault Council. What members have been added to the council since the change?

Ms PRU GOWARD: It is an expert forum. It was established to form an alliance for expert advice between government and non-government service providers providing the basis for an integrated response to the prevention of domestic violence and sexual assault. The council provides advice on aspects of domestic and family violence and sexual assault and it advises on legislation, policy and programs. It also monitors the implementation of reforms. As you said, to align with the new ministerial portfolio last year, the members agreed that the council should expand its remit and respond to matters relating to sexual assault. The council is chaired by Cathryn Cox, the Acting Deputy Secretary for the Ministry of Health. I participate in each meeting. A reappointment process has just been completed to reappoint members to a second term. Each of those members was reappointed on merit. It is an expert committee, and I think we have the very best people on the committee.

The Hon. COURTNEY HOUSSOS: Have there been any new members admitted, or is it just the old members who have been reappointed?

Ms PRU GOWARD: Everybody who has been appointed to this next phase was reappointed—

The Hon. COURTNEY HOUSSOS: —was on the committee already?

Ms PRU GOWARD: There is a timing issue there. I might ask Cathryn Cox to answer you.

Ms COX: The current membership—

The Hon. COURTNEY HOUSSOS: That is okay, I know who is on it.

Ms COX: Those members have experience, obviously, in domestic and family violence and sexual assault. The term expired in August and we have just gone through that reappointment process to reappoint the members.

The Hon. COURTNEY HOUSSOS: My question was specifically whether there were any new appointments since the expansion of the title to include sexual assault.

Ms COX: Mahashini Krishna has joined the council and has significant expertise.

The Hon. COURTNEY HOUSSOS: That is great. How many times has the council met in the last 12 months?

Ms PRU GOWARD: Karen Willis, you will recall, has great expertise in both domestic violence and sexual assault.

The Hon. COURTNEY HOUSSOS: Of course, I agree with the Minister. How many times has the council met in the last 12 months?

Ms COX: I will have to take it on notice so that I do not—

Ms PRU GOWARD: The last meeting was 12 July this year, and the previous meetings were in June and February.

The Hon. COURTNEY HOUSSOS: Has the process begun developing a specific strategy to deal with both domestic and family violence and also sexual assault?

Ms PRU GOWARD: We have now got a systematic approach to domestic violence. Sexual assault continues to be a significant issue. There were almost 5,000 incidents reported last year in the 12 months to March this year. It does disproportionately impact women, with over 80 per cent of victims being female. We are now in the process of developing a sexual assault strategy, in the same way as we have for domestic violence, which will provide a framework for that holistic and coordinated approach to sexual assault prevention and our response.

We are seeking to provide a cohesive and consistent whole-of-government and community response to the needs of adult and child victims of sexual assault, adult survivors of childhood sexual assault and their families, carers and significant others. The areas of focus for the strategy are sexual assault prevention and education, service system responses, perpetrator accountability and sector development. The strategy is being developed with the guidance of the New South Wales sexual assault expert group, the NSW Domestic and Family Violence and Sexual Assault Council and the Domestic and Family Violence Reforms Delivery Board. I will have more to say about that in the coming months, but we also fund a number of other sexual assault initiatives.

The Hon. LYNDIA VOLTZ: Minister, were you consulted about the folding of Womensport NSW and its government funding being moved to Sport NSW? The organisation known as Womensport was funded by the New South Wales Government. That organisation was folded and the funding was moved into Sport NSW. Were you consulted about that?

Ms PRU GOWARD: I do not recall. I am very familiar with that organisation, certainly when in opposition.

The Hon. LYNDIA VOLTZ: Have you ever met with Womensport?

Ms PRU GOWARD: I certainly did in opposition. I recall, but I am not sure, meeting them in the early days of the Government when Graham Annesley was the Minister. I will certainly take that on notice and check the record.

The Hon. LYNDIA VOLTZ: You say there are 30 people employed at Women NSW. What is the breakdown of men and women in the organisation?

Ms PRU GOWARD: That is a matter for the ministry.

Ms DE SILVA: Currently there are three men employed at Women NSW.

The Hon. LYNDIA VOLTZ: What positions do they fill?

Ms DE SILVA: Policy officer and senior policy officer positions.

The Hon. COURTNEY HOUSSOS: Minister, the Premier announced on International Women's Day that the public service will have access to flexible working arrangements by 2019. Were you involved in this announcement?

Ms PRU GOWARD: Obviously that is a very significant announcement by the Premier, and that was part of his 30 priorities for the State to grow the economy, to deliver the infrastructure, to protect the vulnerable and to improve health, education and public services. That one is about driving public sector diversity. It commits the Government to doubling the number of Aboriginal and Torres Strait Islander people and increasing the proportion of women in senior leadership roles to 50 per cent in the government sector in the next 10 years. I have had many discussions with the Premier on women.

The Hon. COURTNEY HOUSSOS: There was a specific announcement on International Women's Day around flexible work for the public service, and I was interested in whether you were involved in that process.

Ms PRU GOWARD: As part of the response to this complex issue, as you say, the Premier announced 100 per cent flexibility. Of course I talk to the Premier all the time about women's issues, or many of them, I should say.

The Hon. COURTNEY HOUSSOS: Did you talk to him specifically about this question of flexible working?

Ms PRU GOWARD: I would need to give you the detail of that which, I suspect, is your next question, so I would like to take it on notice.

The Hon. COURTNEY HOUSSOS: Can you also tell me what numbers of staff within any of the departments that you supervise or coordinate currently have flexible working arrangements?

Ms PRU GOWARD: I will ask the ministry.

Ms KOFF: There are flexible working arrangements in government. I could not confirm the number of staff that adopt these, but it is important to understand that flexibility in work can take a number of forms. Someone could start early or finish in time for the school run, work at home or job share, and I think that is what is critical to issues regarding women in the workforce. The Government has indicated it will establish a job-sharing register to facilitate that approach, and part of the approach also includes the rollout of training for senior leaders to give a greater insight on and understanding of why flexibility is important in the workplace.

Ms PRU GOWARD: Training will be provided for public servants because I think it is important to think flexibly. We need to eliminate the unconscious biases that are often demonstrated in senior management in various organisations. That is also a part of this approach.

The Hon. COURTNEY HOUSSOS: Are there any people in your ministerial office who work flexibly?

Ms PRU GOWARD: Yes.

The Hon. COURTNEY HOUSSOS: Would you be able to provide the proportion of those on notice?

Ms PRU GOWARD: Okay.

The Hon. COURTNEY HOUSSOS: Are you able to take on notice how many people in the department have flexible working arrangements? Do you have a register of flexible working arrangements?

Ms KOFF: I am not sure whether we have a register of flexible working arrangements but, if we do, I will be happy to take it on notice.

The Hon. COURTNEY HOUSSOS: If you could also tell me how many people are registered and what types of flexible working is involved in that, that would be great.

Ms KOFF: Yes, certainly.

Ms DE SILVA: I can also say that Women NSW recognises the importance of people having the ability to work flexibly. Within our office there is availability for people to work flexibly. While there is not a register, it is common practice and it is supported.

The Hon. LYNDIA VOLTZ: Figures show that 41 per cent of women work flexibly. Would it be 41 per cent in your own department?

Ms DE SILVA: In Women NSW?

The Hon. LYNDIA VOLTZ: Yes.

Ms DE SILVA: Easily, I would think.

The Hon. LYNDIA VOLTZ: If you could provide us with the figures, that would be good. If we could get all of the figures, that would be great too.

Ms DE SILVA: Certainly. I would also say that it would change depending upon people's needs at different times. It is not necessarily always consistent with an individual taking up flexible work opportunities, but it does vary according to the needs.

The Hon. COURTNEY HOUSSOS: What are the criteria for priority in rolling out domestic violence liaison officers [DVLO] to specific areas?

Ms PRU GOWARD: That is a matter for the police. I think you should refer your questions to the Deputy Premier.

The Hon. COURTNEY HOUSSOS: Do you have no input into that process?

The Hon. LYNDIA VOLTZ: You have already answered questions about it.

Ms PRU GOWARD: Yes, but that is an operational matter. I think it would be better to refer it to the police.

The Hon. COURTNEY HOUSSOS: Do you not have the information?

Ms PRU GOWARD: I am checking. I repeat my earlier answer: The Commissioner of Police is taking a proactive approach to planning and allocating DVLOs and ensuring that priority areas are filled first as the need arises. As we know, a number of rural and regional towns have significant issues with domestic and family violence, and we anticipate that these new DVLOs will provide much-needed support to victims in high-risk areas.

The Hon. COURTNEY HOUSSOS: I return to the announcement you made about sexual assault in October last year. Reference was made to \$1.3 million allocated to increase the number of qualified sexual assault nurse examiners in high-risk rural and regional communities. How many of those nurses have been provided and in which areas?

Ms PRU GOWARD: The funding provided for an increase in the number of sexual assault nurses in rural and regional areas. The NSW Health Education Centre Against Violence delivers a graduate certificate in medical and forensic management of adult sexual assault. Prior to the announcement, there were seven sexual assault nurse examiners in New South Wales and the Australian Capital Territory. Now there are 18 qualified examiners, with 11 nurses having completed the postgraduate certificate course at the end of 2015. In addition, nine nurses are now involved in the 12 month course and are due to complete it at the end of this year. These nurses meet extensive admission criteria, including a minimum of five years' work in the area of sexual assault and other relevant clinical experience.

The Hon. BEN FRANKLIN: That is wonderful. Congratulations.

Ms PRU GOWARD: It will make a big difference. It enhances the statewide workforce of doctors who provide medical and forensic responses to all victims of sexual assault. It will be available to adults and young people over 14 years of age who have experienced sexual assault. The member should note that it is not yet provided in paediatrics cases due to the complexity of that area. To address this service gap, a child abuse sexual assault clinical advice line will go live in September. The line will support, guide and build the capacity of medical staff and sexual assault nurse examiners across New South Wales to deliver high-quality, timely and accessible medical and forensic examinations for victims of child sexual assault and child abuse.

In addition to the increase in the number of sexual assault nurse examiners in New South Wales, the Government has also provided funding for a number of other vital initiatives, including 55 sexual assault services across New South Wales that provide face-to-face crisis counselling, medical and forensic services, assistance with reporting to police and preparing for court, annual supplementation funding, \$220,000 towards contracting visiting medical officers to undertake examinations to improve sexual assault medical and forensic services for victims in rural and remote New South Wales, and New Street Services providing early intervention and prevention programs—

The Hon. COURTNEY HOUSSOS: Minister, I am sorry to cut you off because this is an excellent program, but I have only 45 seconds left in which to ask questions. To what towns or regions have these nurses been provided?

Ms KOFF: Newcastle, Bourke, Bathurst, Taree, Broken Hill, and Gosford.

The Hon. COURTNEY HOUSSOS: Can you provide on notice how many nurses have been allocated to each location?

Ms KOFF: Yes.

Reverend the Hon. FRED NILE: I have some questions left over from the earlier session dealing with mental health.

The Hon. LYNDA VOLTZ: We have moved on from mental health and the advisers have gone.

The ACTING CHAIR: The member will need to ask questions about domestic and family violence and sexual assault.

Reverend the Hon. FRED NILE: On Saturday the *Daily Telegraph* reported on a 14-year-old girl who had been raped by her carers—who were supposed to protect her—and who eventually committed suicide. As the Minister for Women, have you had any interest in this case and can you provide further information, particularly about the person who committed the rape and who was working as a carer? Did he have a certificate to work with children, and what has been put in place to prevent such things occurring in the future?

Ms PRU GOWARD: That girl's life was tragic. She deserved much better than she received from all concerned. The death of a young person is always a tragedy, and I am very saddened by this case and the

circumstances of her life. I have discussed this tragedy with Minister Hazzard because it is his responsibility. I am advised that the Minister was concerned about historic information regarding serious allegations of sexual assaults by staff at the facility housing this girl.

Accordingly, he contacted the royal commission and asked that it expand its investigations to include these matters. I absolutely support the actions the Minister has taken. I am also advised that he has written to the Director of Public Prosecutions requesting a review of the case against the alleged offender and that consideration be given to reopening the case of Girl X, as she is known. However, given that the matter is the subject of a coronial inquiry and suppression orders, it would be inappropriate for me to comment any further.

Reverend the Hon. FRED NILE: Who issued the suppression order that has restricted information being made available in this case? It is effectively a gag order.

Ms PRU GOWARD: The suppression order would have been issued by the court, but it would have done so in response to a request.

Reverend the Hon. FRED NILE: You are not sure who requested it?

Ms PRU GOWARD: No, I am sorry, I am not.

Reverend the Hon. FRED NILE: Was it anyone involved with the Health portfolio?

Ms PRU GOWARD: Not that I understand. However, I will take the question on notice.

Dr MEHREEN FARUQI: I understand the Domestic Violence Disclosure Scheme [DVDS] has been trialled in four police areas since April this year.

Ms PRU GOWARD: Yes.

Dr MEHREEN FARUQI: What role does Women NSW have in either administering or evaluating the scheme?

Ms PRU GOWARD: The scheme aims to increase the safety of women and men potentially at risk. It allows a person who has concerns about their current or former partner to apply at a participating police station.

Dr MEHREEN FARUQI: Sorry to interrupt, but I know about the scheme. What role does Women NSW or do you as Minister for Women have in administering or evaluating the scheme? For instance, do you know how many applications have been lodged, how long the process takes on average, and data like that?

Ms PRU GOWARD: I will refer that question to Ms de Silva.

Dr MEHREEN FARUQI: How many applications have been made?

Ms DE SILVA: The DVDS is co-led by the Ministry of Health through our office, the Department of Justice, and the NSW Police Force. The statistics that the police have provided in relation to applications indicate that there have been 19 requests and 12 disclosures have been supplied from the commencement of the scheme in April until 11 July this year.

Dr MEHREEN FARUQI: What is the budget for the program?

Ms PRU GOWARD: It is \$2.3 million. That is because we are investing with a non-government organisation.

Dr MEHREEN FARUQI: I understand that the program envisaged that non-government organisations would be providing specialist domestic and family violence support for people accessing DVDS orders. Specifically I am interested in the support to high risk communities including culturally and linguistically diverse communities; lesbian, gay, bisexual, transgender, intersex and queer [LGBTIQ] people; and people with disability. I think these services were going to be tendered out. Has that process been completed and have the services been tendered out?

Ms PRU GOWARD: Yes. I will ask Natasha de Silva to answer.

Ms DE SILVA: Thank you. That is right. There was an open tender process that was undertaken to engage specialist domestic and family violence [DFV] support services to work with the police in those local areas. Your point about addressing particular groups that may be at risk is well taken and well made. In the process of selection of those specific sites, those issues were considered. In determining which pilot sites would be selected, it was sought to have a mix between metropolitan and regional areas. Also these areas that were

chosen have a medium to high volume of DFV reports or matters, culturally diverse populations and an effective NGO service. Some of the materials that we provided for the Domestic Violence Disclosure Scheme [DVDS] to alert people to the service are currently being translated into five other languages.

Dr MEHREEN FARUQI: Would it be possible to get a list of the organisations that won the tenders?

Ms DE SILVA: Yes—absolutely.

Dr MEHREEN FARUQI: If you could take that on notice, that would be great.

Ms DE SILVA: I am happy to.

Dr MEHREEN FARUQI: Thank you. Minister, the Public Service Commission's State of the Sector 2015 report I must say was really disappointing in terms of the gender profiles across the sector.

Ms PRU GOWARD: The sector?

Dr MEHREEN FARUQI: The public service sector. In almost every government department, with the exception of the Department of Family and Community Services [FACS], women make up the majority of lower income workers and men make up the majority of higher income workers. You said earlier that programs had been put in place to change that. Are there specific targets with time lines attached to those programs?

Ms PRU GOWARD: The priority commits us to doubling the number of Aboriginal and Torres Strait Islander people in senior leadership roles and increasing the proportion of women in senior leadership roles to 50 per cent of the government sector. So I guess that is—

Dr MEHREEN FARUQI: Until when? Do we have a target?

Ms PRU GOWARD: In the next 10 years.

Dr MEHREEN FARUQI: What role do you, as the Minister for Women, play in ensuring that those targets and time lines are met?

Ms PRU GOWARD: I think you would need to refer that to the Premier and arguably the Public Service Commissioner.

Dr MEHREEN FARUQI: But as the Minister for Women—and it is very gender specific—what role do you play?

Ms PRU GOWARD: Yes—monitoring it and keeping it to the forefront of the Government's attention. Could I just correct the disclosure scheme figure?

Dr MEHREEN FARUQI: Yes.

Ms PRU GOWARD: It was \$1.7 million to continue over the next two years. So that \$2.3 million captured—

Mr ROACH: It included the prior year.

Ms PRU GOWARD: It was the prior year.

Dr MEHREEN FARUQI: Minister, I have a couple of questions about people fleeing domestic violence and their companion animals. Reports suggest that approximately 70 per cent of women escaping violent homes also report pet abuse. Individuals may remain in potentially abusive relationships due to their reluctance to leave—

Ms PRU GOWARD: To protect their pets.

Dr MEHREEN FARUQI: Yes, absolutely. What New South Wales Government services are provided to victims of domestic violence in response to this issue?

Ms PRU GOWARD: Whilst I cannot answer specifically on pets, although I know the RSPCA has some interest in it, what I can say is that we have a range of offerings to women escaping domestic violence. For example, the \$100 million for the Start Safely program provides a subsidy in private housing. It might be possible there to access housing that allows a pet. I certainly know that in public housing—and of course the safety action meetings are attended by Housing—that is also possible. This is why we always talk about every woman's needs being different and the fact that we need to customise how we protect her.

Dr MEHREEN FARUQI: Would you know roughly the percentage of crisis accommodation or shelters available that provide housing for companion animals as well?

Ms PRU GOWARD: No, I would not know that. Obviously it is going to depend on the policy of the shelter and the policy of the housing provider.

Dr MEHREEN FARUQI: If the shelter provider does not have a policy of housing companion animals, could you commit to convincing them to have that, as we know that it is a big issue? Women might stay in violent relationships because of that.

Ms PRU GOWARD: It is certainly a concern and it is certainly something I am happy to look at.

Dr MEHREEN FARUQI: You mentioned the RSPCA program. The RSPCA offers a community outreach program, but I think it is quite constrained in terms of funding as well. Would the New South Wales Government consider funding them to expand their program?

Ms PRU GOWARD: I think that is something we would need to look at. I would welcome a submission from the RSPCA.

Dr MEHREEN FARUQI: Minister, what measures is the Government taking to fund specific domestic and family violence services for the LGBTIQ communities?

Ms PRU GOWARD: This is quite a significant issue. I might ask Natasha de Silva to provide you with the detail on that. I agree with you—they are a high risk group. Just generally I say that as part of the consultations for the blueprint it was obvious that we needed clear strategies for those groups. We have in the blueprint a direction for a service system that responds to all victims. We funded for It Stops Here prevention programs. I think the total was \$526,000. Three of these projects under the It Stops Here prevention project were for at-risk groups.

Dr MEHREEN FARUQI: Are they specifically for LGBTIQ communities?

Ms PRU GOWARD: These were strategic investments to address critical gaps in prevention and early intervention. The \$20 million Innovation Fund will also provide new funding opportunities for NGOs to work in prevention, early intervention or crisis response, which is an opportunity to further support those at-risk groups and strengthen—

Dr MEHREEN FARUQI: Out of the \$20 million do you know how much is for LGBTIQ communities?

Ms PRU GOWARD: No. The design of that fund, as Natasha de Silva said earlier, has not been finalised. Ms de Silva, you might want to talk about the It Stops Here programs.

Ms DE SILVA: To pick up on your point about specific programs for LGBTIQ communities, the Minister mentioned that in the It Stops Here prevention projects there were three projects that were funded to work with at-risk groups. The AIDS Council of NSW [ACON] was one of the successful applicants for that. Its project was focusing on LGBTIQ communities and particularly on strategies to prevent family and domestic violence.

Dr MEHREEN FARUQI: What was the funding for that program?

Ms DE SILVA: A total of \$526,000 was committed.

Dr MEHREEN FARUQI: Was that for that particular program or was that for the whole of It Stops Here?

Ms DE SILVA: For the three.

Dr MEHREEN FARUQI: For the three programs.

Ms DE SILVA: I beg your pardon—for four.

Ms PRU GOWARD: ACON received \$115,000 to focus on LGBTIQ communities.

Dr MEHREEN FARUQI: Minister, just to clarify, did you say that that \$20 million innovation fund has not been allocated yet?

Ms PRU GOWARD: No. I do not think you were here, but—

Ms DE SILVA: The specific criteria for the innovation fund are still being worked through, so we do not have details of that just yet.

Dr MEHREEN FARUQI: Minister, the Victorian Government Royal Commission into Family Violence handed down its report this year and made some really good recommendations. Has the New South Wales Government given any thought to establishing a commission here, since it is a big issue?

Ms PRU GOWARD: We welcome any State improving its response to domestic violence. The Victorian commission is certainly a matter for the Victorian Government. I think we are leading the way. We have doubled the investment. That is in addition to the hundreds of millions we spend in mainstream services. I think it is worth noting that many of the recommendations of the Victorian royal commission cover a number of areas closely related to our policy reforms in It Stops Here as well as proposed reforms in the blueprint, which I launched last week. Many of those recommendations are actually already underway here or we have already got implementation planned: the review of the Domestic Violence Safety Assessment Tool, including a rating or weighting of different risk factors, which was their first recommendation; the development of service quality standards for domestic and family violence specialist services which was outlined in our blueprint; the rollout of Safer Pathway safety action meetings across New South Wales which was recommendation 4; the budget, as I have said, invested \$53 million—

Dr MEHREEN FARUQI: Sure. It did have a lot of recommendations.

Ms PRU GOWARD: It did.

Dr MEHREEN FARUQI: It was 243 to be exact.

Ms PRU GOWARD: Yes. And permitting the use of video-recorded evidence in domestic violence—

Dr MEHREEN FARUQI: That is already being done here.

Ms PRU GOWARD: And we have already started to hear the results. We have a great record of innovation responding to domestic and family violence. Really, the best way our Government can manage this is by continuous improvement, reviewing what we do, looking for the errors, looking for the weaknesses and then building up the system.

Dr MEHREEN FARUQI: Another thing that concerns me quite a bit is the upward trend in hospitalisation for intentional self-harm amongst young women in New South Wales. I was going to ask what you think can be done about that, but I think time has expired.

The ACTING CHAIR: The Minister can answer.

Ms PRU GOWARD: Yes. Suicide in young people is a terrible tragedy and we cannot underestimate the linkages between self-harm and suicide. We have invested quite heavily—I know it was in the earlier part of the estimates hearing, but we have invested quite heavily in suicide early intervention and prevention because we recognise that we need to do better there.

The ACTING CHAIR: Thank you very much, Minister, and also to your officials for appearing this morning. That concludes the formalities for the budget estimates portfolios of Women and the Prevention of Domestic Violence and Sexual Assault.

(The witnesses withdrew)

The Committee proceeded to deliberate.