

GENERAL PURPOSE STANDING COMMITTEE NO. 3

Tuesday 1 September 2015

Examination of proposed expenditure for the portfolio areas

MENTAL HEALTH, MEDICAL RESEARCH, WOMEN, PREVENTION OF DOMESTIC VIOLENCE AND SEXUAL ASSAULT

UNCORRECTED PROOF

The Committee met at 9.00 a.m.

MEMBERS

Ms J. Barham (Chair)

Dr M. Faruqi
The Hon. B. C. Franklin
The Hon. N. Maclaren-Jones (Deputy Chair)
The Hon. S. Mitchell

Reverend the Hon. F. J. Nile
The Hon. W. W. Secord
The Hon. L. J. 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**

CHAIR: Welcome to the public hearing of the inquiry into budget estimates 2015-16. Before I commence, I would like to acknowledge the Gadigal people of the Eora nation, who are the traditional custodians of this land. I also pay respect to the elders past and present of the Eora nation and extend that respect to other Aboriginal people who may be 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 via by the Parliament's website. A transcript of today's hearings will be placed on the Committee's website when it becomes available.

In accordance with the 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 their evidence at the hearing. I urge witnesses to be careful about any comments they 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 an action for defamation. The guidelines for the broadcast of proceedings are available from the secretariat.

There may be some questions that witnesses could only answer if they had more time or if they had certain documents to hand. In these circumstances witnesses are advised that they can take a question on notice and provide an answer within 21 days. Any messages from advisers or members of staff seated in the public gallery should be delivered through the Chamber and support staff or the Committee secretariat. I remind the Minister and officers accompanying her that they are free to pass notes and refer directly to advisers seated at the table behind her. Transcripts of this hearing will be available on the web from tomorrow morning. I ask everyone to please turn off mobile phones, or at least turn them to silent, for the duration of the hearing.

All witnesses from departments, statutory bodies or corporations will be sworn prior to giving evidence. The Minister does not need to be sworn as she has already sworn an oath to her office as a member of Parliament. As there are a large number of witnesses, we have not been able to accommodate all witnesses at the main table. We will swear all witnesses at the beginning of the hearing, including those seated at the table behind. I ask that those witnesses come forward with your name plate when responding to questions, to assist Hansard. I ask that witnesses, in turn, state their full name, job title and agency and swear an oath or an affirmation. The words of the oath and affirmation are on the cards on the table in front of you.

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

MARY FOLEY, Secretary, Ministry of Health,

ELIZABETH KOFF, Acting Deputy Secretary, Strategy and Resources, Ministry of Health,

JOHN ROACH PSM, Chief Financial Officer, NSW Health,

MURRAY WRIGHT, Chief Psychiatrist, NSW Health,

CAROLYN THOMPSON, Acting Director, Women NSW, Ministry of Health, and

KAREN CRAWSHAW, Deputy Secretary, NSW Health, sworn and examined:

CHAIR: I declare the proposed expenditure for the portfolios of Mental Health, Medical Research, Women, Prevention of Domestic Violence and Sexual Assault open for examination. As there is no provision for a Minister to make an opening statement before the committee commences we will begin with questions from the Opposition.

The Hon. LYNDA VOLTZ: Minister, given that Leila Alavi was turned away up to a dozen times from women's refuges in the months before her estranged husband allegedly stabbed her to death, do you think your Government's restructure of women's refuges under Going Home Staying Home has been a failure?

Ms PRU GOWARD: This is Minister Hazzard's responsibility. Minister Hazzard was here yesterday. Women's refuges play an important role in responding to women escaping domestic violence. I am advised that funding for homelessness services has increased and that this additional funding is being injected into the service system to make it stronger and to increase places. I am advised that under the specialist homelessness services program the total budget for specialist homelessness services delivered through non-government organisations in New South Wales has grown from \$135 million in 2012-13 to a record \$182 million in 2015-16.

The Hon. LYNDA VOLTZ: You have previously answered questions about women's refuges. Is there some problem with answering them this time?

Ms PRU GOWARD: I have just given you an answer. Women's refuges play an important role in responding to women in crisis but they are just one pathway of support. They are not the answer for all women experiencing domestic violence. Not all women choose to go to a refuge. Alternatives to a refuge are Staying Home Leaving Violence, temporary accommodation, accommodation subsidies through Start Safely and outreach through domestic and family violence services.

The Hon. LYNDA VOLTZ: As the Minister for Women, are you not concerned that someone was turned away 12 times from a women's refuge?

Ms PRU GOWARD: I will take that question on notice.

The Hon. LYNDA VOLTZ: Have you investigated whether Linda Locke attempted to access any refuges, given that the Police found documents suggesting that she had approached domestic violence specialists?

Ms PRU GOWARD: I will take that on notice.

The Hon. LYNDA VOLTZ: You do not know whether she was able to access a refuge?

Ms PRU GOWARD: You have asked about a particular case and I will take it on notice.

The Hon. WALT SECORD: Maybe one of the bureaucrats, the departmental officer, could assist you.

Ms KOFF: I would have to take that on notice.

The Hon. LYNDA VOLTZ: Given that Linda was the second woman to die that week from domestic violence, following the tragic death of a young woman in rural New South Wales earlier in the week, did you take any action that week to ascertain whether women are able to access a refuge if they need one?

Ms PRU GOWARD: I will take that on notice.

The Hon. LYNDA VOLTZ: You would know whether you took action to ascertain whether there were any spots in refuges.

The Hon. NATASHA MACLAREN-JONES: Point of order: The Minister has said that she will take that question on notice.

The Hon. WALT SECORD: This is going to be a very short estimates hearing, Minister.

The Hon. LYNDA VOLTZ: Would you know if a woman needed to turn up to a refuge in New South Wales that there would be a spot for her? If a woman who needed to be in a refuge turned up to a refuge, would you know whether they had access to a spot?

Ms PRU GOWARD: I know that since 2012-13 the amount of money in specialist homelessness services has gone from \$135 million to a record \$182 million. That has meant increased funding for homelessness services that has been injected into the service system to make it stronger and increase places. May I also refer you to the Family and Community Services website and their help for homeless women?

You will be delighted to know that the data on this website about accommodation requests by domestic and family violence agencies in New South Wales, which should be available to you, show that the turn-away rate since 2007-08, when your Government presided over an appalling lack of systematic response to domestic violence, has decreased from 67.4 per cent to 35.7 per cent. We can do better, but we have done a great deal better than you ever did. If you like, I shall read to you from the Auditor-General's report to let you know exactly what he had to say about your appalling—

The Hon. LYNDA VOLTZ: That is not the question. You can show me all the data from the websites but my question is: Today, if a woman needed to turn up at a women's refuge, under your Government would there be a spot for her?

Ms PRU GOWARD: She has an almost double chance of getting into a refuge—

The Hon. LYNDA VOLTZ: What is the availability of spots in women's refuges today? What is the availability this week?

Ms PRU GOWARD: I will take on notice the availability this week or today.

The Hon. LYNDA VOLTZ: Given your statements about the turn-away rate—

Ms PRU GOWARD: I have given you my answer.

The Hon. LYNDA VOLTZ: Let us go to that. Previously there were refuges, particularly in rural areas, that had women there 24/7. How many of those refuges now have recorded message services?

Ms PRU GOWARD: I will take that on notice.

The Hon. LYNDA VOLTZ: That may have some impact on turn-away rates. When you heard media reports that there were no available beds at Goulburn's women's refuge, what action did you take in Goulburn to check on the availability of women's refuges?

Ms PRU GOWARD: What are you referring to?

The Hon. LYNDA VOLTZ: There was a media report and they went out and checked availability in women's refuges. They found that at the Goulburn women's refuge—

Ms PRU GOWARD: Are you referring to the Anglicare refuge in Goulburn?

The Hon. LYNDA VOLTZ: That is the women's refuge in Goulburn, yes.

Ms PRU GOWARD: Right. These are all matters for Minister Hazzard. Minister Hazzard was here yesterday. You had every opportunity to ask him these questions.

The Hon. LYNDA VOLTZ: Minister Hazzard deals with housing.

Ms PRU GOWARD: Minister Hazzard deals with specialist homelessness services.

The Hon. LYNDA VOLTZ: Yes. That is homelessness. We are talking about domestic violence here, are we not?

Ms PRU GOWARD: Yes.

The Hon. LYNDA VOLTZ: They are two completely distinct things, are they not—women's refuges and homelessness?

The Hon. BEN FRANKLIN: Point of order: Madam Chair, if Minister Hazzard has responsibility for refuges the Opposition's continual questioning is irrelevant to this Minister. This Minister's portfolio responsibility does not entail refuges. Therefore, I ask that you rule this line of questioning out of order.

CHAIR: Order! I ask that the member clarify her questions in relation to the Minister's portfolio responsibilities.

The Hon. LYNDA VOLTZ: Let us clarify that. As the Minister for the Prevention of Domestic Violence and Sexual Assault, what are you actually responsible for?

Ms PRU GOWARD: As the Minister for domestic violence, I am responsible for an all-of-government response to domestic violence. It is an area that requires a whole-of-government approach to domestic violence. This year's budget, for example, delivers ongoing investment to services and programs to prevent and respond to domestic and family violence. This budget invests an estimated \$148.5 million over four years into specialist domestic and family violence programs and services to help those in need, but it also invests in mainstream services through the justice, social services and health systems, such as homelessness services, child protection services, hospital services, justice services and police resources to counter the scourge of domestic violence.

In this year's budget we have seen the expansion of the Safer Pathway referral process to six sites. We are also delivering expansion of the Staying Home Leaving Violence program to four additional locations to help women who have separated from their violent partner or family member and their children to remain safely in their home or another home of their choice. We have committed \$5.6 million for 2015-16. This budget sees over \$33 million over four years for the Women's Domestic Violence Court Advocacy Program; \$10.4 million to provide short- to-medium-term financial help for people escaping domestic and family violence, who are at risk of homelessness through the Start Safely program; up to \$5 million for the Council of Australian Governments [COAG] national advertising campaign for the prevention of domestic violence; \$3.6 million to continue the Integrated Domestic and Family Violence Services Program to prevent the escalation of domestic and family violence among high-risk groups; and \$2.3 million over four years for the Government's men's telephone counselling service.

The Hon. WALT SECORD: Minister, you have clearly indicated that you have responsibility. The question asked by my colleague the Hon. Lynda Voltz clearly was in order.

The Hon. NATASHA MACLAREN-JONES: Point of order: Is there a question, or is this a statement by the Hon. Walt Secord?

The Hon. LYNDA VOLTZ: The question is: If you have whole-of-government responsibility then certainly you have coverage of women's refuges.

Ms PRU GOWARD: And the line Ministers are responsible for each of the programs.

The Hon. LYNDA VOLTZ: If the line Ministers are responsible for each of the programs, what are you responsible for?

Ms PRU GOWARD: My job is the coordination of policy so that we can achieve that all-of-government approach, which, I remind you, the Auditor-General found in 2011 you absolutely had not achieved. May I quote, for the benefit of the Committee?

The Hon. LYNDA VOLTZ: So you are just the spokesperson. Is that what you are telling us? The Ministers do all the work and you are just the spokesperson for it?

Ms PRU GOWARD: This is what the Auditor-General said about your approach.

The Hon. LYNDA VOLTZ: No. I am asking you a specific question about what your actual role is. You have said all the line Ministers are responsible for that action, so are you just the spokesperson for domestic violence?

Ms PRU GOWARD: Let me explain to you how domestic violence policy should work.

The Hon. LYNDA VOLTZ: No. I want an answer to my question. My question was very specific.

Ms PRU GOWARD: But this is the answer to your question.

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

The Hon. LYNDA VOLTZ: To the point of order: The Minister has just read out a long list of the Government's domestic violence policy. My specific question is: What is the Minister's actual role for domestic violence, as the Minister for domestic violence? That is the question I am asking; I am not badgering.

The Hon. SARAH MITCHELL: She is trying to answer.

The Hon. BEN FRANKLIN: She is trying to answer that exact question.

CHAIR: Order! Ms Voltz, I think it is clear you are asking for clarification from the Minister as to her specific role. I think we should allow the Minister to answer that question and clarify how her role is specific in relation to domestic violence.

Ms PRU GOWARD: We come from a starting point that what we inherited—I emphasise "what we inherited"—was a domestic violence strategy; one that did not exist. Organisations do not have a strategy for working together across the State, said the Auditor-General in 2011; there was no shared understanding between organisations of each other's roles in providing a more responsive system that encourages people to seek help and provides them with support; in its current form, the NSW Domestic and Family Violence Action Plan does not provide an adequate framework for coordination; there is no implementation plan, no performance indicators for monitoring progress, and no comprehensive mapping of available services.

Our job has been to ensure that we answer the Auditor-General's criticisms and ensure that coordinated response. That is why I am the Minister for the Prevention of Domestic Violence. That is why we have It Stops Here, which is a coordinated way of responding to victims. We have it operating in Waverley and Orange. This year we have expanded it to Tweed, Broken Hill, Parramatta and Bankstown. We have delivered accredited training for frontline workers. We have progressed on the Domestic Violence Disclosure Scheme, which is an Australian first. We have the Board of Studies agreeing to change the mandatory personal development, health and physical education [PDHPE] syllabus to explicitly include domestic and family violence prevention.

We have announced a sentencing review. We have launched the use of video evidence as evidence-in-chief, which came into effect on 1 July this year. We have announced a non-government organisation [NGO] led men's behaviour change program. We have announced innovative prevention tenders. We have supported the Men's Behaviour Change Network. We have funded the Men's Referral Service. This has all been possible because we have taken a coordinated approach. My job, as Minister, has been to ensure that.

The Hon. LYNDA VOLTZ: You just said that you have comprehensive mapping of available services. Tell me what the available services are in women's refuges.

Ms PRU GOWARD: That is a detailed question. I refer you to Minister Hazzard. I repeat my earlier observation that in fact, overall, as Minister Hazzard has confirmed, the budget for specialist homelessness services has grown from \$135 million in 2012-13 to a record \$182 million in 2015-16. Those additional funds are injected into the service system to make it stronger and to increase places.

The Hon. LYNDA VOLTZ: Okay. Let us go to brokerage of security of people's homes under the Going Home Leaving Home program.

Ms PRU GOWARD: Going Home?

The Hon. LYNDA VOLTZ: How many women have received funds? What is the total amount?

Ms PRU GOWARD: I think you are referring to the Going Home Staying Home?

The Hon. LYNDA VOLTZ: Sorry, Leaving Violence.

Ms PRU GOWARD: Yes. I would like to just correct the record.

The Hon. LYNDA VOLTZ: I want to know how many women have received a payment under the brokerage for security locks to put on their houses, and what is the total amount.

Ms PRU GOWARD: Can I first of all correct the record? I need to correct the record so that the record states that evidence-in-chief came into effect on 1 June 2015. Thank you. What was that question?

The Hon. LYNDA VOLTZ: Okay. Under the Staying Home Leaving Violence program, how many women have received payments for brokerage of security? What is the total amount?

Ms PRU GOWARD: I will take that on notice.

The Hon. WALT SECORD: Minister, when were you appointed Assistant Minister for Health?

Ms PRU GOWARD: The time that the machinery of government changes were announced after the election.

The Hon. WALT SECORD: What does the Assistant Minister for Health do?

Ms PRU GOWARD: Among many things, the Assistant Minister for Health has responsibility for drug and alcohol policy, and for dental policy. I can give you a full list.

The Hon. WALT SECORD: I would like you to read that full list, please.

Ms PRU GOWARD: I might ask Mary Foley. I have not actually—

The Hon. WALT SECORD: You do not know what your responsibilities are?

Ms PRU GOWARD: No. I do not have the list with me and I would not want to—

The Hon. WALT SECORD: Off the top of your head, what are you responsible for?

The Hon. NATASHA MACLAREN-JONES: Point of order: The Minister has said that she would like to refer to the list. I think she is entitled to do that.

The Hon. WALT SECORD: She is the Minister. She is the Assistant Minister for Health. She should know what she is in charge of.

CHAIR: Order! Mr Secord, allow the Minister the courtesy of answering.

The Hon. WALT SECORD: I am sorry I was disrespectful.

Ms PRU GOWARD: Yes.

The Hon. WALT SECORD: I did not expect that the Minister would not know what she was in charge of.

The Hon. NATASHA MACLAREN-JONES: Point of order: There is no need to be rude.

The Hon. LYNDA VOLTZ: You are the one who keeps interrupting.

Ms PRU GOWARD: I have said I have responsibility for dental health services, for drug and alcohol services and, as you know, I am also the Minister responsible for medical research.

The Hon. WALT SECORD: You were also given responsibility—correct me, if not—for carriage of the Health Care Complaints Commissioner.

Ms PRU GOWARD: Yes.

The Hon. WALT SECORD: That is fine. Could I take you to that?

Ms PRU GOWARD: Yes.

The Hon. WALT SECORD: Is there currently a Health Care Complaints Commissioner? Are you taking that on notice?

Ms PRU GOWARD: No. I am just getting to it.

CHAIR: Order! Mr Secord, allow the Minister to answer.

The Hon. WALT SECORD: She has taken 10 so far on notice. I just thought it was a continuing theme.

The Hon. SARAH MITCHELL: Point of order: The Minister is entitled to take questions on notice. It is a common practice in estimates, as the Opposition members know. To make an insinuation that that is somehow unacceptable I think is wrong.

The Hon. WALT SECORD: No.

The Hon. SARAH MITCHELL: You were.

The Hon. WALT SECORD: It is just that she is going for a personal best here.

The Hon. NATASHA MACLAREN-JONES: You are just being rude.

CHAIR: Order! Mr Secord, it is not your role to provide commentary on the Minister's performance.

The Hon. WALT SECORD: Okay, I am sorry. I would like to hear: Does the Minister know, is there currently a Health Care Complaints Commissioner in New South Wales?

Ms PRU GOWARD: The Health Care Complaints Commission [HCCC], as you know, is responsible for providing complaints assessment, resolution and investigation.

The Hon. WALT SECORD: Minister, yes or no: Is there a Health Care Complaints Commissioner?

The Hon. BEN FRANKLIN: Point of order—

The Hon. WALT SECORD: She clearly does not know.

The Hon. BEN FRANKLIN: The Minister is clearly answering the question on the Health Care Complaints Commission.

The Hon. LYNDA VOLTZ: No, commissioner. It is not an appropriate objection.

The Hon. WALT SECORD: Commissioner.

The Hon. BEN FRANKLIN: She is providing information that is utterly relevant.

CHAIR: Order! Allow the Minister to answer the question.

Ms PRU GOWARD: Thank you, Madam Chair. The commission acts, for the benefit of the Committee, to protect public health and safety. It is an important part of the system for ensuring accountability of health service providers in New South Wales. It is independent of government. We have a very robust legislative regime for managing complaints and overseeing the capacity and performance of registered health practitioners. The current legislation has been incrementally strengthened over more than 30 years in response to a number of royal and special commissions of inquiry and independent reviews.

The Hon. WALT SECORD: Point of order: This information is publicly available. The Minister is reading from the website. My question is simple: Do we currently have a Health Care Complaints Commissioner?

Ms PRU GOWARD: A process to appoint a new commissioner to replace the former commissioner, Kieran Pehm, is ongoing. The process is being managed by the Public Service Commissioner, and Karen Mobbs is currently acting in that role.

The Hon. WALT SECORD: You got to that.

The Hon. BEN FRANKLIN: It is called answering the question.

The Hon. WALT SECORD: No, it is called reading from the website.

CHAIR: Order! The Hon. Walt Secord will move on to his next question. He has received an answer to his previous question.

The Hon. WALT SECORD: An advertisement was placed in the *Australian Financial Review* on 8 May. In his commissioner's foreword in 2013 he said that it would be his last report. It is now two years since he indicated that he was departing and you still have not filled the position. What is causing this delay? It is a significant body that oversees complaints involving the health system. The system is in crisis at the moment and there is no-one there to hear complaints.

Ms PRU GOWARD: I repeat: A process to appoint a new commissioner to replace Kieran Pehm is ongoing. It is managed by the public service commissioner. Karen Mobbs is currently acting in that role, and I will ask Ms Crawshaw to take that question.

Ms CRAWSHAW: Just to emphasise, Karen Mobbs is a very senior, well-experienced member of staff of the Health Care Complaints Commission. Her substantive position is director of proceedings so she is well equipped to be the acting commissioner.

The Hon. WALT SECORD: Are you aware that last year there was an all-time high number of complaints to the Health Care Complaints Commission and in the 2013 annual report there were 10,187 inquiries and 4,767 written complaints, and of those 4,742 turned into complaints?

Ms PRU GOWARD: What is your question?

The Hon. WALT SECORD: Do you think there is an impetus to fill that position with a permanent person?

Ms PRU GOWARD: This a responsibility at the moment of the public service commissioner, and Ms Crawshaw has given me—

The Hon. WALT SECORD: Have you asked questions about why it is taking so long to occur? You are the Minister responsible. Minister Skinner has said publicly that she has given you carriage of this job.

Ms PRU GOWARD: And I have given you my answer.

The Hon. WALT SECORD: So you have done nothing.

Ms PRU GOWARD: I have given you my answer.

The Hon. WALT SECORD: I take you to other announcements that you have made as Assistant Minister for Health. Why are you upgrading Goulburn hospital rather than rebuilding it?

Ms PRU GOWARD: That was an announcement made by Minister Skinner before the last election and I invite you to ask her that question.

The Hon. WALT SECORD: You are the local member—

The Hon. BEN FRANKLIN: Point of order: The Minister is being asked questions in her ministerial capacity, not in her capacity as the member for Goulburn. It is utterly out of order.

The Hon. WALT SECORD: No, it is not out of order. Point of order: The Minister is the Assistant Minister for Health and she made commitments and public statements after the budget as Assistant Minister for Health.

The Hon. SARAH MITCHELL: To the point of order: The Minister has already said that it was an announcement from the health Minister, and the Hon. Walt Secord should direct his question to her this afternoon.

Reverend the Hon. FRED NILE: As you are aware, there is great concern about the ice epidemic and the use of that drug. I note in the budget papers that \$4 million is allocated over four years for non-government treatment services for ice users. What will that involve? How will these providers be chosen?

Ms PRU GOWARD: Thank you for that question. Ice is a very concerning drug. It is very dangerous and it does not discriminate. It can affect people of all backgrounds and in all communities. We are delivering on that election commitment to expand stimulant treatment services and enhance the capacity of non-government organisations. We are basing it on the very successful St Vincent's treatment model, Sustainable Pathways of Care. We are also building the capacity, as you said, of non-government organisations to provide local responses and early detection. An \$11-million ice package over four years includes \$7 million to expand stimulant treatment services across New South Wales and \$4 million to boost the capacity of non-government organisation treatment services in rural and regional New South Wales. The package delivers treatment services for those in the grips of addiction, enhances the ability of communities to respond locally and facilitates early detection.

Our investment in stimulant treatment includes \$2 million over four years for treatment services based in Wollongong, with outreach to Shoalhaven, focusing on young people particularly aged 16 to 25; \$1.6 million over four years for Western Sydney, based in Mount Druitt, with a focus on delivering treatment services for culturally and linguistically diverse communities; \$1.2 million over four years for the mid North Coast for outreach services into Port Macquarie, Coffs Harbour and Kempsey, with a focus on providing services for Aboriginal people; \$1.2 million over four years for communities in northern New South Wales, including Lismore, Casino, Tweed and Grafton, again to help Aboriginal communities suffering with ice addiction; additional funding in Newcastle to provide outreach to Tamworth and Taree to improve treatment for pregnant women and Aboriginal people in that region; and \$1.2 million over four years to expand services at St Vincent's, where this wonderful stimulant treatment model began.

All this funding means that people who use ice can now get treatment closer to home. Recently I travelled to Dubbo and Wellington, where I met with those on the front line dealing with the ice challenge—police, health workers, leading non-government organisations, Aboriginal leaders and, indeed, some ice users. Their whole-of-community response is inspiring, and it is impressive to see this happening from the ground up. The Government also spends \$185 million on drug and alcohol services in general.

Reverend the Hon. FRED NILE: The stimulant treatment program you referred to for people who use ice is \$7 million over four years. How are those people identified or selected?

Ms PRU GOWARD: I will ask Ms Koff to give you more detail.

Ms KOFF: The centres were determined through a rigorous process. The chief health officer convened an expert advisory panel. The panel reviewed the current evidence available and also looked at the demographic data, because population distribution is critically important in understanding utilisation patterns; the prevalence data of hospital admissions and emergency department presentations, plus looking also at the police data on seizures. Combining all that information starts demonstrating where the prevalent patterns are at the moment and where the centres should be located. I would be at pains to emphasise, as the Minister said, that we have drug and alcohol services distributed across the whole of the State, and they do and will have the capacity to manage ice treatment and management, but these are specific, specialised ones for those locations at the moment.

Reverend the Hon. FRED NILE: I think you are aware that there was some controversy over a proposal by, I think, Mr Noffs that there should be ice user smoke rooms. Is there any support by the Government for that controversial proposal?

Ms PRU GOWARD: I think we need to have a policy that is evidence based. My number one priority is earlier detection and referral for appropriate treatment intervention. That has to be the focus of the Government with a drug like this. I am advised that ice users can already use the medically supervised injecting centre to inject. I will ask Dr Chant to give more information about inhalation as against injection.

Dr CHANT: When I convened the expert panel the issue of a smoking room did not come up for discussion. Obviously those discussions are ongoing and we will continue to engage with experts in the field to formulate our policy response. The key issue identified was, as the Minister said, to focus on the opportunities for early intervention, so a number of our key initiatives. In addition, the Government identified \$1 million over two years to be allocated to some of the more prevention focused, potentially an online brief intervention for young people.

So the ministry will work with clinicians and researchers to adapt and test an online brief intervention for young people who use crystal methamphetamine—an online intervention in response to concerns that young people are less likely to access telephone support through the Alcohol and Drug Information Service and the intervention is likely to focus on identifying when use becomes problematic and encouraging seeking help early. That will link to the stimulant treatment programs and other drug and alcohol services. We are currently developing a working group. In addition to that, the ministry has contracted the Australian Drug Foundation to develop and conduct a series of community forums to educate the community.

The likely focus of the community education is the health impacts of crystal methamphetamine, including the warning signs and seeking help early. We are also looking at opportunities to embed better linkages between our drug and alcohol services and some of the services for people who might be experiencing some of the harms associated with crystal methamphetamine use, such as our sexual health clinics, and supporting them in the recognition of how crystal methamphetamine might be impacting on their client groups and how we can develop models of care that are linked to drug and alcohol services locally.

Ms PRU GOWARD: Madam Chair, through you, may I ask Reverend the Hon. Fred Nile if he would like any more information about the role of non-governmental organisations [NGOs] in ice?

Reverend the Hon. FRED NILE: I would like you to make it clear that the Government has no plans to have ice-smoking rooms. Could you make a clear statement about that?

Ms PRU GOWARD: It would be entirely based on the evidence. I think Dr Chant made it pretty clear that the important thing is early intervention.

Dr CHANT: As I said, the focus at the moment of the policy and programmatic response is really the opportunity for early intervention and early detection of when ice, crystal methamphetamine, use is being problematic and embedding that in a range of services where people may be presenting not recognising that crystal methamphetamine use is contributing to harm, and also developing and working with our drug and alcohol colleagues in the treatment facilities, particularly the important partnerships with non-government organisations. Clearly, there is also a need to work with particularly impacted regional communities and a particular focus on Aboriginal communities.

Reverend the Hon. FRED NILE: Senator Jacqui Lambie stated her concern for her son, who is an ice addict. She said she could not help him and she called for compulsory programs to treat ice users. Is there any consideration of amending the law to provide for compulsory treatment of ice addicts?

Ms PRU GOWARD: I have seen many parents and families agonised by watching their children going through this and feeling powerless, like Senator Lambie obviously did. But it needs to be based on evidence and I would like to ask Dr Murray Wright to talk a bit more about involuntary rehabilitation.

Dr WRIGHT: We do have an involuntary drug treatment program in New South Wales which has been in place since 2012. The figures we have currently reflect that whilst the vast majority of individuals who are referred to that program are dependent on alcohol, about 5 per cent are amphetamine users. It is quite important to put that in an appropriate clinical context. Compulsory treatment for anything is done as a last resort; you are basically taking away people's rights. In the area of drug and alcohol abuse, we are talking about people who have really failed at every other treatment and whose lives are in danger; they are likely to die without treatment. It is a very, very small minority of individuals and it is important that people pass through all the steps towards the final step.

These are starting with contact with primary care or counselling services, either government, non-government or private practitioners; then contact with the more generic drug and alcohol services which, as Ms Koff pointed out, are present in all local health districts [LHDs] across the State; and then those individuals who are not able to be assisted by those less intrusive, less coercive forms of care can sometimes find themselves being referred through a very careful clinical review process for compulsory services. The position I would take is you cannot really comment on the appropriateness of an individual case to go to a particular form of treatment until you have looked at the specifics of the nature of that person's problems and what kinds of assistance they have already sought. There may be opportunities far less coercive and restrictive that are appropriate and, indeed, fix the problem.

Reverend the Hon. FRED NILE: Thank you.

Dr MEHREEN FARUQI: Minister, can you confirm that non-government agencies are no longer standing members on the safety action meetings [SAMs] committee at the Waverley local coordination point as well as the Orange local coordination point? A yes or a no should be fine.

The Hon. WALT SECORD: Take it on notice.

Ms PRU GOWARD: No, I have an answer.

The Hon. WALT SECORD: You have that one?

Ms PRU GOWARD: I want to give you a bit of background on this, so let me find the note.

Dr MEHREEN FARUQI: Could you firstly answer whether non-government agencies are standing members on those safety action meetings committees?

Ms PRU GOWARD: As you know, this was a response to the Auditor-General's report and Safer Pathways, which is what safety action meetings are about. As you say, we did launch them in Orange and Waverley. I have visited Waverley a couple of times and I am taking the shadow Minister, Jodie Harrison, with me fairly soon. We now have SAMs in Tweed Heads, Parramatta, Bankstown and Broken Hill. Following an evaluation of current Safer Pathway sites we will look at a further rollout. The issue of NGO representation on SAMs has definitely been raised with me.

Dr MEHREEN FARUQI: Are there standing members on those committees anymore or not, Minister?

Ms PRU GOWARD: I have discussed this at the recently Domestic and Family Violence Council meeting. We have agreed to take steps to increase the representation of NGOs on SAMs, so that will happen.

Dr MEHREEN FARUQI: Are there currently standing members on those committees or not?

Ms PRU GOWARD: What do you mean by "standing member"?

Dr MEHREEN FARUQI: When those meetings happen, those members are invited to every meeting and they have a say in every meeting.

Ms PRU GOWARD: There are some NGOs involved in this. But we need to ensure that we increase the representation of NGOs on SAMs and that is what I am going to do.

Dr MEHREEN FARUQI: Could you assure the Committee that the same increase will be done for SAMs in the other local coordination points [LCPs] in Parramatta, Bankstown, Tweed Heads and Broken Hill?

Ms PRU GOWARD: I think you could take it as given that if it is clear that that would improve the actions and formulation of the SAM then that is what will happen.

Dr MEHREEN FARUQI: Minister, was not the purpose of SAMs to get multiple agencies to work together and collaborate and coordinate? Why would it not be feasible for them to work together? Why would it not improve collaboration and outcomes? Why is there a question around that?

Ms PRU GOWARD: There is no question. I have agreed to examine ways for increasing the number of NGOs on the SAMs.

Dr MEHREEN FARUQI: Minister, what provisions have been put in place to ensure that adequate and targeted representation for high-risk groups, such as lesbian, gay, bisexual, transgender and intersex [LGBTI], Aboriginal women and culturally and linguistically diverse women as well as women with disability, are also represented on the safety action meetings?

Ms PRU GOWARD: I might add to my earlier answer. The Women's Domestic Violence Court Advocacy Service [WDVCAS], which as you know is responsible for the single referral point, as I understand they are standing members on SAMs. So we do have standing members, to use your term.

Dr MEHREEN FARUQI: From all these groups?

Ms PRU GOWARD: From the WDVCAS. They are an NGO and they are a standing member of the SAM. Can you repeat your question?

Dr MEHREEN FARUQI: My question was: On SAMs, are all these at-risk groups represented, such as LGBTI, Aboriginal women and women from culturally and linguistically diverse background as well as women with disability?

Ms PRU GOWARD: Their interests are certainly represented.

Dr MEHREEN FARUQI: Who represents their interests?

Ms PRU GOWARD: The WDVCAS would represent their interests. All of the services there would represent the interests of all women escaping domestic violence.

Dr MEHREEN FARUQI: Minister, you may have addressed this earlier, but please confirm there has been an evaluation of the program It Stops Here Safer Pathway. Has an evaluation been done of that program?

Ms PRU GOWARD: There are many evaluations that have been done on a number of programs.

Dr MEHREEN FARUQI: On that particular program, with the two LCPs that have been in place for some months now.

Ms PRU GOWARD: I will get back to you with further information on that. We have considered it satisfactory enough to roll it out to Tweed Heads, Parramatta, Bankstown—

Dr MEHREEN FARUQI: Has there been an evaluation to identify any problems, such as you might need to improve the referral system? Will those be taken into account for the next round?

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

Dr FOLEY: Yes, some evaluation has been undertaken. Given that this week it is piloting and rolling out, we need to ensure that the program delivers against its objectives. An evaluation process has been completed by the Bureau of Crime Statistics and Research [BOCSAR], and that report has been submitted. It is pleasing to see on reading that evaluation the refinements to the existing programs that have been made and these then will inform the rollout of the subsequent sites.

Dr MEHREEN FARUQI: I presume that that is publicly available. That is the only evaluation not particularly by the Minister's department.

Ms KOFF: No, that is the evaluation done by the Bureau of Crime Statistics and Research, and it is appropriate that it is evaluated by that organisation. Women NSW has considered that and will be informing the Minister of the results of that evaluation. We are also discussing the release of that evaluation report with BOCSAR.

Dr MEHREEN FARUQI: Can you assure the Committee that those results will also be made available to the sector and other stakeholders?

Ms KOFF: Given that the evaluation informs the way we deliver the services, and there are many stakeholders and agencies, they will be well aware of what the evaluation indicates and how we can improve the programs.

Dr MEHREEN FARUQI: Minister, do you have a timeline for the implementation and the evaluation of the Domestic Violence Disclosure Scheme?

Ms PRU GOWARD: The Domestic Violence Disclosure Scheme is intended to empower people to make informed decisions about their relationships and to take control back from perpetrators. As you know, domestic violence is very much about power and control. It was a priority recommendation of the Violent Domestic Crimes Taskforce. It means we would be the first State in Australia to establish a pilot.

Dr MEHREEN FARUQI: When will that be established?

Ms PRU GOWARD: I will have more to say about the pilot and the rollout of the scheme in the coming months. As members know, it is based on Clare's Law and it aims to increase the safety of both men and women. It enables people to find out whether their partner has a history of domestic violence offending. As part of the consultation process, more than 60 representatives from non-government—

Dr MEHREEN FARUQI: I would like a rough idea of the timeline.

Ms PRU GOWARD: I will ask Elizabeth Koff to provide more detail.

Ms KOFF: The importance of the timeline is engaging stakeholders around the development. As members can imagine, it is a complex area. On reviewing the evidence from the United Kingdom, it is also important that we create a bespoke approach to what is appropriate in the New South Wales context. We have had a number of meetings and a forum was held at Parliament House—

Dr MEHREEN FARUQI: I understand that, but you would have some idea of when this will come online.

Ms KOFF: Yes. We are looking to have a proposal for how the scheme will operate within the next few months. It will be ready to go by early 2016.

Dr MEHREEN FARUQI: Minister, you said that the Government's scheme was based on Clare's Law. Has that scheme been evaluated yet, do you know the results of the evaluation, and are you including them in the proposed scheme?

Ms PRU GOWARD: As Elizabeth Koff said, obviously it is based on Clare's Law and the evaluations of that law that have been conducted in the United Kingdom.

Dr MEHREEN FARUQI: My understanding is that there has not been an evaluation yet.

Ms PRU GOWARD: As I think Ms Koff said, whatever the evidence is on the United Kingdom scheme will be fed into the design of ours.

Dr MEHREEN FARUQI: Were any other schemes around the world examined? There are other schemes available across the world. Were any other schemes considered during the development of the New South Wales scheme?

Ms PRU GOWARD: The Violent Domestic Crimes Taskforce recommended that scheme and that recommendation was endorsed by a huge cross-section—

Dr MEHREEN FARUQI: Do you know whether they considered alternative schemes that may have been evaluated?

Ms PRU GOWARD: I will take that question on notice.

Dr MEHREEN FARUQI: Minister, are you also looking at independent oversight when the scheme is rolled out? Is that something being considered?

Ms PRU GOWARD: What do you mean by "independent oversight"?

Dr MEHREEN FARUQI: Independent oversight and evaluation of the scheme.

Ms PRU GOWARD: I think Elizabeth Koff has already indicated that the first evaluation was provided by BOCSAR. Would you consider that independent?

Dr MEHREEN FARUQI: I am talking about the first evaluation of the Domestic Violence Disclosure Scheme that has not yet been rolled out.

Ms PRU GOWARD: I was talking about the Safe Pathways—

Dr MEHREEN FARUQI: I am talking about the Domestic Violence Disclosure Scheme. Do you have plans for an independent evaluation to be carried out?

Ms PRU GOWARD: I am trying to work out what you mean by "independent".

Dr MEHREEN FARUQI: I am not sure how I can explain it better—perhaps someone outside the department.

Ms PRU GOWARD: Like BOCSAR?

Dr MEHREEN FARUQI: Anyone.

Ms KOFF: I think independent evaluation is absolutely critical for any program. We have public accountability for the implementation and we need to determine that it is effective.

The Hon. WALT SECORD: Minister, I return to your responsibility for the commissioner of the Health Care Complaints Commission. I direct my question through you to Ms Crawshaw. When will the commissioner be appointed?

Ms CRAWSHAW: That is in the hands of the Public Service Commission.

The Hon. WALT SECORD: Have you sought a timetable?

Ms CRAWSHAW: It is external from Ministers. As the Committee would appreciate, it is an independent office subject to oversight by a parliamentary committee. It is important that it is at arm's length from the Ministry of Health because obviously we run a system that can be investigated by the Health Care Complaints Commission. My understanding, probably about a week or two weeks ago, is that the Public Service Commission was close to making a recommendation.

The Hon. WALT SECORD: So you have sought a timetable?

Ms CRAWSHAW: I cannot hold the Public Service Commission to a timetable, but I have sought information on progress.

The Hon. WALT SECORD: Minister, I refer to your responsibilities as Assistant Minister for Health. You issued a statement on 24 June when you were Assistant Minister for Health—that is, when you were responsible. I return to the question of Goulburn Base Hospital. Why are you supporting an upgrade rather than a rebuild of that hospital?

Ms PRU GOWARD: I issued a press statement as the member for Goulburn.

The Hon. WALT SECORD: But you are also the Assistant Minister for Health.

The Hon. BEN FRANKLIN: Point of order: The Minister has already made it patently clear that the Minister for Health has responsibility for the issues surrounding the Goulburn Base Hospital and that we should direct questions to her this afternoon.

The Hon. WALT SECORD: To the point of order: I thought that as the Assistant Minister for Health and as the member for Goulburn the Minister would be chomping at the bit to talk about—

CHAIR: I ask the Hon. Walt Secord to ensure that his questions refer to the Minister's responsibilities as she appears here today.

The Hon. WALT SECORD: But she is the Assistant Minister for Health.

CHAIR: But the questions being asked do not relate to her responsibilities as she appears here today.

Ms PRU GOWARD: As you have identified, Madam Chair, I have answered that question.

The Hon. WALT SECORD: I refer to the dental policy. Minister, what is your view about fluoride?

Ms PRU GOWARD: Fluoridation is one of those public health initiatives that have achieved extraordinary results in Australia. During my childhood, classrooms were full of kids with broken and decaying teeth, but that seems to be a thing of the past. Fluoridation is endorsed by the World Health Organisation, the National Health and Medical Research Council, the Australian Medical Association, and the Australian Dental Association. Approximately 96 per cent of our residents currently have access to fluoridated water.

The Hon. WALT SECORD: I have read the same website—the New South Wales Department of Health website. What is your view about fluoride? Do support it?

Ms PRU GOWARD: I have made that clear.

The Hon. WALT SECORD: I must have missed that. Do you support fluoride?

Ms PRU GOWARD: It has been a very significant public health initiative. It has transformed the lives of millions of children and therefore adults. I am very pleased that 96 per cent of New South Wales residents currently have access to fluoridated water.

The Hon. WALT SECORD: What you are you doing about local councils on the North Coast that are refusing to put fluoride in their water?

Ms PRU GOWARD: NSW Health supports councils that are considering fluoridation through the provision of engineering support to investigate technical feasibility.

The Hon. WALT SECORD: What you are doing as the Minister responsible for dental policy? You were very specific and the Chair ruled out questions. I wrote it down. You are responsible for dental policy.

Ms PRU GOWARD: Yes, I am. Good boy.

The Hon. WALT SECORD: What are you doing about fluoride?

Ms PRU GOWARD: I will ask Kerry Chant to answer that question.

The Hon. WALT SECORD: No, I would like to know you—

The Hon. NATASHA MACLAREN-JONES: Point of order: She can refer it to whoever the—

CHAIR: Mr Secord, allow the Minister to answer. You know full well that the Minister is allowed to refer to her officials who are with her to respond to specific questions.

Dr CHANT: In relation to the North Coast, I am pleased to say that last night I signed the certificate of authority for the final steps for Rous Water to commence fluoridation.

The Hon. WALT SECORD: Oh, good. Let me put on the record I am 100 per cent in support of that.

The Hon. SARAH MITCHELL: It is not about you, Walt.

Dr CHANT: As you are aware, at the time in around 2013—I just need to check the date of that—I, my colleagues in NSW Health, the local dentists and other representatives of the medical fraternity on the North Coast did present to the Byron council general meeting and endeavoured to persuade council to vote in favour of fluoridation. That was not successful. It is not to say that we will not continue. A key role that we have is providing an evidence base for informed decision-making of local council and we will continue to engage with Byron council, but also the community of Byron.

The Hon. WALT SECORD: They have been pretty hostile to you up there, haven't they—personally?

Dr CHANT: I think it is important that New South Wales has made incredibly great inroads in fluoridation and I can provide a list of the expansion within council regions where we have been able to expand water fluoridation, but it is pleasing to see new councils come on. Sometimes there are a number of challenges for councils. For instance, at the moment we are doing a piece of work with Gunnedah to actually—

The Hon. SARAH MITCHELL: Hear, hear!

CHAIR: It is not about you!

The Hon. WALT SECORD: It is not about you, Sarah.

Dr CHANT: Because they have multiple bores supplying the towns, we are providing some funding to support a technical analysis of that. In other areas we may need to upgrade the existing water treatment facility to then add a fluoridation plant. There are some complexities, but we are very passionate and it is great to see a number of councils engaging. For the small handful of councils where they have not at this point taken that step to either seek a direction from the ministry to fluoridate or made the vote to fluoridate, we will continue to work with councils to support them and the community to understand the benefits of water fluoridation.

The Hon. WALT SECORD: Minister, is the Government considering legislation to direct local councils that are refusing to put fluoride in the water?

Ms PRU GOWARD: I will take that on notice.

The Hon. WALT SECORD: We have now hit a baker's dozen—that is 13. What do you say to local councils that refuse to put fluoride in the water—that flout public health?

Ms PRU GOWARD: I think Dr Chant has answered that question, but I will ask her to add to her answer.

The Hon. WALT SECORD: No, I am asking your view. This is a no-brainer. I do not think I have met anyone—

The Hon. NATASHA MACLAREN-JONES: Point of order: The Minister can answer the question whichever way she wishes.

The Hon. WALT SECORD: She does not have a view on fluoride. She does not have a view on recalcitrant councils.

Ms PRU GOWARD: I do have a view on fluoride.

CHAIR: Mr Secord—

The Hon. BEN FRANKLIN: She has made her view perfectly clear.

The Hon. WALT SECORD: No, she has not.

CHAIR: if you wish to keep asking the same question and receiving the same answer, that is your time and you are allowed to use it that way, but the question has been answered.

The Hon. WALT SECORD: Minister, will you legislate to require councils to put fluoride in the water?

Ms PRU GOWARD: As Dr Chant has explained already, there are a number of incentives. We provide a 100 per cent capital subsidy for the construction of new fluoride systems to ensure that there is no financial barrier to a council considering fluoridation. Dr Chant and her team work very well with local government. If Dr Chant wants to add to my answer, I invite her to do so.

Dr CHANT: It is probably useful to note also that once a water utility commences fluoridation then it creates an offence provision if it ceases that without the permission of the secretary. Whilst clearly there are some avenues for us to do more, the approach taken has really been useful at rolling out fluoridation. We have also done some innovative things to support water fluoridation in small Aboriginal communities. Even though the benchmark is that communities with more than 1,000 people justify water fluoridation, in terms of Aboriginal communities we have often pushed that limit. Certainly the technology with microfluoridation plants has allowed us to use that technology for particularly disadvantaged communities.

The Hon. WALT SECORD: Minister, through to the secretary, Dr Foley, have you used or will you consider using your secretary authority to act against protesters that are blockading on the North Coast involving fluoride?

Dr CHANT: We are in close liaison with Kyme Lavelle, the head of Rous Water, and are working with the mayors of the councils. As I indicated, I had issued the final approval in a detailed planning process and certification for the plant to commence, and I believe that that will commence shortly. The vast majority of the local community in those areas supports fluoridation so I am hopeful that there can be a peaceful commencement of fluoridation in that region.

The Hon. WALT SECORD: Minister, I return to dental policy. Are you familiar with the fact that waiting lists for dental for children on the North Coast are up to two years?

Ms PRU GOWARD: I am not—

The Hon. WALT SECORD: Infants—little children.

Ms PRU GOWARD: I appreciate the importance of dental care for vulnerable children.

The Hon. WALT SECORD: And what steps are you taking to address the long waiting lists for dental?

Ms PRU GOWARD: I will refer to Dr Chant. I think she could give you the complete information.

Dr CHANT: In relation to child dental waiting lists, I do not have the specific data from North Coast but would be happy to make that available.

The Hon. WALT SECORD: Okay. I would like you to take that on notice.

Dr CHANT: However, I think it is really important to know that there has been a significant decrease in children on the dental waiting list. In part that has been because of the Commonwealth's introduction of the Child Dental Benefits Schedule, which provides a \$1,000 dental package for basic dental care for those on up to family tax benefit A and some other benefits. That has seen a decline in children presenting to our services and we are pleased that that initiative is in place. We are also working to strengthen access to specialist services and we are introducing a number of innovations to support that. For instance, I am aware of the North Coast undertaking some work with Griffith University dental school to look at support and better access for tertiary services. It is a complex issue of waiting lists, but overall the introduction of the Commonwealth Child Dental Benefits Schedule has had a positive impact and also our own services have been—

The Hon. WALT SECORD: Can I direct you to western Sydney?

Dr CHANT: Yes, certainly.

The Hon. WALT SECORD: What are you doing in the area of western Sydney for dental waiting lists?

Dr CHANT: One of the key things that we have seen is an increase in the base efficiency of our services. A lot of work has been done across our services to ensure that we utilise our existing infrastructure and funding well, and we have seen an increase in the efficiency of our services overall. It is also pleasing to note that the Commonwealth under the existing national partnership agreement [NPA] saw an injection of funds. What we have seen that do is excite waiting lists, so initially—

The Hon. WALT SECORD: What does "excite waiting lists" mean?

Dr CHANT: There is clearly an unmet need for dental services. As you are aware, the State Government provides a safety net for the most marginalised. In relation to adults, pension card holders and health care card holders are eligible for our services. There has been the addition of in the order of \$50 million annually which is what we are getting from the Commonwealth this year—with the NPA we have seen some injection of additional money over the past three years—and that has meant that the waiting lists have gone down and people have now come forward to try to access dental care. So whilst we saw—

The Hon. WALT SECORD: Do you not think that indicates that there is actually a larger pool of people who need it?

Dr CHANT: I think it clearly indicates that there is an unmet need. We have delivered and over-delivered on our commitment under the national partnership agreement. As I indicated, we have put a lot of steps in place to increase the base efficiency of our services. We have also delivered on the targets set by the Commonwealth under our national partnership agreement.

The Hon. WALT SECORD: Are you familiar with the concept of waiting lists for waiting lists?

Dr CHANT: You would have to clarify what you mean in relation to dental. We have a triage system for dental and we have call centres. One of the challenges of analysing the waiting lists is that people with urgent pain, bleeding, swelling—things that need urgent care—get listed and often get seen within 24 to 48 hours.

The Hon. WALT SECORD: So there are waiting lists for the waiting lists then, when you hit the triage. So how long is it—

Dr CHANT: No. So in regard to dental—and we are currently in the process of finalising a new policy directive—there is minor variation from different local health districts on the way they have managed the waiting list, but there is a clear process that there is an existing policy directive and we are clarifying that to even further standardise the process for waiting lists. The aim of that is to also align it with the concept of clinically appropriate waiting times.

As you can imagine, there might be a child who has had a visit who you want to bring back in a year's time and it is clearly appropriate that the child wait for that period of time to come back. So we are moving our

waiting list policy to align with clinically appropriate waiting times. At the moment there is a system. We have a policy directive and an updated policy directive on the process of categorisation. The other point I would like to make is that if people on the waiting list have changed conditions it is very important that they ring the call centre. As I indicated, if you are starting to get pain or fever, it becomes a much more acute situation and we need to get you in. I think that is an important message that we would like to get out there.

The Hon. WALT SECORD: I take you back to something you mentioned in your answer. You said you are looking at the dental policy.

Dr CHANT: It is the usual process of us revising our policy directives. We currently have a policy directive that indicates how you prioritise your expectations, how you get on the list, your procedural issues, your coding—

The Hon. WALT SECORD: How do you get on the list?

Dr CHANT: You ring a call centre if you have pain or fever or swelling. That would initiate a rapid assessment by a dental clinic.

The Hon. WALT SECORD: What is rapid?

Dr CHANT: I would have to double-check, but it is either within 24 or 48 hours. I would need to confirm. I would hate to mislead the Committee, but it is a very short time because they are critical issues.

The Hon. WALT SECORD: You have lists of rapid—

Dr CHANT: Yes. We have a triage category whereby if you have those critical things you would go for rapid assessment. Sometimes local health districts will, for instance, bring in the children directly or, in other cases, they may do an initial assessment. We also have a scheme called the Oral Health Fee For Service Scheme. For instance, if people have been assessed, they can be issued vouchers and then there is a range of private providers where they can get the work done. Many of our services have a mixed in-house model but also draw on our oral health fee-for-service process.

The Hon. WALT SECORD: You mentioned the category of rapid, what are the other categories?

Dr CHANT: I would have to refer to the policy directive.

The Hon. WALT SECORD: Can you provide to the Committee the categories by classification and the number of people that are on that list as at 1 September?

Dr CHANT: Certainly. We are in the process of finalising the policy directive. Perhaps the Committee would be interested in seeing that revised policy.

The Hon. WALT SECORD: Minister, I would like to return to women's health services in south-western Sydney. Maybe Dr Foley can assist me if you take this question on notice. Earlier this month the local health district indicated that women's health services in Western Sydney are going up to market sounding. Minister, can you explain what is market sounding?

Ms PRU GOWARD: I think you have a common-sense understanding of what that means, but I—

The Hon. WALT SECORD: No, I would like you to explain it to me, please.

Ms PRU GOWARD: I am very happy to have Dr Foley give you—

The Hon. WALT SECORD: No, Minister, I would like you to explain.

CHAIR: The Hon. Walt Secord—

Ms PRU GOWARD: Your opportunities to interview and get information from public servants are limited to these estimates proceedings.

The Hon. BEN FRANKLIN: Point of order—

Ms PRU GOWARD: You should be delighted to have Mary Foley here to answer your questions.

The Hon. WALT SECORD: Point of order—

The Hon. Ben Franklin: The Minister has every right to refer a question to a departmental person if she feels that that is an appropriate way to address the question. Surely the point of these estimates hearings are to find out information, and if the Minister feels that the best purveyor of that information is the secretary, then surely it is within her gamut to be able to do that.

The Hon. WALT SECORD: To the point of order: Budget estimates exist to have a check on Executive Government. It is our only opportunity to ask Ministers policy questions about the budget. The Minister has now taken 13 subjects on notice, and I asked a simple question: What does market sounding of women's health services in south-western Sydney mean? It is a very simple question. This is a significant process that we go through. It is a check on Executive Government and I resent that the Minister has repeatedly taken questions on notice.

Ms PRU GOWARD: I am sure you do, but I will take that one on notice too.

The Hon. WALT SECORD: We are up to 14.

The Hon. NATASHA MACLAREN-JONES: You can count, Walt. I am amazed.

The Hon. WALT SECORD: Boy, can I count.

CHAIR: Mr Secord, you have used most of your question time taking points of order. You have 25 seconds left.

The Hon. WALT SECORD: Dr Foley, can you begin and I will return to this question after the next block. What does market sounding of women's health services in south-western Sydney mean?

Dr FOLEY: I am not familiar with the particular thing that south-western Sydney is doing, but I am happy to talk to the chief executive of the district and get detail. In principle, it would not be unusual for a district to see what non-governmental organisations [NGOs] are available to provide particular kinds of services and districts enter into arrangements with NGOs in their districts for a range of services, which will then work closely with the hospital and community health services of the district, but I do not have specific details of that and I will seek them.

The Hon. WALT SECORD: Would you care to—

CHAIR: Mr Secord, your time is up.

The Hon. WALT SECORD: You allowed Reverend the Hon. Fred Nile on many occasions to ask a follow-up question.

The Hon. NATASHA MACLAREN-JONES: Are you arguing with the Chair?

CHAIR: For the benefit of the Committee and obtaining an answer, if you have some evidence or a reference, you might like to make it available, so when it is again your turn to ask questions we will have some clarity about—

The Hon. WALT SECORD: Absolutely.

The Hon. SARAH MITCHELL: Can you table it so we can all follow it?

The Hon. WALT SECORD: Absolutely. Who do I provide it to?

CHAIR: To the staff.

The Hon. NATASHA MACLAREN-JONES: You have been long enough you should know.

The Hon. WALT SECORD: You have been here longer, Natasha.

Dr MEHREEN FARUQI: Minister, going back to the Domestic Violence Disclosure Scheme [DVDS], what is the budget for the implementation and evaluation of the Domestic Violence Disclosure Scheme?

Ms PRU GOWARD: That will be announced shortly when we have finalised the design of the scheme.

Dr MEHREEN FARUQI: Minister, we are in budget estimates and you are rolling out the program early next year. Surely you have a budget in mind.

Ms PRU GOWARD: When the scheme is announced the budget for that scheme will also be announced.

Dr MEHREEN FARUQI: Will the budget include specialised training for New South Wales police, specialist family and violence support workers, court staff and magistrates?

Ms PRU GOWARD: That is going to be part of the design of the scheme, which is being finalised. You will have to wait until we have finalised the design and made the announcement. Ms Koff may have something further to add.

Ms KOFF: With the implementation of any new scheme, all people involved with its implementation and then the delivery need to have some form of development, education and understanding of how it operates if we are to remain true to the integrity and fidelity of the program. The extensive discussions that we have had—obviously the person in the intimate relationship has the right to understand and the right to ask, and we have been looking also at third party referrals to the Domestic Violence Disclosure Scheme. So having an understanding of what the obligations are to providing that information is absolutely critical and that will be part of the development and implementation of the program.

Dr MEHREEN FARUQI: I understand that. The budget for 2015-16 has already been announced. Surely that budget includes part of this budget as well. So what was the budget that was developed to be included in the 2015-16 budget? A rough idea of how much it would cost would be valuable.

Ms KOFF: As the Minister outlined, there is already a significant investment in the domestic violence area. We need to fully design the program before we have an understanding of what the budget might look like.

Dr MEHREEN FARUQI: Thank you. You mentioned earlier that there had been a roundtable on the DVDS. Perhaps the Minister or you could answer this question. Were high at risk groups such as the lesbian, gay, bisexual, transgender and intersex [LGBTI] community, the culturally and linguistically diverse [CALD] community and Aboriginal community, and people with disabilities invited to that roundtable?

Ms PRU GOWARD: You are talking about the violent domestic crimes task force.

Dr MEHREEN FARUQI: I am talking about the DVDS roundtable.

Ms PRU GOWARD: The DVDS roundtable.. I have some notes on that.

Dr MEHREEN FARUQI: Were representatives from high at risk communities invited to that roundtable, or have they been involved in other discussions?

Ms PRU GOWARD: To save your time, it was a pretty comprehensive roundtable. There were a number of them. Sorry, I am just looking for my note. There was one for the legal fraternity, one for the Aboriginal community and one specifically for the CALD community.

Dr MEHREEN FARUQI: What about people with disabilities and the LGBTI community?

Ms PRU GOWARD: There was not a specific roundtable for those people but those issues would have been canvassed in all those roundtables.

Dr MEHREEN FARUQI: I am not talking about the issues; I am asking specifically about representation of those communities when programs are developed to prevent domestic violence.

Ms THOMPSON: Yes, people were invited to the roundtables here at Parliament House. We can provide a comprehensive list of people who attended that.

Dr MEHREEN FARUQI: That would be great.

Ms THOMPSON: There were additional discussions with groups of people from the LGBTI community, people with disabilities and members of the Aboriginal community.

Dr MEHREEN FARUQI: Thank you. If you could take that on notice and provide a list that would be appreciated. Minister, what criteria have been used to select locations for the pilot scheme for the Domestic Violence Disclosure Scheme [DVDS], and is consideration being given to regional and rural areas?

Ms PRU GOWARD: I am afraid that we have not finished the design of the Domestic Violence Disclosure Scheme. I will have more to say about the sites and the pilot in the coming months.

Dr MEHREEN FARUQI: I understood from Minister Hazzard's response to a question in budget estimates yesterday that you called a cross-portfolio meeting last week related to domestic violence. Which portfolios were involved in these meetings?

Ms PRU GOWARD: I can roughly recall but I would rather give you the accurate answer.

Dr MEHREEN FARUQI: It was particularly on education strategies, as far as I understand.

Ms PRU GOWARD: To make sure that I cover everybody who was there I would rather provide you that on notice.

Dr MEHREEN FARUQI: Yes, if you could take that on notice. Minister, was a budget allocation discussed for the inclusion of domestic violence education in the curriculum at that meeting? You have made that announcement; is there a budget attached to it?

Ms PRU GOWARD: You would need to ask the Minister for Education. As you know, it is beginning in the first term of next year, and it applies to the PDHPE courses for years 7 to 10.

Dr MEHREEN FARUQI: Are you involved in those discussions about the domestic violence curriculum being included?

Ms PRU GOWARD: It is the responsibility of the Board of Studies. I think your question is best addressed to the education Minister and the board.

Dr MEHREEN FARUQI: The next question may be best addressed to him as well. It is about providing resources to teachers for training in case they are confronted by students who have been in domestic violence situations.

Ms PRU GOWARD: That is a very important consideration.

Dr MEHREEN FARUQI: Have you spoken about that to the Minister for Education? Does there need to be specific training? It is an issue related to domestic violence more than education.

Ms PRU GOWARD: As an election announcement we announced an increase in the number of school counsellors. One of the roles of the school counsellors is obviously to speak to students who wish to discuss matters like domestic violence.

Dr MEHREEN FARUQI: Of the 24 new domestic violence specialist police officer positions you announced in June this year, how many positions have now been filled?

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

Dr MEHREEN FARUQI: Can you tell me exactly what role these police officers will be undertaking. Is it any different from the role of the domestic violence liaison officer? What is the specific role that these specialist police officers will be undertaking?

Ms PRU GOWARD: I will ask Ms Thompson to give you some more information on that.

Ms THOMPSON: I think it would be a question that would be best directed to the Minister for Police because it relates to the role of the police.

Dr MEHREEN FARUQI: If there is a specific domestic violence role, and the announcement was made by the Minister—

Ms THOMPSON: There are several specific domestic violence roles within Police. Where this funding is going is a matter for the Police Force.

Dr MEHREEN FARUQI: Is there any consultation between you, Minister and the police about what roles are necessary within the Police Force to deal with domestic violence?

Ms THOMPSON: Operational issues in policing are matters for the police. They are best placed to make decisions about where officers are better placed.

Dr MEHREEN FARUQI: Will any of these officers be part of the new Domestic Violence Disclosure Scheme pilot program or has that not yet been decided?

Ms PRU GOWARD: That has not been finalised.

Dr MEHREEN FARUQI: Minister, you must be aware of a recent KPMG report called "Going Home Staying Home Post-Implementation Review 2015", which revealed some very telling lessons for all Ministers on how not to run a major reform program. It was rushed with timelines, lack of transparency, lack of secure funding for the project and high stress levels in both government and non-government agencies. It was pretty much a botched process from start to finish. Will you, as Minister for the Prevention of Domestic Violence and Sexual Assault, assure the good people of New South Wales that the lessons that have been learnt from the debacle of Going Home Staying Home will never happen again in anything under your jurisdiction?

Ms PRU GOWARD: You put exactly the same sorts of questions to the Minister yesterday. It is his responsibility. I repeat: Women's refuges play an important role in responding to women escaping domestic violence. I am advised that funding for these services has increased and that additional funding has been injected into the services. I am advised that under the specialist homelessness services program the total budget delivered through NGOs in New South Wales has grown from \$135 million to a record \$182 million.

Dr MEHREEN FARUQI: Do you acknowledge that the program was rolled out and developed under you? Would you acknowledge that there were significant issues and that you will take on board the findings of the KPMG report to make sure that they are never repeated?

Ms PRU GOWARD: Minister Hazzard has already given you his answers. I thought that was a pretty frank discussion.

Dr MEHREEN FARUQI: You will be rolling out other programs in your role as the Minister for the Prevention of Domestic Violence and Sexual Assault. Would you will also be applying those lessons and not repeating those mistakes?

Ms PRU GOWARD: I do not disagree with Minister Hazzard and the answers that he has given.

Reverend the Hon. FRED NILE: Dealing with the issue of medical research, how many drug users will be included in the \$9 million four-year clinical trial of the medical use of cannabis?

Ms PRU GOWARD: These trials begin with the premise that the Premier and the Government want New South Wales to be a world leader in researching and developing pharmaceutical cannabis products from an

evidence-based application in the health system. The Government is determined to ensure that our residents receive the best treatment and compassionate care but we do not want patients or carers to pay pharmacists. That is why we are leading the country on medicinal cannabis research. It is a very bold public policy step to improve lives.

We are investing \$9 million to support three clinical trials to explore how cannabis products could help adults with terminal illness, chemotherapy patients suffering nausea and vomiting, and children with severe drug-resistant epilepsy. This is a Government that says what it will do and then does it. I am very proud that the New South Wales Government is leading the way on medicinal cannabis research. I might ask Dr Chant to give you some further information about the design of the trials.

Dr CHANT: Just for clarity, there are three areas. I conducted an expert panel, which identified areas where there would be potential for Australia, and New South Wales in particular, to add to research knowledge about the therapeutic uses of cannabis. The three areas were: paediatric epilepsy, chemotherapy-induced nausea and vomiting, and a range of symptom relief in terminal illness. We then called for expressions of interest and researchers applied for that. The first research protocol that was approved was a research group led by Associate Professor Meer Agar at the University of New South Wales. That clinical protocol starts off with a small phase 1 study, which is going to have around 30 patients. The aim is to test whether a cannabis product can be successfully given to patients by inhaling it. Is it tolerated? How often should it be used and does it ameliorate the symptoms?

It is a small hypothesis and practical testing of whether we can deliver this product. That will progress to a phase 3 trial, which is where there will be a randomisation of people into different paths. They will be given cannabis baked leaf with controlled quantities, where we know how frequently to give it and in what dose, and comparing that to a product that looks like leaf but has no active ingredient, and compared with another pharmaceutical derived cannabinoid product. In that way we will be able to test for and control what has been a major problem with a lot of cannabis research: the blinding and the proper construct of the studies.

In terms of whether any one of the terminally ill patients has been, I would need to refer to the specific study protocol that has been developed by Meera Agar to know if they would be excluding people from the trial, people who had previously used cannabis. But clearly it is often a question that we should ask because it may influence whether it is acceptable to patients or may actually influence their tolerance of the cannabis leaf product.

But it will be done very much by the expert clinicians, who will design the trial. They will have the exclusion details but quite extensive information on people will be collected to enable all these interesting questions to be answered scientifically so that we can actually understand whether this is a product that will improve people's quality of life. They are particularly focusing on some of the appetite dimensions that this standardised cannabis product may be able to deliver.

Reverend the Hon. FRED NILE: You mentioned leaf. What are the actual cannabis products? There is leaf, oil—

Dr CHANT: There will be a leaf, but it will be a standardised leaf so it is likely to be an imported leaf product from a couple of the manufacturers. As you are probably aware, there are producers in Canada but also in the Netherlands. They will be sourcing a product which has already been characterised. What is interesting is that the cannabis, from one plant to another, can often have very different component of levels of the cannabidiols or the tetrahydrocannabinol [THC]. So it will be standardised and they may choose different levels of the various cannabidiols components in this study. That will be the sort of leaf. Then they will also select a pharmaceutical version of a cannabis product, and that is in the protocol. But the protocol will be available. The next step in the protocol is it going to the ethics committee, and I believe it is going to the October ethics committee.

Reverend the Hon. FRED NILE: What were the products again—leaf?

Dr CHANT: There is a leaf and then there is also a pharmaceutical.

Reverend the Hon. FRED NILE: Which is what?

Dr CHANT: It is like a synthetic. It could be dronabinol. I will have to get you what they are currently thinking of for that, but one of the arms in phase three is a pharmaceutical drug as well.

Reverend the Hon. FRED NILE: I have heard that some of the parents are using cannabis oil for epileptic children. Is that being tested?

Dr CHANT: In relation to paediatric epilepsy, clearly the parents struggling with children with quite severe resistant paediatric epilepsy are using, as I understand it, a variety of different products. Some of those are not well characterised, but I know that cannabidiol is a component that is also being tested in products such as phase three studies internationally and shows some promise. Those studies are likely to report in 2016. We should have a good insight into a few well-advanced studies that are blinded. At the moment we have some information on smaller studies that are not potentially blinded, but a number of large studies that are blinded and appropriately conducted will be reporting in 2016. We await the outcome of those studies.

Reverend the Hon. FRED NILE: You mentioned in your answer the next stage. How many stages are there over the four-year period?

Dr CHANT: In relation to the terminal palliative care study looking at how cannabis products can help to ease both appetite, pain relief, anxiety and a range of issues in the palliative care setting, the first phase was testing people's dosing. Do you need to give it two hourly, three hourly? What concentration? If it is a frail elderly lady compared with a male, then what? They will be doing intensive measures of that. That is phase two. Once they know how to deliver it in a safe way and they understand how it interacts with some other medications and how to use it, that will then move to that phase three, where I described that some people will get a placebo, some people will get the real leaf, and some people will get a pharmaceutical synthetic product.

At the end we will understand what is the relative benefit. That way clinicians will know what to advise patients about the role of these cannabis products in adding to high-quality palliative care. It is very important that, regardless, patients get good pain release, good symptom release and engage in good access to high-quality palliative care.

Reverend the Hon. FRED NILE: To clarify the total budget for this medical research involving cannabis, there is a reference to \$9 million for the four-year trial. There is another reference to \$12 million over four years for additional research into medical cannabis. Is that correct—that you add the \$12 million and the \$9 million to get a total of \$21 million?

Dr CHANT: At the moment the terminal illness trial that I just mentioned, led by Meera Agar from the University of New South Wales, is going to cost in the order of \$3 million. That is for that phase two and phase three that I described to you. We have notionally put aside in the order of \$3 million to the Sydney Children's Hospital Network to do further research into paediatric epilepsy and cannabis products in relation to the paediatric epilepsy space. We have chosen the Sydney Children's Hospital because they would see across their two campuses at Westmead and Randwick the majority of children with severe drug-resistant paediatric epilepsy.

The third study is the chemotherapy-induced nausea and vomiting. Currently, we are in the final stages of reviewing applications in there. Depending on the nature of that research proposal, it may come in in the order of \$3 million for that proposal. The additional \$12 million was announced for the centre that Mary O'Kane has indicated. The exact work plan and the nature of what the \$12 million of funding is going to be used for has not been finally determined, but clearly there is an option for some of that money to be used for other research initiatives.

Reverend the Hon. FRED NILE: Thank you for that thorough answer to my question.

The Hon. WALT SECORD: It was definitely thorough.

CHAIR: The Committee now will take a short break.

(Short adjournment)

Ms PRU GOWARD: Dr Mehreen Faruqi asked a question about the consultation for the DVDS. As I said, I could not find the note but I would like to update the answer.

CHAIR: In all fairness to the time allocation—

Ms PRU GOWARD: So I do that when it comes to Dr Faruqi. That is fine.

Dr MEHREEN FARUQI: Or on notice would be fine.

CHAIR: The Minister might want it on the record.

The Hon. WALT SECORD: Earlier I asked about market sounding regarding delivering women's health services in south-western Sydney. During the interim were you able to find more information? Can you share it with me?

The Hon. WALT SECORD: Yes. I would be happy if Dr Foley answered that.

Dr FOLEY: I have been able to have a conversation with the chief executive in the interim. This is part of the community health review. South West Sydney Local Health District undertook to review all its areas of community health services and its interface with other health services provided in the community. As a result of that, one area they found was there was duplication between a number of NGO services in the women's health space which the district funds and the services that the district provides itself through community health services.

It is currently undertaking a market test to see who is out there in terms of non-government services which might be able to take on an expanded role so that the district can look at having the NGO sector step up to do the things that they are good at, then the health services are more targeted and focused on the things that are specific to the health services. Until they receive responses to that, they do not have any views as to where this is exactly going to take them. The purpose of the sounding is to see how they can get a better alignment between community health services and the available non-government services in the district.

The Hon. WALT SECORD: When you say "market soundings", does that mean commercial operators?

Dr FOLEY: I would have to take advice as to their expectation, but the expectation in the space is much more about non-government organisations. There are currently several women's health centre non-government organisations in the district that the district funds, and also general medical practice is a key partner in the community health space for local health districts.

The Hon. WALT SECORD: As part of that market sounding, during the last block I also received some information. Would you be comfortable if the market soundings involved cervical screening, pelvic examinations, breast examinations and domestic violence and disease screening services as part of this?

Ms PRU GOWARD: I will take that on notice. It is a question of what women's health services deliver, and should deliver.

The Hon. WALT SECORD: But you are the Minister responsible. I am curious as to whether you have a view on this.

Ms PRU GOWARD: You have asked me a particular question about a particular district and I would rather take it on notice so I can give you a comprehensive answer.

The Hon. WALT SECORD: But you must have a philosophical view on outsourcing, privatising—

The Hon. NATASHA MACLAREN-JONES: Point of order: The member is asking the Minister for an opinion, and that is out of order.

The Hon. WALT SECORD: How about I rephrase it?

The Hon. NATASHA MACLAREN-JONES: You can ask it whichever way you want.

The Hon. WALT SECORD: What is the Minister's response to community concerns about the outsourcing and privatisation of cervical cancer screening, pelvic examinations, breast examinations and screening services such as disease and domestic violence screening? I know the question is within the standing orders.

Ms PRU GOWARD: Can you detail the community concerns for me?

The Hon. WALT SECORD: I had a whistleblower contact me to express concerns about this.

Ms PRU GOWARD: So an anonymous call.

The Hon. WALT SECORD: No, it is not anonymous. I know who the person is. I asked the question.

Ms PRU GOWARD: I will take it on notice.

The Hon. WALT SECORD: You do not have a view on the private provision of those services? You must have a view.

Ms PRU GOWARD: I have a view—

The Hon. WALT SECORD: Then share it with the community.

Ms PRU GOWARD: —that women in New South Wales deserve the very best sexual health services, and that is what we will deliver. We will continue to improve our services.

The Hon. WALT SECORD: I would like to turn to mental health. Are you familiar with Blacktown Hospital?

Ms PRU GOWARD: What was that?

The Hon. WALT SECORD: I am asking a question I think you will not take on notice. Are you familiar with Blacktown Hospital?

Ms PRU GOWARD: Yes.

The Hon. WALT SECORD: Are you familiar with a unit called Melaleuca? If you are not, please refer it to the appropriate staff member.

Ms PRU GOWARD: I will ask Dr Foley to respond.

The Hon. WALT SECORD: Are you familiar with Melaleuca, which is based at Blacktown Hospital and was opened by your Government in August 2014.

Dr FOLEY: I am not familiar with that name, but I will refer to—

The Hon. WALT SECORD: For your information, it is a 20—

Dr FOLEY: Is it a subacute mental health service?

The Hon. WALT SECORD: Yes it is. It has 20 beds. Are you familiar with it now?

Dr FOLEY: I am familiar with the rollout of programs for subacute beds that we have put in place over the last couple of years.

The Hon. WALT SECORD: Are you familiar with Melaleuca unit at Blacktown Hospital?

The Hon. NATASHA MACLAREN-JONES: She just answered that.

The Hon. WALT SECORD: No, she did not answer my question.

Dr FOLEY: Not in detail, no. I am familiar with our subacute beds and how they operate.

Ms PRU GOWARD: Why not ask Dr Wright.

The Hon. WALT SECORD: Dr Wright, what is your title?

Dr WRIGHT: I am the Chief Psychiatrist, NSW Health.

The Hon. WALT SECORD: Are you familiar with Melaleuca unit at Blacktown Hospital?

Dr WRIGHT: I have not visited the Melaleuca unit but I certainly am familiar with the rollout of the non-acute beds across the State, including those at Blacktown Hospital.

The Hon. WALT SECORD: Are you confident that the 20 beds at Blacktown Hospital are being occupied by patients?

Dr WRIGHT: I would have to take that question on notice because I have not had any specific information about what is happening at the Melaleuca unit at the present time.

The Hon. WALT SECORD: Minister, have you received any correspondence or have any concerns been raised with your office about the Melaleuca unit?

Ms PRU GOWARD: I get a lot of correspondence, as you can imagine, so I will take that on notice.

The Hon. WALT SECORD: For the record, the Minister will take on notice my inquiry about the amount of correspondence she has received about Melaleuca. Will you do that?

Ms PRU GOWARD: Yes.

The Hon. WALT SECORD: Are you familiar with the concept of ghost wards? Do you want me to explain what ghost wards are?

Ms PRU GOWARD: I am happy for Dr Wright to answer, but I think you could define your term—that would be useful.

The Hon. WALT SECORD: Ghost wards are wards that exist but no patients are in those wards. Are you familiar with the concept of ghost wards?

Ms PRU GOWARD: I understand what you are saying. Go on.

The Hon. WALT SECORD: It goes back to Melaleuca.

Ms PRU GOWARD: Go on.

The Hon. WALT SECORD: Are you confident that there are patients in Melaleuca, the 20-bed facility—

The Hon. BEN FRANKLIN: Point of order—

Ms PRU GOWARD: I have already referred—

The Hon. BEN FRANKLIN: The Minister has already suggested that this question will be taken on notice. Therefore, it is ridiculous that it be asked again and again as it is just wasting the honourable member's time.

The Hon. WALT SECORD: It is an illustrative point.

The Hon. LYNDA VOLTZ: Minister, do you employ Alex Dore in your office?

Ms PRU GOWARD: No.

The Hon. LYNDA VOLTZ: You do not employ Alex Dore in your office?

Ms PRU GOWARD: No.

The Hon. LYNDA VOLTZ: He is not on a list of your office as a policy adviser?

Ms PRU GOWARD: That would explain it.

The Hon. LYNDA VOLTZ: That is unusual. I have seen a list with his name on it.

Ms PRU GOWARD: I do not employ him.

The Hon. WALT SECORD: Does he work in your office?

Ms PRU GOWARD: No.

The Hon. LYNDA VOLTZ: I have your chief of staff, Simon Fontana; senior media adviser, Bianca Turai; adviser Gabrielle Bietola; another adviser, Matt Versi; and adviser Alex Dore, along with a private secretary.

Ms PRU GOWARD: Would you like me to give you the updated list?

The Hon. LYNDA VOLTZ: Did you employ him in your office?

Ms PRU GOWARD: Simon Fontana is the chief of staff. William Crook is the deputy chief of staff and policy director. Bianca Turai is the senior media adviser. Tom Watson is a senior adviser. Gabrielle Bietola is an adviser. Jaimi Greenspan is an adviser. Matt Versi is an adviser and Siobhan Finley is my office manager and executive assistant.

The Hon. LYNDA VOLTZ: Did you employ him in your office?

Ms PRU GOWARD: Yes.

The Hon. LYNDA VOLTZ: So you did employ him in your office? Is this the same Alex Dore who organised a University of Sydney function at which Alan Jones said Julia Gillard's dad died of shame and they auctioned off a chaff bag? Is that the same Alex Dore?

The Hon. BEN FRANKLIN: Point of order: How can this possibly be relevant to the Minister's current ministerial responsibilities?

CHAIR: Order! I ask the member to ensure that questions are relevant to the budget estimates.

The Hon. LYNDA VOLTZ: The Minister said she employed Alex Dore in her office. She has given me no indication—

Ms PRU GOWARD: Had.

The Hon. LYNDA VOLTZ: That could have been last week.

The Hon. NATASHA MACLAREN-JONES: Maybe you should ask the Minister when.

Ms PRU GOWARD: I will have to take on notice when he left the office.

The Hon. LYNDA VOLTZ: Was it in the last year?

Ms PRU GOWARD: I will take that on notice. I cannot give you a specific date.

The Hon. LYNDA VOLTZ: I am well within my rights, then, to ask a question about something that may have occurred within the last year.

Ms PRU GOWARD: Could you explain to me how this affects my ministerial responsibilities?

The Hon. LYNDA VOLTZ: Quite frankly, as the Minister for Women, you must have known who he was when you employed him.

Ms PRU GOWARD: Go on.

The Hon. LYNDA VOLTZ: As the Minister for Women, do you condemn the comments by and the actions of Alex Dore?

The Hon. NATASHA MACLAREN-JONES: Point of order: That is asking for an opinion. Again, this is outside the terms of reference. We are here to discuss the ministerial portfolio relating to the budget, not the Minister's personal opinions of one thing or another.

The Hon. LYNDA VOLTZ: To the point of order: The Minister for Women has a direct role in furthering women in our society. People organising functions that in such a shameful way attacked the standing of women is something the Minister for Women should take note of. I ask the Minister, given she employed one of those people, whether she condemns that action.

The Hon. NATASHA MACLAREN-JONES: That is not about government policy.

CHAIR: Order! The Minister has given an answer.

Ms PRU GOWARD: I have given you my answer.

CHAIR: Order! The Minister has acknowledged that she will take part of that question on notice.

Ms PRU GOWARD: Yes, I will give the member the date.

The Hon. LYNDA VOLTZ: You will give me the date, but you will not condemn the statements.

Ms PRU GOWARD: That is not what the forum is for.

The Hon. LYNDA VOLTZ: That is what this forum is for.

Ms PRU GOWARD: No, it is not.

CHAIR: Order! This is about budget estimates. The Minister should not be asked for an opinion.

The Hon. LYNDA VOLTZ: Given the number of health-related incidents that police have been required to attend has increased from fewer than 3,000 in 2000 to roughly 43,000 in 2013, can you explain which other agencies are required to attend mental health-related incidents?

Ms PRU GOWARD: I will ask Dr Wright to provide a comprehensive answer.

Dr WRIGHT: If the member is talking about a critical incident in the community where there is danger to life and limb, the first responders are quite appropriately the police. We are often talking about people who are in very high-risk situations.

The Hon. BEN FRANKLIN: Point of order: Members are finding it very difficult to hear.

Dr WRIGHT: I will start again.

The Hon. LYNDA VOLTZ: Are you saying that the roughly 43,000 police call-outs in 2013 involved danger to life and limb?

Dr WRIGHT: No, I am not. I am saying that there is a measured response to risk in the community. The first response is about establishing whether there is risk to life and limb, and it is likely that the police will be called as an adjunct to other services. We also have significant concerns at times about the safety of members of the public and clinicians. There will often be a request for police to accompany clinicians when they are not fully aware of the risks they are facing. Ambulances are also involved in many instances because of either actual or threats of physical injury to individuals. When we are talking about things happening in the community, we know very little about what is happening until we get there. It is important that we over-respond rather than under-respond to those situations, otherwise we could be witness to a tragedy.

The Hon. LYNDA VOLTZ: My question asked who other than police officers respond. You said ambulance officers may respond. They responded 1,000 call-outs. Which other agencies respond to mental health-related incidents?

Dr WRIGHT: Mental health services.

The Hon. LYNDA VOLTZ: Who in mental health services goes out?

Dr WRIGHT: We have community-based mental health clinicians across the State in all of our local health areas. There is a large workforce. We also have acute care teams.

The Hon. LYNDA VOLTZ: How many call-outs did the mental health teams physically respond to last year?

Dr WRIGHT: I cannot provide a figure about responses to acute requests. I can provide figures for the number of occasions of service.

The Hon. LYNDA VOLTZ: Perhaps you can take on notice how many times clinicians responded in the field to mental health related incidents.

Dr WRIGHT: I think there is a specific question about that. They do home visits all the time and respond to requests to assess someone on numerous occasions. If you are talking about critical incidents, I can take that question on notice if that is the specific information you require.

The Hon. LYNDA VOLTZ: I am talking about critical mental health incidents, not risk to life and limb. I am talking about someone who is psychotic.

Dr WRIGHT: That often involves risk to life and limb.

The Hon. LYNDA VOLTZ: We can discuss that, but it often does not.

CHAIR: Order! The member is seeking clarification about a question taken on notice.

The Hon. LYNDA VOLTZ: Minister, will you adopt a plan proposed by the Police Association of NSW that would have trained nurse clinicians attached to each of the State's 76 local area commands?

Ms PRU GOWARD: As at 30 June, we had 12,000 police officers who had completed a one-day workshop to improve the effectiveness of mental crisis intervention for all officers. A total of 1,600 have completed the four-day program for selected offences. Both programs have received excellent feedback, with officers reporting more confidence in responding to mental health crisis events, which we all know can be extremely difficult. We have a memorandum of understanding between the NSW Police Force, NSW Health and NSW Ambulance Service that clarifies the roles and responsibilities of each agency in responding to emergency mental health events and providing a safe, coordinated system of care and transport for people in a mental health emergency. The transport of people detained under the Mental Health Act, particularly in rural areas, was a key issue addressed in the review of that Act.

The Hon. LYNDA VOLTZ: Will you adopt the proposal of the Police Association of NSW that would see trained nurse clinicians attached to each of the State's 76 local area commands?

Ms PRU GOWARD: We are always seeking to improve our services and I will consult with my colleague.

The Hon. LYNDA VOLTZ: Last year I was advised that the New South Wales Government response to the Coroner's recommendations in the Antony Waterlow matter was still under consideration. Can you advise the Committee whether your Government has now responded to the recommendations?

Ms PRU GOWARD: I will ask Dr Wright to provide an update.

Dr WRIGHT: Some of the recommendations have been taken up in the revised Mental Health Act, particularly in relation to greater clarity about the issue of risk of harm. My office issued a clarifying statement late last year, which indicated that risk of harm needs to consider including risk to reputation, risk to others and emotional risk both to the individual and other people. That was a critical issue in the Waterlow case. The other parts of that case that informed the amendments to the Mental Health Act included the importance of seeking advice and input from carers, other relevant family members, treating doctors and others before making treatment decisions about people for whom we are contemplating involuntary treatment.

The Hon. LYNDA VOLTZ: Despite the motion of the Legislative Council asking for a public inquiry into section 14 of the Mental Health Act, your review did not involve a public inquiry. Only those who were invited to do so made a submission.

Ms PRU GOWARD: I will take that question on notice. I could like to update the Hon. Walt Secord—

The Hon. LYNDA VOLTZ: No, we are dealing with my questions now. I still have no indication that the Government has provided a written response to the Coroner's recommendations.

Dr WRIGHT: I will take on notice the specifics about whether a written response has been provided. However, I have certainly seen the response.

The Hon. LYNDA VOLTZ: That is good. I would like you to take that question on notice. Last year I was advised that Morisset Hospital would be put through a process similar to that undertaken at Cumberland Hospital. Given that the Government has now closed Cumberland Hospital and is planning to build a commercial centre including 3,900 residential apartments of up to 40 storeys on the site, what is now intended for Morisset Hospital?

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

Dr FOLEY: I first need to clarify the situation with regard to Cumberland Hospital. That hospital is the mental health service adjacent to or part of the Westmead Hospital campus—that is, the mental health service of Western Sydney Local Health District. It has two precincts on each side of Parramatta River.

The Hon. LYNDA VOLTZ: I asked about Morisset Hospital. I am well aware of what is happening with Cumberland Hospital and Westmead Hospital. I asked whether Morisset Hospital would be put through the same process.

Dr FOLEY: I am endeavouring to answer. I am sorry if I am not answering the question. I am trying to describe what is happening at Cumberland Hospital so that I can then comment on Morisset Hospital.

The Hon. LYNDA VOLTZ: We know that Cumberland Hospital is being closed.

The Hon. BEN FRANKLIN: Point of order—

The Hon. LYNDA VOLTZ: No.

The Hon. BEN FRANKLIN: I am allowed to take a point of order.

The Hon. LYNDA VOLTZ: Good on you! Go on.

The Hon. BEN FRANKLIN: Thank you. Clearly, the witness is trying to answer the question starting with a broader context and will inevitably get to the specifics. Surely that is not unreasonable.

The Hon. LYNDIA VOLTZ: To the point of order: I specifically began by outlining that the Opposition knows what is happening with Cumberland Hospital and Westmead Hospital and that it specifically wants to know what is happening with Morisset Hospital, given that last year this Government said it would be put through a similar process. My question is simple: Will Morisset Hospital be put through a similar process to Cumberland Hospital given what the Government said last year?

CHAIR: Order! The member was very specific and made it clear that she understood the situation with regard to Cumberland Hospital. She was asking specifically about Morisset Hospital. Can Dr Foley address that question?

Dr FOLEY: I cannot answer—

Reverend the Hon. FRED NILE: She gave an introduction that may not be correct.

Dr FOLEY: —with regard to Morisset Hospital until I explain my understanding of what is happening at Cumberland Hospital—

Reverend the Hon. FRED NILE: It may not be correct.

Dr FOLEY: —otherwise my answer will have no meaning. The mental health services of the local health district located at Cumberland Hospital are not closing. Cumberland Hospital East Campus has been identified as part of the larger Parramatta precinct. There are some mental health services and some other activities of NSW Health on that campus. Before that campus can be developed as part of the larger Parramatta precinct, those services will require relocation. That is what is happening at Cumberland.

In the case of Morisset, Morisset is a very important mental health facility within the Hunter-New England local health district, which has on site acute adult mental health beds. It has a sizeable forensic mental health unit. It also has non-acute mental health units. In conjunction with the acute inpatient facilities in Newcastle itself, with James Fletcher this represents a substantial part of the mental health facilities of that district. The Morisset campus is not the ideal location. It is one of the old psychiatric hospital campuses. As opportunities arise with our redevelopment of our hospital campuses, the policy standard is and has been for some time that mental health services of a hospital nature are best provided integrated with general hospitals.

For instance, the services that were at Callan Park, Rozelle are now provided at the Concord campus. Cumberland is integrated within the local health district and part of the Westmead campus. Redevelopment of new facilities will be part of the overall campus planning for Westmead and for the district. At Morisset we have no specific plans in place in terms of the capital planning to relocate those services. However, at some point in the mid to longer term that would be the desirable thing from a planning and policy point of view. If we were to achieve that then of course Government would need to consider, as it does with any of its sites, how best to deal with that site.

CHAIR: Thank you.

Reverend the Hon. FRED NILE: Minister, following on from some questions on mental health services, as you know, young women are three times more likely to be hospitalised for self-harm than young men. Can you please comment on what you are doing to address this, what specific action is being taken to address these concerns in young women and what funds have been allocated for this purpose?

Ms PRU GOWARD: Suicide and attempted suicide are tragedies that can affect us all. I have certainly seen my own community devastated by it—I have seen whole towns turn out for funerals, particularly of young people. So one of my core priorities is to make sure we do take a much more multidimensional approach to suicide prevention. We can do this by building the partnerships between government and non-government organisations [NGOs] and the community to connect people at risk of suicide with the treatment and support they need and of course achieve lower suicide rates across the State.

The NSW Mental Health Commissioner has briefed me recently on the proposed suicide prevention framework for New South Wales, which I am currently considering. The framework provides us with a good platform to reduce the rates of suicide. I met recently with national leaders and key suicide prevention experts in Canberra at the Centre of Research Excellence in Suicide Prevention [CRESP] suicide prevention summit to discuss what has become known as a systems-based approach to suicide prevention—an approach that includes

focusing on integrated solutions across all the agencies who work with people at risk of suicide, engaging local communities to build capacity and readiness, utilising evidence-based strategies such as continuing care and training of frontline staff, and demonstrating sustainability by utilising a long-term commitment to the implementation of that strategy.

We are already taking action on suicide prevention by investing in a range of initiatives to reduce the risks. We have \$10.5 million over four years to Lifeline Australia to enhance access to vital counselling services, \$1.2 million over three years for suicide risk training initiatives targeting non-mental health clinicians in the public health system and \$250,000 for mental health first aid training, including suicide prevention training for community-based youth workers. There are also a number of NSW Health initiatives in place to prevent suicide in rural and regional areas, including the Rural Adversity Mental Health Program.

In order to better manage those who present to New South Wales mental health services we have put some critical steps in place, ensuring all our mental health clinicians receive training in suicide assessment and management in mental health, assessing all who present to a mental health facility for risk of suicide, putting in place follow-up plans to occur within seven days of discharge and reducing access to means of suicide and self-harm. We have also made available a web-based resource called Conversations Matter to help people in the community have safe and supportive conversations with friends or family about suicide—very important, I think, for young people.

The NSW Ministry of Health is refining its policy for the assessment and management of people with possible suicidal behaviour based on current and emerging evidence. An updated training and education strategy is planned for the New South Wales mental health workforce to support the provision of evidence-based clinical care to people at risk of suicide. The initial government response to Living Well: A Strategic Plan for Mental Health in NSW includes suicide prevention training for public sector non-mental health clinicians to strengthen their skills in identifying and responding effectively to individuals at risk.

In 2012 the Australian Bureau of Statistics reported that intentional self-harm was the leading cause of death amongst young people aged 15 to 25, which I understand is what has driven your question. We have allocated \$1.2 million annually for five years for a statewide rollout of a more compassionate and effective model of care for people with personality disorder and those who self-harm, known as Project Air. This is an area where we must remain vigilant.

Reverend the Hon. FRED NILE: Thank you. Moving on to women suffering from postnatal depression, what services are available and what funds are allocated to deal with that particular issue?

Ms PRU GOWARD: I will ask Dr Foley to give you a comprehensive answer.

Dr FOLEY: We have recently opened the special tertiary centre as part of the new Marie Bashir centre at the Royal Prince Alfred Hospital campus as a major focus. I will hand over to Dr Wright to answer the other aspects of that question.

Dr WRIGHT: Postnatal depression is actually quite a significant problem in the community. In talking about a coherent response across the whole community, the first issue is about detection of those at risk of developing postnatal depression. There are significant efforts at screening, collaboration between mental health services and women's health services to ensure that we identify those who are most at risk and then deliver support services on a basis of early intervention. For those who are high risk or actually develop postnatal depression or even postnatal psychosis, the services that Dr Foley just referred to are part of a statewide perinatal and infant mental health program, which includes services located within local health districts [LHDs] but also includes a statewide service to help support services in rural and remote communities both in terms of clinical care but also, importantly, in terms of education and supervision of clinicians who are working with these people. It is an attempt to get coverage across the whole State, but it is a demonstration of the importance of collaboration across the whole of Health and indeed across other agencies as well.

Reverend the Hon. FRED NILE: Dr Wright, following on from that question, has there been any allocation to support women dealing with the trauma of post-termination depression and other mental aspects after they have had an abortion?

Dr WRIGHT: I can take that question from first principles. As part of any health service, particularly a mental health service, either in the public or in the private sector, we are often dealing with individuals who

are adjusting to traumatic events of various kinds in their lives. Sometimes there is great proximity in time—it is either immediately or soon after—but sometimes there is quite a significant delay and so people can be presenting with any number of mental health issues where in certain cases the trauma that they have gone through in terms of decision-making processes, impact on relationships et cetera, can be a factor in the development and later course of their illness. That would be treated in our services on the basis of their need rather than on the basis of the triggering event.

Ms PRU GOWARD: I just add to that that we made an election commitment to expand the Sustaining NSW Families program with \$22.8 million, which enables nurses and social workers to visit the homes of families that have been identified at risk of living with postnatal depression, so we are also providing community-based responses.

Reverend the Hon. FRED NILE: It has also been shown that more than half of homeless people, which includes women suffering from mental disorders, is nearly three times the rate of people who are not homeless. What funding or programs has the Government allocated to treat mental illness among the homeless?

Ms PRU GOWARD: I will ask Dr Wright to talk about the specifics of the programs.

Dr WRIGHT: You are quite correct, there is a significant preponderance of mental health, and drug and alcohol issues amongst people experiencing homelessness, and it is a two-way interaction. Homelessness can generate mental health, and drug and alcohol problems, and vice versa. There are some dedicated homelessness services attached to some of our local health districts, in particular, the St Vincent's health network. I should also add that mental health services in the community will treat people on the basis of their need, so if someone attends their services who has mental health or drug and alcohol problems and also is homeless, that will be addressed in due course.

We are well aware of the importance of trying to address the issue of stable accommodation. It is a significant part of some of the strategies that NSW Health has followed in the past decade or so. We know that the course of illness is much worse for someone who is vulnerable to mental illness or has drug and alcohol problems, and if they have unstable or insecure housing. Programs such as the Housing and Accommodation Support Initiative [HASI] and more recently some of the other supported accommodation initiatives aim to address that because those practical kinds of supports are every bit as important as the clinical care that they receive.

Dr MEHREEN FARUQI: Minister, do you know how many duress alarms for domestic violence are currently in circulation in New South Wales?

Ms PRU GOWARD: I will take that question on notice because I know you would like a specific answer. Can I just add something about the roundtables?

Dr MEHREEN FARUQI: You have agreed to take that on notice, so that is great.

Ms PRU GOWARD: We did have one with Disability, the Culturally and Linguistically Diverse [CALD] community and Aboriginal workers.

Dr MEHREEN FARUQI: That is okay. I have a few questions I want to ask you in this time. You will give me the number of the duress alarms on notice, but are there any plans to increase this number?

Ms PRU GOWARD: I will have to refer that to Ms Thompson because obviously that depends on the evaluation of the program. I must point out the reason I needed to tell you about those roundtables was to correct the record. We had a specific roundtable for Disability, as well as the CALD and Aboriginal communities.

Ms THOMPSON: Those duress alarms are provided as part of the Staying Home Leaving Violence program, which is managed by the Department of Family and Community Services, so the Minister for Family and Community Services will be better placed to provide a response.

Dr MEHREEN FARUQI: Minister, are you or anyone from your department on the Domestic Violence Death Review team [DVDRT]?

Ms PRU GOWARD: As you know, the Domestic Violence Death Review team [DVDRT] is the responsibility of the Attorney General. It is convened by the State Coroner. It comprises 12 representatives from key stakeholder government agencies, two representatives from non-government service providers and—

Dr MEHREEN FARUQI: Minister, I will read out to you what the DVDRT does. It is a multiagency committee and it aims to develop and promote domestic violence intervention and prevention strategies, which is primarily your role as the Minister. I am asking if you or anyone from your team is on the DVDRT?

Ms THOMPSON: I am on that team.

Dr MEHREEN FARUQI: Can you tell me why the last report was published in 2012-13 and will there be further reports?

Ms THOMPSON: The secretariat of the team is within the Department of Justice, and so the responsibility for the publishing of reports and the timing of the publishing of reports is the Department of Justice and, therefore, the question should be directed to them.

Dr MEHREEN FARUQI: What comes out of those reports will be crucial in informing programs to prevent domestic violence, Minister. Will you give an undertaking to contact the Coroner to get those reports into the public? If it is part of their role to prevent and intervene—

Ms THOMPSON: In fact the reports are public. They were tabled in Parliament.

Ms PRU GOWARD: It has an annual report.

Dr MEHREEN FARUQI: Yes, but there have been no reports for the past two years in 2013-14 and 2014-15.

The Hon. NATASHA MACLAREN-JONES: Point of order: It has been clarified that these are questions for the Attorney General.

Ms PRU GOWARD: I am advised that the Domestic Violence Death Review team tabled its 2012-13 annual report on 20 March this year.

Dr MEHREEN FARUQI: Which is 2015?

Ms PRU GOWARD: Yes.

Dr MEHREEN FARUQI: Earlier this year, the Victorian State Government announced a new workplace equality commitment, which aims to ensure that at least half of all Victorian judges, magistrates and major public board members will be women. In your role as Minister for Women, have you made any similar recommendations to the New South Wales Government?

Ms PRU GOWARD: I would like to see more women on government boards generally, but I would like to see them appointed on skills and experience, not because they are part of a quota. I do not support quotas.

Dr MEHREEN FARUQI: Do you think the lack of women as magistrates and on boards is because they lack skills?

Ms PRU GOWARD: No. I am advised the rate of women's representation on New South Wales boards rose to 39.1 per cent as at 31 December 2014, and we are continuing to appoint women with skills and experience.

Dr MEHREEN FARUQI: Minister, would you commit to a 50 per cent target for the appointment of women to the New South Wales judiciary and State Government boards as did the Victorian Government?

Ms PRU GOWARD: I think targets are aspirational and they are admirable. I am pleased that we have increased our rate of women's representation to 39.1 per cent, which is a big improvement from 2010 when Labor left us at 36.9 per cent. We are getting closer and closer to that 50 per cent level.

Dr MEHREEN FARUQI: The latest report by the Workplace Gender Equality Agency has the gender pay gap in New South Wales increasing from 16.5 per cent in May 2014 to 19.3 per cent in 2015. This is higher than the national average. I am sure you will agree with me in saying this is quite unacceptable. What particular strategies and actions do you have in place to address those issues?

Ms PRU GOWARD: Historically this has not been the case in New South Wales. That is why we have a Council for Women's Economic Opportunity [CWEO], which is absolutely focused on improving women's—

Dr MEHREEN FARUQI: Minister what actions are being taken to ensure that the gender gap is reduced, and that women with merit achieve the positions of which they are capable?

Ms PRU GOWARD: You have to understand the reasons for that gender gap—

Dr MEHREEN FARUQI: Can you explain some of those reasons to me?

Ms PRU GOWARD: —so good analysis is necessary.

Dr MEHREEN FARUQI: Could you give me a little bit of detail on what your understanding is about the barriers for women to achieve those positions that close the gender gap?

Ms PRU GOWARD: That is why my focus in our first term was on women in non-traditional trades, particularly with the housing boom and the mining boom. People in trades have earned considerable increases in their salaries with overtime rates and what they are able to achieve in the market. Traditionally it is an area where women have been grossly underrepresented, so that is why we have begun and will retain a focus on women in trade because we recognise how big a contribution this can make to close the gender gap.

Dr MEHREEN FARUQI: How do you suggest we can improve women's representation in government and in Parliament?

Ms PRU GOWARD: I think there are a number of strategies that can be employed. We need strong mentoring, we need women of merit to be identified by selection processes, and we need to ensure that they are appointed and that they survive the selection processes.

Dr MEHREEN FARUQI: As the Minister for Women, have you looked into New South Wales Parliament to ensure that it is a flexible friendly family workplace?

The Hon. NATASHA MACLAREN-JONES: Point of order: Are these questions relating to the Minister's portfolio and budget estimates—

Dr MEHREEN FARUQI: Yes, they are.

The Hon. NATASHA MACLAREN-JONES: —or are these questions that should be more directed to—

Dr MEHREEN FARUQI: No, the questions relate to her portfolio as the Minister for Women and how the Minister can be effective in improving gender equality.

The Hon. LYNDA VOLTZ: She is closing the gap.

The Hon. NATASHA MACLAREN-JONES: Is it in accordance with the budget line items or are they questions that should be directed to others who are responsible?

The Hon. BEN FRANKLIN: The Legislature.

Dr MEHREEN FARUQI: These changes have to come from the top. The Minister who is responsible for women needs to be active and responsible.

The Hon. NATASHA MACLAREN-JONES: To the point of order: These are budget estimates for the Minister, not for ministers and other Executive members.

The Hon. LYNDA VOLTZ: You would hate to talk to the Minister for Women about women having equity.

CHAIR: These are questions that have been directed to the Minister for Women. The Minister for Women will determine whether she feels that she can answer them—if they relate to budget items or if they are policy matters. I think the questions are in order.

Ms PRU GOWARD: I could not disagree that family-work balance is critically important to women. I am pleased to see that, increasingly, it is important to young fathers. We have to get that balance right and that enables both men and women to achieve more. I have spoken to the President of the Legislative Council about the importance of work-life balance, particularly when it comes to women bringing their children into the Chamber, because of the recent matter. I understand material is being prepared for the Procedures Committee to consider. You can all make submissions to that Procedures Committee. Ultimately it will be a matter for the Speaker, in the case of the Legislative Assembly, or the President, in the case of the Legislative Council.

Dr MEHREEN FARUQI: Subeta Vimalarajah's 'Stop taxing my period' petition has more than 102,000 signatures. As the Minister for Women, do you support the removal of GST on sanitary products, which is—

The Hon. NATASHA MACLAREN-JONES: Point of order: This is for the GST.

CHAIR: Dr Faruqi, I will call you out of order on this one. It is a policy position. It does not relate to a budget matter or the implementation of activities of the Government. You are asking—

The Hon. WALT SECORD: Further to the point of order: It is in order. Budget estimates' very first item—

The Hon. NATASHA MACLAREN-JONES: Are you flouting the Chair's ruling?

The Hon. WALT SECORD: I was adding information.

CHAIR: Order! I am willing to hear from the Hon. Walt Secord why he thinks it is in order.

The Hon. WALT SECORD: You are allowed wide latitude in budget estimates. A question does not necessarily have to relate to a budget item. It says that in the first point in estimates. So I think she should be allowed to ask the question.

CHAIR: Yes. It says "... will refer to activities of Government agencies and the implementation of policy ..."

The Hon. WALT SECORD: Perhaps she should ask, "What is the Minister's response to community concerns about that?"

CHAIR: Time is up, so it is academic.

The Hon. LYNDA VOLTZ: I am surprised that the member does not know that the States have to agree to GST, but that is another issue. Minister, you just said, in response to a question from Dr Mehreen Faruqi, that the gender gap—based on the average weekly ordinary full-time earnings—was not historically that high but increased nearly 5 per cent in just one year since November 2013. In that same period full-time earnings were up 21 per cent from 17 per cent. So it is not just in the predictions for the year to come. In New South Wales the gender gap has been growing over the past two years. Is that not correct?

Ms PRU GOWARD: I have been telling you that there is a range of reasons that might be the case, including the housing boom. This explains how, in Western Australia during the mining boom, the gender gap was higher than the national average. To ask a question like that you have to understand the complexities of earnings and how they are established.

The Hon. LYNDA VOLTZ: You said you were responding through your NSW Council for Women's Economic Opportunity. Who is currently on the board of the NSW Council for Women's Economic Opportunity?

Ms PRU GOWARD: The Deputy Chair is Catherine Fitzpatrick. Brian Seidler from the Master Builders Association is a member. Danielle Lehrer, from Forex Nation is a member. June Heinrich from Macquarie Community College is a member. Louise McCoach from Clayton Utz is a member. Lyn Craig from the University of New South Wales is a member. Sandra Triulzi, from the Triulzi Group is a member. Tracey Friend of the Royal Australian Air Force is a member. Yvette Pietsh, from Crowe Horwath is a member. We have two ex-officio members: Kylie Hargreaves from Resources and Energy, and Kathy Esson from the New South Wales schools board.

The Hon. LYNDA VOLTZ: When were they appointed?

Ms PRU GOWARD: If you want the dates I will have to get back to you with them.

The Hon. LYNDA VOLTZ: The last chair's term ran out in November 2014 so is this the new board?

Ms PRU GOWARD: I am the chair.

The Hon. LYNDA VOLTZ: I said that the last board's term ran out in November 2014.

The Hon. BEN FRANKLIN: You said "the last chair" actually.

The Hon. LYNDA VOLTZ: Okay. Is this the new board?

Ms PRU GOWARD: Some of these people have carried on from the previous board.

The Hon. LYNDA VOLTZ: Are you saying that you have reappointed the previous board?

Ms PRU GOWARD: To be precise I will have to take that on notice.

The Hon. LYNDA VOLTZ: You are taking over as the chair. That is a new role, is it not, because the previous chair was a man?

Ms PRU GOWARD: I am the chair. I will have to take on notice—

The Hon. LYNDA VOLTZ: You are the chair now. How long have you been the chair?

Ms PRU GOWARD: To give you a specific date I will have to take that on notice.

The Hon. LYNDA VOLTZ: How many men are on that board?

Ms PRU GOWARD: I have just listed them. Brian Seidler is currently on the board.

The Hon. LYNDA VOLTZ: Only one?

Ms PRU GOWARD: We have the pending reappointment of Peter Blanchard from the Institute of Automotive and Mechanical Engineers.

The Hon. LYNDA VOLTZ: You also stated that you had increased the representation of women on boards from 36 per cent to 39 per cent under your Government. How many women is that an increase of for women on boards?

Ms PRU GOWARD: This 39.1 per cent figure represents 1,583 women.

The Hon. LYNDA VOLTZ: How many women has it increased by?

Ms PRU GOWARD: I cannot tell you that because I do not know the total number of people on boards and whether or not it has changed. The denominator and numerator both matter when it comes to rates.

The Hon. LYNDA VOLTZ: Why did you say in the media that you were transferring Women NSW from FACS to Health to align with your ministerial portfolio responsibilities? Did this mean that they had to physically move premises?

Ms PRU GOWARD: I think it is pretty evident what my ministerial responsibilities are; We have been speaking about them for over two hours. It was transferred to Health to align with those responsibilities. We have a very proud record of achievement in four years. Importantly, we have demonstrated that when the office is embedded in frontline service departments we can deliver more.

The Hon. LYNDA VOLTZ: Did this mean that they had to move premises?

Ms PRU GOWARD: I will ask Ms Koff to describe that process to you.

Ms KOFF: The team was located at Ashfield at the FACS premises and moved to the New South Wales Ministry of Health in Miller Street.

The Hon. LYNDA VOLTZ: How much did that move cost?

Ms KOFF: I would have to take that on notice.

The Hon. LYNDA VOLTZ: Did that move occur because the Minister requested that it be moved from FACS to Health?

Ms KOFF: As part of the machinery of government it became part of Minister Goward's portfolio. As Acting Deputy Secretary of Strategy and Resources, Women NSW then came within my portfolio. It is very difficult to manage a unit that is remote and distant from where the strategy and policy is developed. It was an alignment of their role and function with my portfolio responsibilities also.

The Hon. LYNDA VOLTZ: Women have previously sat in the Department of Premier and Cabinet and have been looked after by Ministers for women. Was the move a response to the Minister's request that it be aligned with her ministerial portfolio responsibilities?

Ms PRU GOWARD: You have been given your answer.

The Hon. LYNDA VOLTZ: Could you also give me the cost of renovations for that move?

Ms KOFF: There were no renovations associated. We had space available in the Ministry of Health.

The Hon. LYNDA VOLTZ: You had space available in suitable accommodation with a roof and everything. Who led Women NSW when they were at FACS?

Ms KOFF: Christine Foran was the Acting Director of Women NSW.

The Hon. LYNDA VOLTZ: Is she still the acting director?

Ms KOFF: No. Prior to the transfer of Women NSW to NSW Health, the Department of Family and Community Services underwent a process consistent with the Government Sector Employment Act. There was a review of senior roles undertaken by FACS. That involved the capability assessment and matching of skills of all the positions within FACS. Arising from that there was no appointment made to the Director of Women NSW.

The Hon. LYNDA VOLTZ: Was she offered another position in FACS?

Ms KOFF: I am not aware.

The Hon. LYNDA VOLTZ: She did not come over to NSW Health? She may, in fact, have lost her job and you do not have anyone in that role any more.

Ms KOFF: No. On transfer it was recognised that we needed somebody with the skills and expertise to provide leadership, given the criticality of the portfolio area. Ms Carolyn Thompson, who is here today, was appointed promptly to the position of Acting Director of Women NSW.

The Hon. LYNDA VOLTZ: Why did Christine Foran not have those consultations?

Ms KOFF: The process was conducted by Family and Community Services. I am unaware of the detail of their processes.

The Hon. WALT SECORD: Minister, I have a question to follow one asked by Dr Mehreen Faruqi. As Minister for Women, did you make any representations to your colleague Treasurer Gladys Berejiklian about the position of New South Wales on the removal of the goods and services tax on sanitary products, given that condoms are exempt?

Ms PRU GOWARD: My discussions with Minister Berejiklian are personal. I do not need to share them with you.

The Hon. WALT SECORD: Did you make any representations to her?

Ms PRU GOWARD: I have given you my answer.

The Hon. LYNDA VOLTZ: How can those discussions be personal? She is a Minister in the Executive Government.

The Hon. WALT SECORD: I am asking about formal communications. Did you make any formal, written representations?

Ms PRU GOWARD: I will take that on notice.

The Hon. WALT SECORD: Thank you. Minister, you may wish to direct this question to the Chief Psychiatrist. The Australian Salaried Medical Officers' Federation of New South Wales has reported that 31 per cent of psychiatrists in New South Wales say that local health districts deliberately keep positions vacant. What is your response to that?

Ms PRU GOWARD: I have had discussions with the Chief Psychiatrist about it. Vacancies, when they occur, need to be filled. That is the responsibility of the department. I have also met with the New South Wales branch of the Royal Australian and New Zealand College of Psychiatrists. Dr Foley or Dr Wright would be best placed to elaborate.

Dr FOLEY: At the broad level, funding for admitted and non-admitted mental health services is explicitly spelt out in local health district service agreements. Those agreements detail the quantum of services, the number of patients to be treated and the associated funds, including growth funds to meet modelled population demand. We monitor the performance and delivery of those services across districts. If a district appears not to meet the service levels for which we have provided funding under the service agreement there is follow-up action under our performance arrangements.

The Hon. WALT SECORD: Do you have concerns about a lack of psychiatrists in local health districts?

Dr FOLEY: One of our target areas for workforce attention is psychiatrists in public health. Ms Crawshaw can speak to the initiatives we have undertaken in that regard.

Ms CRAWSHAW: Psychiatry as a specialty is one of our high-priority areas. There are shortages in a number of specialties and psychiatry is one of them. There is a shortage in public psychiatry in particular. We are looking at what can be done to attract new psychiatrists. For a number of years, through the Health Education and Training Institute, we have taken a networked approach to attracting psychiatry trainees. We spend about \$3.3 million a year on that. There has been a 14 per cent increase in the number of psychiatry trainees in New South Wales, from 370 in 2011 to 422 in 2014.

It is important to think about, as the Jesuits would say, getting people when they are young. We need to attract people who are at the immediate postgraduate stage. We have recently launched a new website for new medical graduates to, as much as possible, encourage them to think about specialty areas like psychiatry, where positions are hard to fill.

The Hon. WALT SECORD: Where are the pressure points geographically?

Ms CRAWSHAW: As with many areas of shortage, the need is greater in rural and regional areas than it is in metropolitan areas. This year we have funded new psychiatry training positions in Broken Hill, Goulburn, Kempsey, Nepean and Wagga Wagga, as well as at Justice Health. Psychiatry has been a focus of the seed funding that we put in for new specialty training positions. Rural New South Wales is also a focus. I mentioned the importance of attracting people when they are young. We have 20 new postgraduate year [PGY2] training positions in a non-acute setting. Of those 20 positions, seven are in mental health services and two are in drug and alcohol services. They are community positions for people in their second year out of university, in mental health and drug and alcohol services. We are trying to steer graduates into those sorts of careers.

The Hon. WALT SECORD: Thank you.

Ms PRU GOWARD: There has been a 14 per cent increase in psychiatry training.

The Hon. WALT SECORD: I noted that.

The Hon. LYNDA VOLTZ: Given the importance of spending more time with patients as they move from hospitals into community based services, can you assure the Committee that local health districts are not being forced to find efficiency savings and improved treatment times that are affecting their allocation of mental health funding?

Dr FOLEY: In its strategic plan for the State's approach to mental health, called "Living Well", the Mental Health Commission has identified community focused services as an area where more work needs to be done. We are rolling out initiatives as part of the Government's response to the "Living Well" report. The funds are mainly being invested in the development of community services. The aim is to increase community specialist mental health services so that nurses, allied health workers and doctors in community mental health can be more available for follow-up in the community. They can also be a specialist resource for other services, such as services provided by non-government organisations or general practices, to support people with mental illness in the community.

We are also developing significant investment that will provide funding through non-government organisations for the psychosocial supports that people with mental illness need to live effectively in the community. The focus is on recovery and people being able to function as best they can in the community, notwithstanding their mental illness. They are the major areas of focus for us.

The Hon. LYNDA VOLTZ: Can you assure the Committee that local health districts are not being forced to find efficiency savings or improved treatment times that are affecting their allocation of mental health funding?

Dr FOLEY: Districts are required to achieve efficiency savings. They are able to retain those savings to apply to services. Their focus is on how to improve the cost of services. For example, that could mean reductions in premium labour such as overtime or the use of agency staff. It could also be done through providing better models of care. Districts need to be efficient and constantly look at how to be efficient, but that should not impact on their capacity to employ staff and provide services in mental health. Those services are specifically funded through their service agreements, with performance requirements against that funding.

The Hon. LYNDA VOLTZ: When you say "better models of care", does that mean improved treatment times?

Dr FOLEY: By "improved treatment times", do you mean the length of stay, or follow-up in the community? We have various benchmarks. For instance, a key benchmark of supporting people who are making the transition from hospital to the community is follow-up within seven days. We have made significant improvements to that metric but we want to improve it further with the investments we will be rolling out this year and next under the "Living Well" response for community based follow-up.

In terms of inpatient stay, what we are conscious of is that we have a major focus on acute admitted services. Of course, State health services are that part of the Australian health system that is primarily responsible for people having an extreme mental health episode and typically they will present in our emergency departments and will be admitted on an emergency basis and on an involuntary basis for a period of time. We have in the last few years also been developing the subacute side, which allows for more of a step-down and supported approach before transition to the community. Again, we are conscious that we need probably more in that step-up, step-down space and, again, that is something we are targeting for investment as part of the rollout of services.

The Hon. LYNDA VOLTZ: Let us just go to last year when the Minister was asked the percentage of patients that were seen by a caseworker within seven days of discharge. In his answer to the question, which he took on notice at the time, he stated that 65 per cent of people were followed up. Will you clarify that "followed up" means that they were physically seen by a caseworker, that they were not just telephoned?

Dr FOLEY: Can I just hand over to Dr Wright to give the details?

Dr WRIGHT: The policy relating to seven-day follow-up includes either face-to-face or telephone contact, and that is based on a clinical decision of the treating team as to the type of follow-up that is necessary in a particular case. You would understand that there is a wide range of acuity relating to individuals following up after an inpatient stay. I think that there are some people who absolutely it needs to be on a face-to-face basis and there are others for whom a telephone contact can be sufficient to verify that they are travelling reasonably well.

The Hon. LYNDA VOLTZ: But the Minister was asked specifically the percentage of patients who were seen by a caseworker within seven days of discharge. How do we get an answer of an increase to 65 per cent that actually includes telephone calls?

Dr WRIGHT: It is always included—both face-to-face and telephone calls.

The Hon. LYNDA VOLTZ: But that was not the question that was asked of him. He was asked how many were seen by a caseworker.

The Hon. BEN FRANKLIN: Point of order: This is a question referring to last year's estimates not this year's and it was a different Minister.

The Hon. LYNDA VOLTZ: It is a question to do with the Minister's responsibility and whether people are actually seen by a caseworker or whether they are seen by a caseworker and followed up with a telephone call. It is great that the Hon. Ben Franklin wants to argue and run cover for everybody, but we are entitled to ask questions.

The Hon. BEN FRANKLIN: I understand that.

The Hon. LYNDA VOLTZ: I do not think you do.

CHAIR: The member's question is valid but we have run out of time—unless there is a quick answer that is able to be given.

Dr WRIGHT: May I address one of the earlier questions in relation to the Waterlow case and the response from the Department of Health? There was a letter under the signature of Jillian Skinner which went to Magistrate Michael Barnes and it is dated 12 June 2014.

The Hon. LYNDA VOLTZ: Can we have a copy of that letter?

Dr WRIGHT: I am sure you can, yes. Also, in relation to the Melaleuca ward, would you like me to address that?

CHAIR: Does the member have a last question?

The Hon. LYNDIA VOLTZ: He is going to go back to other issues. The questions have been taken on notice.

CHAIR: Minister, I believe you came back with an answer to Dr Faruqi's question about the involvement of—

Ms PRU GOWARD: I just wanted to make sure that the record was corrected about the roundtables. There were five specialist roundtables: there were the social services and legal roundtables which were held in Parliament House, and I recall the shadow Minister being present at those, as well as three targeted roundtables for women with a disability, CALD women and Aboriginal women.

Dr MEHREEN FARUQI: Were these in relation to domestic violence and sexual assault?

Ms PRU GOWARD: That is correct. I think Carolyn would also like to correct the record.

Ms THOMPSON: I also address that question. I wanted to provide a similar update that the three specialist roundtables were for women with Aboriginal backgrounds, disability groups and culturally and linguistically diverse groups.

Dr MEHREEN FARUQI: So not with the LGBTI community?

Ms THOMPSON: No.

Reverend the Hon. FRED NILE: Following up the issue of domestic violence, what funding has been allocated to increase the opportunity for men to be housed at men's shelters while seeking treatment, rather than moving the women and children out of the home?

Ms PRU GOWARD: Your question was specifically about what funding is being provided to men?

Reverend the Hon. FRED NILE: Yes, so they can be housed at men's shelters.

Ms PRU GOWARD: The Staying Home Leaving Violence program, is that what you mean?

Reverend the Hon. FRED NILE: Yes, so that the women the children can stay in the home.

Ms PRU GOWARD: I will take that on notice, but obviously it is an important consideration.

Reverend the Hon. FRED NILE: Just following up that question: Will the Government commit to higher resourcing for men's shelters, which would enable the women and children to stay in the home?

Ms PRU GOWARD: We are always looking to improve our service response and reduce the rates of domestic violence. I am certainly happy to take that suggestion and get back to you with some advice.

Reverend the Hon. FRED NILE: Is there any allocation of funds for men's shelters?

Ms PRU GOWARD: There is an enormous amount of funding in men's shelters existing. Minister Hazzard could give you a comprehensive answer on men's shelters. As you know, we are investing quite heavily in men's behaviour change programs and the network because we recognise that we will not reduce the rate of offending if we do not start to work on men's attitudes to coercion and control and see where we can reduce recidivism. So we have got a men's referral service, which is quite a significant service funded to the tune of \$2 million over three years; it is telephone counselling and it receives calls from men across New South Wales to identify when they have problems with violent behaviour in family relationships. We also provide contact monitoring and support for women and their children when their ex-partner is attending a men's behaviour change program.

Reverend the Hon. FRED NILE: Given that a great deal of the domestic violence is fuelled by alcohol, what actions are you taking to combat the alcohol abuse particularly by males?

Ms PRU GOWARD: Alcohol abuse is a huge problem in Australia. I think we spend \$185 million on drug and alcohol programs in New South Wales and obviously we need to ensure, given that 80 per cent of

domestic violence offenders are men, that they are captured when domestic violence has a linkage with alcohol. So we have, as I say, men's behaviour change programs, the Men's Referral Service and the Men's Behaviour Change Network in south-western Sydney and one the Central Coast, mid North Coast and far North Coast, where we are piloting men's behaviour change programs. The budget is over \$5 million and obviously we need to ensure that those people with alcohol problems are picked up in it. For example, several referrals can be made for a caller to helpline and those referrals will include to the police, to legal services, to the courts and to drug and alcohol services. So it is captured in the many general programs and supports that we are able to provide for men and women in the community.

Reverend the Hon. FRED NILE: One of the major issues with alcohol, of course, is the advertising of alcohol, which obviously does increase the consumption. Have any of your units raised the issue of restricting the advertising?

Ms PRU GOWARD: We are very conscious of the role that alcohol plays in so much social dysfunction. It is primarily a responsibility of the Federal Government. The Federal Government obviously needs to take account of the rights of the people to free speech, but I might ask Dr Chant to provide some further material on what we can do about alcohol-related violence in New South Wales with our programs.

Dr CHANT: Certainly alcohol is taken as a whole-of-government issue. There have been some programs particularly highlighting the risks associated with risk drinking that have aired in terms of public campaigns. It is also pleasing to see that while there has been a reduction in risky drinking at a population level, there are certainly clearly people drinking outside the National Health and Medical Research Council [NHMRC] guidelines for alcohol. We are also embedding or taking the opportunity to take a multiple risk factor approach, so people who are presenting to our services with smoking, we are increasingly trying to embed alcohol brief interventions in those components. We are also trying to address obviously issues such as alcohol consumption in pregnancy.

Really, for an effective population level intervention relating to alcohol, we do need to take a whole-of-government approach. We also work with our colleagues in Education. There was a \$1 million one-off grant in 2015-16 for Life Education to expand their preventative drug and alcohol education to New South Wales schoolchildren. We are pleasingly hoping to work with them to evaluate that program to look at the most effective way to educate young people about alcohol and other drugs.

Reverend the Hon. FRED NILE: I wish to follow up another issue. There have been reports of increasing numbers of women contacting crisis support centres who have had a negative reaction to the RU486 drug. Are you aware of that? Has there been any funding allocated towards this issue and to educate the doctors themselves?

Dr CHANT: Could you perhaps clarify, Reverend Nile, the concern? You mention women are presenting in distress to crisis centres as raising questions of access?

Reverend the Hon. FRED NILE: No. They have taken the drug and they have had a physical health reaction to it.

Dr CHANT: Clearly, the doctor prescribing the medication has an obligation to check that the person is suitable for the medication in terms of any risk factors or drug interactions. The primary way of answering that question I would say is that the doctor responsible for prescribing it should have set up a follow-up path for the affected woman to come back to the service. If you are talking about some of the mental health dimensions—

Reverend the Hon. FRED NILE: And physical reactions too.

Dr CHANT: The physical reactions and, I think, to some extent the mental health reactions are really very much a responsibility of the clinician who has prescribed it. As you know, there are requirements for the doctors to be adequately apprised of the issues associated with the medication to prescribe it and to provide the individuals with what they need to do in response, if they have adverse effects.

Reverend the Hon. FRED NILE: That is part of my question. What education are you providing for the doctors regarding those side effects?

Dr CHANT: I would have to take that on notice, but I do believe that in the rollout of the program—and, again, I would not want to mislead the Committee—in order to prescribe it, the doctors have to do a certain training program. I will seek clarification of that. But certainly we would support, whenever a doctor is prescribing a medication, that they are well versed in its drug interactions, its complications and its side effects and have a duty of care to provide advice to the person taking that drug about what to do if they encounter adverse effects.

Reverend the Hon. FRED NILE: Do you have a list of doctors who are approved to use it?

Dr CHANT: I will chase it up. I would not want to mislead. That was just a recollection.

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

Dr CHANT: I will take that on notice.

Reverend the Hon. FRED NILE: This is just another general question. As we all know, Parkinson's disease is a very serious disease. Over 80,000 Australians live with Parkinson's disease and 10 per cent of those are under 40 years of age. There is no cure or known cause. What resources have been allocated to research into Parkinson's disease and other related matters—Alzheimer's as well?

Dr CHANT: I suppose to answer that, the New South Wales Government has a number of programs to support and complement the Commonwealth funding in this area. The primary funding mechanism to research, which is generally a competitive grants assessment process, is run by the National Health and Medical Research Council [NHMRC]. There would be a range of medical researchers and social researchers in New South Wales who would have had successful grant funding from the NHMRC. In addition, NSW Health provides funding under a program called the Medical Research Support program, which provides—and this is funding to medical institutes—some funding to deal with the indirect costs associated with research. It is matched to the NHMRC and specialised grants funding rounds that they have received. In that way, we do it. In addition, we support our research hubs in our local health districts, bringing them together, bringing the brightest minds together and connecting the researchers from a number of our prestigious universities and medical research institutes. I could probably outline a range of other things, if you would like.

Reverend the Hon. FRED NILE: No, that is sufficient. Thank you very much.

CHAIR: Thank you, everyone. That brings us to the end of this session. Thank you, Minister, and your officials. You have taken questions on notice. Those matters will be followed up with you by the secretariat staff. You have 21 days to report.

The Hon. LYNDA VOLTZ: The Chief Psychiatrist was going to table a letter.

CHAIR: There was reference to the tabling of a letter.

Dr WRIGHT: It is on an email. My apologies.

(The witnesses withdrew)

The Committee proceeded to deliberate.