

GENERAL PURPOSE STANDING COMMITTEE No. 4

Friday 26 October 2007

Examination of proposed expenditure for the portfolio areas

WOMEN, SCIENCE AND MEDICAL RESEARCH

The Committee met at 1.30 p.m.

MEMBERS

The Hon. J. A. Gardiner (Chair)

The Hon. R. L. Brown
The Hon. D. T. Harwin
Dr J. Kaye

The Hon. P. G. Sharpe
The Hon. M. Veitch
The Hon. L. J. Voltz

PRESENT

The Hon. V. H. Firth, *Minister for Women, Minister for Science and Medical Research, Minister Assisting the Minister for Health (Cancer), Minister Assisting the Minister for Climate Change, Environment and Water (Environment)*

Department of Premier and Cabinet

Dr K. Bigsworth, *Director, Office for Women*

Ms V. D'Adam, *Assistant Director General, Policy Development Division*

Department of State and Regional Development

Mr M. Cullen, *Acting Director General*

Mr M. O'Sullivan, *Executive Director, Industry*

Office of Science and Medical Research

Ms K. Doyle, *Executive Director*

Cancer Institute

Professor J. Bishop, *Executive Director*

UNCORRECTED

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: I declare this hearing open to the public. I welcome Minister Firth and accompanying officials to the hearing. At this hearing the Committee will examine the proposed expenditure for the portfolios of Women, Science and Medical Research. Before we commence I will make some comments about procedural matters. In relation to the broadcasting of proceedings, in accordance with the Legislative Council *Guidelines for the Broadcast of Proceedings*, only Committee members and witnesses may be filmed or recorded. People in the public gallery should not be the primary focus of any comment or photographs. In recording the proceedings of this Committee, you must take responsibility for what you publish and what interpretation you place on anything that is said before the Committee. The guidelines for the broadcasting of proceedings are available at the table by the door.

In relation to the delivery of messages, any messages from attendees in the public gallery should be delivered through the Chamber and support staff or the Committee clerks. Minister, you and the officers accompanying you are reminded that you are free to pass notes and refer directly to your advisers while at the table. It would be appreciated if everybody turned off their mobile phones. In relation to the format of the hearing, Minister, the Committee has agreed to the following format of the hearing. We will have a sequence of questions around the table involving the Opposition, crossbench and Government members. We do 15-minute batches on this Committee. We will start with the Women portfolio first. We will have a 10-minute break at 3.00 p.m.

The Committee has resolved that we request that answers to questions on notice during the hearing be provided within 21 calendar days of the date on which they are sent to your office. If that is able to be accommodated, that would be appreciated. I will swear in the departmental officers but, Minister, you do not need to be sworn as you are already sworn in: you have already taken an oath as a member of Parliament.

KERRIE BIGSWORTH, Assistant Director General—Policy Development Division, Department of Premier and Cabinet, and

VICKI D'ADAM, Director, Office of Women, Department of Premier and Cabinet, affirmed and examined:

CHAIR: I declare the proposed expenditure for the portfolios of Women, Science and Medical Research open for examination. We will commence with the portfolio area of Women. Minister, do you have a brief opening statement? I should advise you that if you do, the Committee has resolved that it be no longer than five minutes.

Ms VERITY FIRTH: That is fine. It is much less than five minutes.

CHAIR: Thank you, you may proceed.

Ms VERITY FIRTH: I am very proud to serve as the Minister for Women, Minister for Science and Medical Research, Minister Assisting the Minister for Health in relation to Cancer, Minister Assisting the Minister for Climate Change, Environment and Water (Environment). One of the great activities I have been involved with since taking on the Women's portfolio is meeting with many individual women and women's organisations from across the State, and hearing directly from them about their work and their priorities.

These groups have included the Women's Electoral Lobby, the Older Women's Network, UNIFEM, the Australian Women's Coalition, Immigrant Women's SpeakOut, Business and Professional Women Australia, YWCA, the Immigrant Women's Association, Guides New South Wales, Asian Women at Work and the Country Women's Association. I have also had the privilege of meeting with a range of front-line workers, such as the Rape Crisis Centre, women's health services, the Domestic Violence Committee Coalition and staff from Domestic Violence Court Assistance Scheme.

Members would be aware that the Office for Women is situated in the Department of Premier and Cabinet. Its focus is promoting equality for women so that they can fully participate in the economic, social and cultural life of the communities in which they live. The office's strategic position in the Department of Premier and Cabinet leaves it well placed to advise and influence other agencies on policies and programs impacting on women. The publication, *Our Commitment to Women*, released earlier this year clearly articulates our whole-of-government approach to improving equality for women and draws together a range of programs, policies and plans across government.

The Government has given a particular priority in our State Plan to addressing issues of violence against women. I am especially proud of the efforts we are making to give greater support to victims of domestic and family violence, and sexual assault, and I hope to provide you with some details about these initiatives shortly. I will include my opening remarks there. I am happy to take questions, obviously.

CHAIR: Can you firstly provide the Committee with the overall budget allocation for the Office for Women?

Ms VERITY FIRTH: Yes, I can. The budget allocation for 2007-08 is \$2.405 million for the Office for Women.

CHAIR: Is that a change from the previous allocation?

Ms VERITY FIRTH: It is. There is a slight increase. It was \$2.350 million last financial year. The increase is related to employee-related expenses, which are slightly higher, reflecting award wage increases.

CHAIR: Can you give that budget estimate broken down in to estimates for staff and secondly for general administration?

Ms VERITY FIRTH: That is right. Employee-related expenses is \$1.448 million. Other operating expenses is \$757,000. Depreciation is \$50,000. The Grants and Subsidies Program is \$150,000. They lead to the total.

CHAIR: Can you advise the Committee on the expenditure proposed, either directly or indirectly, on firstly publications, secondly public information campaigns, and thirdly any other promotional activity?

Ms VERITY FIRTH: I will defer to my Office for Women for some greater detail about that, but what I can tell you is that within the other operating expenses line item, which was the \$757,000 line item I gave you, out of that line item comes the funding for partnership projects which are research partnership projects, events costs as we often contribute to events and we love to help non-government organisations if they write to us for specific events, operating cost of the programs that we run, including programs such as Girl\$avvy, the Lucy Mentoring Program, Sister Speak which is a program aimed at young Aboriginal girls, and Tasting Success.

It provides for a secretariat support and travel expenses for the Premier's Council for Women. It provides for peak women's organisation network meetings, of which we have had a number now. We have had two in the Sydney metropolitan area and a number around the State, including in the Hunter region, in the Central West of New South Wales, and I am also holding one in Macarthur. We have held one in Macarthur and also one is due to be scheduled up in Armidale.

This line item also includes all Office for Women non-staff operating expenses such as rent, stationery, travel, et cetera. For the specific breakdown in relation to publications, I will have to defer to Dr Bigsworth.

Dr BIGSWORTH: I would have to take that on notice. I do not have that specific funding with me.

CHAIR: Do the publications normally include a photograph of the Minister?

Ms VERITY FIRTH: The publications I have seen included a photograph of the Minister. We have a regular publication that goes out to our peak women's organisations. It depends what the publication is, of course. I suppose it also depends on your definition of publication. We do things like DVDs, for example. We gave a grant to the Multicultural Disability Advocacy Association of New South Wales, which produced and distributed 152 copies of *Pathways to Parenting*, a resource book for all New South Wales council libraries, and produced a Braille master. I am unaware whether that included a photograph of the Minister.

Dr BIGSWORTH: It certainly does not include a photograph of the Minister for Women.

Ms VERITY FIRTH: We also have DVDs such as *Reading the Signs*, a short DVD for all young women in New South Wales on reading the early signs of potentially abusive relationships. So, it is not appropriate to put a photograph of the Minister on all publications, of course.

CHAIR: There would be some that would not, but you would say most of them would have?

Ms VERITY FIRTH: I would have to take that on notice.

Dr BIGSWORTH: It depends how you count it. I would say no. We put out usually three newsletters a year to a mailing list of about 3,500 recipients. The newsletter would normally include an opening comment from the Minister and from me, and that is usually accompanied by a photograph of the Minister and me. Our other publications tend not to have a photograph of the Minister. We put out fact sheets, for example. We have a set of 10 fact sheets that are updated most years. There is a brochure on the nature of the Office for Women and what it does. That does not include a photograph of the Minister. *Our Commitment to Women*, which was the Government publication put out earlier this year covering the whole-of-government approach to women, included a photograph of both the Premier and the Minister for Women at the time. Other than the three-a-year newsletters and that one whole-of-government document, I cannot recall any that have photographs of the Minister.

CHAIR: Minister, can you tell the Committee how many staff are employed within the Office of Women?

Ms VERITY FIRTH: Off the top of my head it is 14 full-time positions.

CHAIR: You may have to take this on notice, but it would be appreciated if you could give us a break down of how they are relegated between programs and the administration of programs, public information and promotional activities and policy coordination and advice. Would that be possible?

Ms VERITY FIRTH: Yes, we can definitely take that on notice and provide in answer.

CHAIR: Can you advise what policy areas within the New South Wales Government the office has identified as being key to promoting equality between men and women?

Ms VERITY FIRTH: Yes, I can. The Iemma Government has a strong record in lifting the status of women and improving their access to services. Innovative and effective policies and programs have been developed across government which aim to improve outcomes for women across all areas that impact on their lives—health, safety, education, work and family balance, financial independence and leadership. The Iemma Government is about supporting and empowering women, and I think a lot of the things we have done have shown this. The Iemma Government's achievements and plans are all underpinned by the representations on issues affecting women at the very heart of government, as I alluded to earlier. The presence of a Minister for Women in Cabinet, the Office for Women in the Department of Premier and Cabinet and the Premier's council for women, all provide advice and expertise at the highest level of policy.

As far as the specific areas we are focusing on, I think the most obvious example where the focus of government is at the moment is on domestic violence strategies and family and violence issues. I am particularly proud to tell Committee members about the wide range of legislative and policy reforms that this Government has introduced to assist victims of violence, and measures that will be expanded under our new domestic violence strategy. I can run you through some of them. We have made a number of announcements, including just recently with some sexual assault law reform that has just been introduced to the House. We have given police extended powers to apply for a 24-hour telephone interim apprehended violence order, and police can apply for AVOs on behalf of a victim who is reluctant to proceed. We have also provided \$28 million over four years to improve support for victims by increasing counselling, accommodation and support, ensuring integrated case management and continuing the successful domestic violence court intervention model.

The Premier has announced further measures, including the creation of a new specific offence of domestic violence, more specialised training to front-line police officers, entrusting police with additional search powers for homes, protecting children by automatically including them on AVOs, installing more video-link equipment in New South Wales courts in order to reduce trauma for victims and witnesses when testifying, and establishing a structure within the Department of Premier and Cabinet that concentrates on the prevention of violence against women. This will ensure strong, centralised control over domestic and family violence programs and policies.

In the most recent budget the Treasurer announced \$16.8 million will be invested over four years to support victims of family and domestic violence, including support for integrated domestic violence case management projects, and expansion of the very successful Staying Home Leaving Violence program—which is a program where the perpetrator is asked to leave the family home rather than the victim of the violence—funding for the domestic violence court intervention program at Wagga Wagga and Campbelltown and funding for expansion of the women's domestic violence court assistance scheme. Victims of domestic violence and sexual assault will also benefit from the recent budget's almost \$8 million in upgrades to CCTV and video-conference remote witness facilities that are being rolled out across our courts.

The legislative reforms supporting victims of sexual assault have been very well received by the sector. I spoke at the New South Wales Rape Crisis Centre's annual general meeting, and it was really supportive of what we have managed to do in sexual assault law reform.

CHAIR: We might get back to that in a minute. Can you tell us how many interdepartmental committees does the office form part of and how many interdepartmental or high-level policy committees or work groups does the office chair?

Ms VERITY FIRTH: I will have to take that on notice, but we can get an answer back to you.

CHAIR: You must have an idea of what is the most important couple of interdepartmental committees the office chairs?

Ms VERITY FIRTH: I can take that on notice.

The Hon. DON HARWIN: Do you chair any?

Ms VERITY FIRTH: I can take that on notice.

Dr BIGSWORTH: The short answer is no.

CHAIR: No you do not know, or you do not chair any?

Dr BIGSWORTH: The office does not chair any.

CHAIR: If you could give us on notice a list of the ones you participate in?

Ms VERITY FIRTH: No worries.

CHAIR: Does the Office for Women provide itself as the secretariat for any of the interdepartmental or high-level policy coordination committees?

Ms VERITY FIRTH: We will take that on notice—unless Dr Bigsworth has a response?

Dr BIGSWORTH: No, it does not.

CHAIR: Has that changed over the past year or so?

Dr BIGSWORTH: No.

CHAIR: In relation to Pap tests, there was an audit of the New South Wales Pap test register that reportedly found that half a million aged between 20 and 69 have not had a Pap test in four years. I think you have referred to this audit and urged women over 18 who are sexually active to have such tests. Can you advise the Committee who conducted that audit?

The Hon. LYNDA VOLTZ: Point of order: I am conscious of the portfolio that we are considering at present. That issue is relevant to the Cancer and Medical Research portfolio. Is it appropriate to deal with it when we are considering the Office for Women?

CHAIR: The Minister made some comments earlier.

Ms VERITY FIRTH: They were in relation to my Cancer portfolio.

CHAIR: Are you happy to answer the question now?

Ms VERITY FIRTH: I just need the appropriate folder.

CHAIR: I am happy to come back to it. With respect to pay equity, can you give us an indication of the gender pay gap within the New South Wales public service?

Ms VERITY FIRTH: I can give you the estimates of the gender pay gap as outlined by the Australian Bureau of Statistics in relation to New South Wales. In New South Wales in the past year the gap between men and women's total weekly earnings have increased from 30.1 per cent just prior

to the introduction of WorkChoices to 32.6 per cent in May 2007. This may not sound like a big jump but in the previous 12 months—

The Hon. DON HARWIN: Are you talking about the public service?

Ms VERITY FIRTH: This is Australian Bureau of Statistics research.

The Hon. DON HARWIN: The question was about the New South Wales public service. Do not try to avoid the issue; just go to the public sector.

Ms VERITY FIRTH: The good thing about the public sector is that it is performing a lot better, unfortunately, than the private sector. There is work to be done, as we all know, on pay equity and the gender segregation of wages in New South Wales and Australia as a whole. I will have to take the question on notice regarding the pay gap between men and women's wages in the public sector in New South Wales. I can tell you that currently women hold 36 per cent of government board positions in New South Wales, which represents a significant increase from 19 per cent in 1995 under the previous Coalition Government. I am also advised that as of June 2007 new appointments of women to public sector boards and committees reached 39 per cent. Regrettably, of the top 200 Australian Stock Exchange listed companies, women hold only 8.7 per cent of board directorships. The public sector is doing considerably better than the private sector. So we need to do some work there.

CHAIR: Okay. What—

The Hon. LYNDIA VOLTZ: Point of order: The time for Opposition questions has expired. Could we move to the next round of questioning so that there is time equity?

CHAIR: Order! Minister, the question you have taken on notice involves providing the gender pay gap as a ratio of female to male full-time ordinary earnings within the New South Wales public sector.

Ms VERITY FIRTH: That is absolutely fine.

The Hon. ROBERT BROWN: I guess, by inspection, half the population of New South Wales are women—probably more.

Ms VERITY FIRTH: I think it is 51 per cent actually.

The Hon. ROBERT BROWN: I was astounded to hear you read the list of groups and organisations that you need to work with. There were far more there than I had ever dreamed. When you talked about your overall budget it seemed to me, just by inspection, that with 14 staff and a budget that is not very big it must be difficult for you to be able to fulfil the charter of your office. I have two questions. First, seeing as you are new to the portfolio, do you believe it should be expanded in terms of budget and, if so, by how much? Secondly, do you believe the objectives of the office can be met by leveraging the establishment of the office—the 14 staff and other programs you have—to produce legislation that might achieve the same thing? It seems to be an enormous task to perform on a tiny budget. Would you like to comment on that?

Ms VERITY FIRTH: Yes, I would. That is a very good question. The advantage of having the Office for Women in the Department of Premier and Cabinet cannot be overlooked. It is an incredible advantage. It is literally at the heart of government. What that means is that the Office for Women can take a whole-of-government approach in coordinating policy across the agencies. The role of the Department of Premier and Cabinet is to make sure that the whole-of-government approach is working. Many of the issues that affect women—domestic violence, pay equity, child care and all those sorts of issues that come back to me when I talk to women across the State—are the responsibilities of other departments.

For example, child care is dealt with in the main by the Department of Community Services, or by the Department of Education and Training if we are talking about preschools. Pap tests, which were mentioned before, are dealt with by NSW Health. So the Office for Women does not need a huge budget; it just needs to be strategically placed so that it can provide that policy advice and that whole-

of-government approach to all the different government agencies that have the funding to deliver all those services and make sure that women's interests and women's issues are at the forefront of the decision making in all the departments that control those budgets and programs.

The Hon. ROBERT BROWN: Thank you.

Dr JOHN KAYE: In broad overview terms, what steps does your office take to measure and assess gender inequality in areas such as employment, income, pay, education, sport, cultural activities and delivery of services? I am asking specifically what you are doing to assess and analyse gender inequality?

Ms VERITY FIRTH: How the Office for Women works is that we have a budget that provides funding for partnerships and for programs.

Dr JOHN KAYE: I understand that.

Ms VERITY FIRTH: I will explain where I am heading. The partnership projects tend to be research projects. You are asking how we undertake research into the raw data about pay equity, gender issues and those sorts of things. We do that through partnership research projects. I am advised that at the moment we have five non-recurrent projects totalling \$367,000 that were funded in 2005-06 for 12 months and were implemented in 2006-07. These projects have been developed in partnership with a number of agencies. We do that because we want to leverage off the expertise of those organisations. For example, we developed the Young Women's Leadership Project in conjunction with the Western Sydney Regional Organisation of Councils. We also had a project auspiced by the Youth Action and Policy Association, which received funding of \$50,000 to develop an educational resource to increase young women's understanding of their workplace rights and entitlements. We gave Asian Women at Work \$55,000 to develop a third project, which was to build the capacity of bilingual community workers and English language teachers. We also provided \$100,000 to the Combined Community Legal Centres to conduct a women's employment rights project, which was launched the other day. You might have seen that.

Dr JOHN KAYE: I did. It is excellent and I fully support it. I congratulate your office on this excellent work. I am not trying to belittle it but I am actually asking a totally different question. If the Premier came to you and said, "How's it going for women in New South Wales; what are the key areas of gender inequality in this State and how bad are they", how would you answer that question? My question is not about how you are dealing with it—although I am not trying to belittle your efforts in any way.

Ms VERITY FIRTH: With larger scale gender research on strategic issues, we try to use leveraging and partnerships with expert organisations. Specifically, we use the Australian Research Council to provide that. We currently have projects on girls and information technology, negotiating caring and employment, which is something that is raised all the time by women's groups, understanding the impact of gender diversity on regional board performance and parental leave access utilisation and efficacy in Australia.

Major project partners include universities, other government agencies and non-government organisations. In addition New South Wales, as a member of the Commonwealth State and Territory Ministers Conference on the Status for Women contributes to what is called a National Activities Trust Fund for research on priority issues. The fund's recent focus has been a project on improving the access of nurses from culturally and linguistically diverse communities to employment opportunities. That is what we try to do; we try to partner with expert organisations to provide that gender-based research.

Dr JOHN KAYE: It is great that your office is doing that and I strongly support them, but that does not go to my original question. What are we doing in New South Wales—and maybe the answer is we are not doing it and we should be doing it—to get an overview of gender inequality. I am not necessarily talking about primary research here because I think a lot of the data already exists. It is more a question of a policy level and how we are pulling that together. I appreciate that you are not going to lead the gender revolution tomorrow with 14 staff, but are there things we are doing or should be doing to assess that?

Ms VERITY FIRTH: You are looking for indicators of women's progress in New South Wales?

Dr JOHN KAYE: Yes?

Ms VERITY FIRTH: The Commitment for Women, which was the broader, whole-of-government document that was released earlier this year, sets out a range of specific measures that the Government will undertake in each area. It also, rather crucially, commits the Government to providing future reports on key indicators of the status of women influenced by the plans and strategies in the report. So there is actually a report-back process, a bit similar to the State Plan.

Further to this commitment, the Office for Women has been undertaking high-level discussions with government agencies to identify gender-disaggregated data, which will assist us to track progress on the key areas for women in the State Plan and in our Commitment for Women. The Office for Women is also working on the development of key indicators aligned to both the State Plan and the Commitment for Women for progressing progress on the advancement of the status for women in New South Wales.

The work is being carried out in cooperation with the Premier's delivery unit, which is responsible within the Department of Premier and Cabinet for the State Plan and will ensure that we are able to provide detailed information to the women of New South Wales about progress on the most significant issues for them.

Dr JOHN KAYE: That is getting close to what I want. Is that in the context of your office or in the office of the people who are doing the State Plan analysis?

Ms VERITY FIRTH: Through both.

Dr JOHN KAYE: So it is a partnership relationship between your office—

Ms D'ADAM: And the Premier's delivery unit.

Dr JOHN KAYE: It sounds like something you would find in a maternity hospital, no pun intended. We have already had one report cycled back on the State Plan, have we not?

Ms VERITY FIRTH: Yes.

Dr JOHN KAYE: Did we get a report cycled back on those measures?

Ms VERITY FIRTH: That is what we are working on now.

Dr JOHN KAYE: When will we see them?

Ms VERITY FIRTH: At the moment it is about how to identify gender-disaggregated data. That is something I think is particularly important.

Dr JOHN KAYE: So we are still at the stage of sorting the data out?

Ms VERITY FIRTH: That is right, but I think that is very important and will produce real benefits.

Dr JOHN KAYE: Yes, you do not need to convince me of that. I think this is a crucial issue to the public debate and a public understanding of gender inequality, which, in the minds of so many people has disappeared?

Ms VERITY FIRTH: That is right.

Dr JOHN KAYE: What comes out of the report is a series of performance indicators.

Ms VERITY FIRTH: Our Commitment for Women has a series of indicators and what we are now doing is also getting gender-disaggregated data out of our report backs for the State Plan.

Dr JOHN KAYE: So each of the key report backs on the State Plan will produce—

Ms VERITY FIRTH: That is what we hope to be able to achieve. I suppose it is also about identifying which are the key outcomes of the State Plan that relate particularly to women. My rough assessment of that would be obviously the rights and responsibilities section of the State Plan, which essentially is about tackling domestic and family violence. We are also looking obviously at the delivering better services section of the State Plan because, to be honest, better quality services in health, education and transport will all impact on women.

Dr JOHN KAYE: Of course.

Ms VERITY FIRTH: We will be looking at the fairness and opportunity section of the State Plan, which talks about supporting the most at risk in our society, including Aboriginal people and those with a disability, and also Aboriginal women obviously. Even the growing prosperity section of the State Plan that talks about employment and business opportunities is important for women.

Dr JOHN KAYE: But none of those will capture issues of pay, income and individual wealth, and differentials between men and women in those areas, will it?

The Hon. ROBERT BROWN: They may do, if it is disaggregated information.

Dr JOHN KAYE: But none of the State Plan objectives talk about those things, or have I got that wrong?

Ms VERITY FIRTH: I think the growing prosperity section talks about that.

Dr JOHN KAYE: You are telling me that growing prosperity will talk about the distribution of wealth held by women versus the distribution of wealth held by men in our society?

Ms D'ADAM: It could be one of the elements that are considered. I think overall it is looking at how overall the State is progressing.

Dr JOHN KAYE: That is all good; it produces a lot of data but does that boil down to a series of smaller indices of gender inequality?

Ms VERITY FIRTH: What do you mean?

Dr JOHN KAYE: I am not critical of this, but you will get a lot of detailed information on education outcomes, health outcomes, service delivery outcomes, domestic violence outcomes, wealth outcomes, so there is going to be a whole range of different measures. In terms of measuring progress towards a society that is more equitable, it is quite hard for the lay reader to put all those together. Is there any intention to try to produce—this is a slightly crude expression—an index of inequality?

Ms VERITY FIRTH: I must admit we have not talked about that so there is no current intention to do that, but it is an interesting idea.

Dr BIGSWORTH: Minister, could I add, perhaps to clarify, that there were two approaches that you talked about which we are doing together. One is developing indicators that respond to the Commitment for Women and at the same time we are working with those who are developing indicators to report on the State Plan. Some of the issues that you draw on, which are about broader equity issues, for example women's leadership roles in society, in the workplace and in the community, are actually at a higher level because the State Plan is about delivering improvements to services. The issues that you are talking about are perhaps at an even higher level and that is why we are managing it as two pieces of work because we will be providing a report that is separate from those in the State Plan that includes indicators at that higher level, which address some of those equity issues you are talking about.

Ms VERITY FIRTH: I do not know whether you are on the committee that talks to the Minister for Industrial Relations but the Office of Industrial Relations conducts a series of research and policy in terms of gender inequality, so things such as pay equity issues will come out through that Office of Industrial Relations Research Program.

Dr JOHN KAYE: And the Office of Women is involved in that in a partnership, is it?

Ms VERITY FIRTH: There are some projects that we partner with them and some that we do not, but we always talk to them.

Dr JOHN KAYE: Excellent. There were 1,700 girls and women participating in the Office of Women project, and that is good. If we doubled your budget from the quite small \$2.4 million to \$4.8 million, what would you do with it?

Ms VERITY FIRTH: Do you have the power to double my budget?

Dr JOHN KAYE: You never know; it might happen one day; crossbench power.

The Hon. DON HARWIN: I think there is a standing order about hypothetical questions.

Dr JOHN KAYE: I retract the question and might come back to it later.

CHAIR: We will now have Government questions.

The Hon. PENNY SHARPE: Minister, previously you outlined some of the things that the New South Wales Government is doing in terms of domestic violence and sexual assault. Do you have any additional information that you want to provide? In particular, I am interested in ongoing concerns about the impacts of the Commonwealth Government's family law reform package on women in New South Wales and obviously those experiencing domestic and family violence.

Ms VERITY FIRTH: Yes, thank you for your question. I am seriously concerned about the level of commitment and concern that the Commonwealth Government has in protecting women and children from family and domestic violence and supporting victims. My concern lies with the Commonwealth Government's family law reform package released in 2006, which includes legislative changes and the establishment of family relationship centres that serve as mediators in family law disputes. The Family Law Amendment (Shared Parental Responsibility) Act 2006 was introduced as part of the family law reform package and amended the Family Law Act 1975.

The Act makes a range of sweeping changes to the family law system and one of the aims is to encourage parents who are separating to use non court-based dispute resolution rather than litigation. A key amendment is the requirement that from 1 July 2007 parents attend family dispute resolution before applying for a parenting order through the Family Court of Australia or Federal Magistrates Court. The Act provides that requirement to undergo family dispute resolution does not apply where there is family violence or abuse, or the risk of family violence or abuse.

It is my view, and I think the view of a lot of people involved in this sector, that mediation is never appropriate when violence is involved. I support the intention to assist parents to resolve their disputes in a non-litigious environment, but I have grave concerns that the amended Act and its emphasis on compulsory mediation has the potential to endanger women and children who are victims of or at risk of domestic and family violence. These risks were referred to an inquiry into the impact of the Family Law Amendment Act of the Standing Committee on Law and Justice. The committee, which included the Hon. David Clarke, heard from a number of experts in the field of family law and domestic and family violence. It found—and let me remind the members of the Committee that it was a unanimous bipartisan report—that the screening tools used by the Commonwealth's family relationship centres may be inadequate to identify all cases involving family violence.

Family and domestic violence is not uncommon in family separation situations, but it is often difficult to identify. Sixty per cent of couples cite family violence as a contributing factor in the breakdown of marriages and 30 per cent describe it as a major reason why their relationship ended. Screening cases of violence out of the mediation process may not exclude all families experiencing

domestic and family violence. I am very concerned that the Commonwealth's family mediation services do not have the resources or skills to properly screen and handle cases where domestic violence may be an issue.

Under the amendments an allegation of family violence must be based on a "reasonable fear". Penalties can be applied if the court finds that a false allegation was knowingly made about violence or abuse. As many victim advocates have observed, the reforms will place increased pressure on victims to avoid disclosure of violence for fear of penalties. The requirement to show that a fear of domestic and family violence is reasonable will be difficult for many victims to meet. The threat of penalties if a victim is found to have made false allegations about violence will further deter victims from speaking up if they are unable to provide sufficient evidence of violence. The mediation process also presumes that there is equal bargaining power between parties. In situations of family violence, victims generally feel intimidated by the perpetrator and may in a mediation situation be unable to articulate their concerns and views. This could conceivably result in counterproductive outcomes for women. Aboriginal women are likely to be particularly affected by the family law amendments given the high incidence of family violence in Aboriginal communities.

As noted earlier, the amendments to the Family Law Act are part of a family law reform package put forward by the Commonwealth. Very little consultation has been had with the States and Territories on the effect of that package and the development of its evaluation framework, particularly in relation to how the reforms will impact on State and Territory services. I have written to the Commonwealth attorney-general on behalf of the New South Wales Government expressing my concern that the family law reform package may further expose women and children to family violence.

The family law reform package, including the amendments contained in the Family Law Amendment (Shared Parental Responsibility) Act, casts serious doubt on the Commonwealth Government's commitment to protect women and children from perpetrators of domestic and family violence or to support and assist the victims. The Commonwealth must provide more stringent safeguards to ensure that women do not have to undertake mediation with perpetrators of domestic and family violence. Obliging women in these situations is likely to compound the violence and trauma that they have already received.

The Hon. PENNY SHARPE: Can you advise the Committee of what recent research has found about the impact of the Commonwealth industrial relations reforms on women workers across this State and also provide some information about what the New South Wales Government is doing to protect vulnerable women employees in New South Wales?

Ms VERITY FIRTH: Yes. In fact this relates a little to Dr Kaye's question about research in gender inequity, so it helps answer that earlier question. There is no doubt that WorkChoices has had a devastating impact on women across the country. WorkChoices has wound back the processes that delivered pay equity rights and entitlements, job security, certainty about hours of work and family-friendly conditions for Australian workers—and women workers in particular. This is actually a very good statistic: women's increasing engagement in the paid workforce has contributed more to global growth than China in the past decade or so, according to a recent article in *The Economist*. But the rewards of all this productivity are not filtering through to the pay packets of women.

This is illustrated in the average weekly earnings figures released by the Australian Bureau of Statistics, which show that the pay equity gap between men's and women's wages is not just slowing but, under WorkChoices, is beginning to increase even further. In New South Wales in the past year, as I mentioned before, the gap between men and women's total weekly earnings has increased from 30.1 per cent just prior to the introduction of WorkChoices to 32.6 per cent in May 2007. This means that for every dollar earned by a man in New South Wales, women are now earning a paltry 67.4 cents. This may not sound like a big increase, but we must remember that in the previous 12 months we have finally seen this figure break the barrier of less than 30 cents in the dollar and it is now increasing again.

It is completely the wrong direction for Australia to be heading and, on a practical level, these figures are terrible news for working women and their families in New South Wales. As we all know, the difference between men and women's wages has real consequences, not just on women but

on their families. It has impacts for the practical issues of paying bills and meeting mortgage repayments, but it also fundamentally removes the choice that families can make about how they balance their paid work and family life. Where women earn less than their male partners it will always be the economically rational choice for women to take time out of the paid workforce to care for children and other family members. It means that if someone in the family has to work longer hours that person will almost always be the male partner, which just reinforces old-fashioned stereotypes about what men and women do, both at work and at home.

A British study released by economists in June this year found that around 80 per cent of the difference in the amount of unpaid work carried out by men and women could be accounted for by the gender wage gap. In other words, if men and women were paid the same amount they would be able to do a much more equitable amount of housework. WorkChoices is making life doubly hard for working families in New South Wales and removing their choices about work and care even further. The problems WorkChoices has created in relation to pay equity will continue to be a real challenge both for policy-makers and politicians trying to improve equity for women, but also for unions and for businesses trying to retain good female staff. How we address this challenge will remain a real issue, even if there is a change of Federal Government at the next election.

With the introduction of WorkChoices, New South Wales saw one of the major avenues for remedying pay inequity vanish with unions losing the capacity to run equitable remuneration cases in the State Industrial Relations Commission. This is a forum which had historically proved enormously useful for women in New South Wales and had seen significant pay rises for women working in child care, libraries and community services. These wage cases can no longer be run under the new Federal industrial relations framework.

Study after study continues to confirm the detrimental effects of WorkChoices and Welfare to Work on women across Australia. In New South Wales, a study released on 30 July this year found that women in low-paid jobs are worse off under the Commonwealth Government's WorkChoices regime than was previously the case. The study, which was funded by the Department of Industrial Relations, entitled "Down and Out with WorkChoices: the Impact of WorkChoices on the Work and Lives of Women in Low Paid Employment", commissioned by the Office of Industrial Relations, was undertaken by the University of Sydney's Women in Work Research Group.

The authors of the study found that, for the most part, the changes brought about by WorkChoices have been "negative and deleterious, reducing decency and democracy at work and in society". They found that the changes have included reductions in pay for already low-paid workers, less certainty about wage rates and pay rises, intensification of work, weakening of job security, less financial independence, less money for children and basic household costs, less representation and say at work and in the community, and poorer health and wellbeing.

The authors state that all these outcomes weakened the capacity of the women studied to participate in the workforce and in their communities. This is not their choice, and it is not a desirable outcome for society at large. These are all women who have pride in their work, and they have been loyal and committed employees. WorkChoices has not reciprocated their work efforts.

The Hon. PENNY SHARPE: What is the Office for Women doing about improving leadership services or avenues for women in New South Wales?

Ms VERITY FIRTH: This also relates to a question asked earlier. We are committed to promoting equal participation of women in leadership and decision-making roles in New South Wales. It is crucial to have women in leadership positions, for a wide range of reasons, the most obvious being basic fairness. Women represent half our community and they equally represent half the talent pool, but women also bring a different and valuable perspective to the table and can be role models for other women. In an environment with an ageing population and skills shortages, it is also important that New South Wales businesses benefit from the full range of talent on offer in the community.

We are committed to increasing women's participation on boards and committees, and enhancing their opportunities for appointment to senior positions in both the public and private sectors. As I said earlier, women hold 36 per cent of government board positions in New South Wales, which is a significant increase on the 19 per cent under the Coalition in 1995. New appointments of

women on public sector boards and committees has now reached 39 per cent, which is, as I said, significantly better than what is happening in the private sector, unfortunately.

The New South Wales Government is committed to moving towards women occupying 50 per cent of all new appointments on government boards and committees. I am advised that in the past 10 years the number of female school principals has increased by more than 10 per cent, with more than 44 per cent of primary school principals and 32 per cent of high school principals being women. Additionally, the proportion of appointed judges who are women has increased, to approximately 35 per cent compared with just 8 per cent 10 years ago.

The Government recognises that increasing the number of women on boards and committees and in senior positions is key to improving the status of women, and to enhancing talent, experience and skill from a broader cross-section of people. In terms of what we are doing out of the Office for Women, we have taken on a number of programs and activities that are aimed at improving opportunities for women to take on leadership roles. We have the Girl\$avvy Program, the Lucy Mentoring Program, Tasting Success, the Sister Speak Program, the Young Women's Leadership Project, the New South Wales Women of the Year Awards, the New South Wales Sportswoman Get Out in Front Project, sponsorship of the National Council of Women New South Wales Australia Day Scholarship, the Women in Motor Sports Scholarship, funding towards the Australian Research Council Project, which investigates the impact of gender diversity on regional boards and committees, an Aboriginal Women in Leadership Lunch, and Aiming High, which is a function held in partnership with Qantas to motivate female high school students to aspire to leadership positions in their future careers. Plans are also underway to develop a pilot project for an Aboriginal women's forum and leadership project.

The Hon. DON HARWIN: Minister, how much is the Government providing for the Girl\$avvy Program in 2007-08 and what percentage increase does this represent over last year?

Ms VERITY FIRTH: The budget for the Girl\$avvy Program in 2007-08 is \$70,000. In relation to that increase on last year, we will take that on notice.

The Hon. DON HARWIN: You do not know what was spent on the program last year?

Dr BIGSWORTH: It is approximately the same budget as last year.

The Hon. DON HARWIN: If you could take that on notice. What performance indicators were used to assess the program as warranting an extension of two additional workshops?

Ms VERITY FIRTH: It is considered to be a highly successful program; it has received very good feedback from participants. It consists of one-day workshops for young women in their mid to senior high school years, and it aims to raise their awareness about financial independence through a series of presentations and activities, and through meeting professional women. Seventy-three per cent of these workshops are being conducted in rural and regional New South Wales, so I think it was seen as important to ensure that the programs are getting out to rural and regional areas.

We know that between October 2002 and August 2007 some 6,686 students and 1,056 mentors participated in 116 workshops throughout regional and metropolitan areas of New South Wales. As I said, a longitudinal evaluation conducted in October 2006 indicates that 12 to 18 months after attending a workshop 83 per cent of participants thought they had gained long-term benefits from attending the Girl\$avvy Program, and 73 per cent could identify skills and/or concepts that had stayed with them since the workshop, including, for example, budgeting and career planning. In fact, in recognition of this outstanding program the Office for Women won a commended award for the Girl\$avvy Program in the Community Building category of the 2005 Premier's public sector awards.

The Hon. DON HARWIN: Who conducted the evaluation?

Dr BIGSWORTH: The longitudinal study was conducted in-house.

The Hon. DON HARWIN: Is the program targeted at low-income or disadvantaged girls who are in need of additional support and encouragement?

Ms VERITY FIRTH: As I said, we try to target the program towards rural and regional areas. Indeed, 73 per cent of the workshops are being conducted in rural and regional areas. In terms of targeting low-income—

Dr BIGSWORTH: No. It focuses on the public school system, but we attempt to reach the whole of New South Wales.

The Hon. DON HARWIN: Why does the Government charge each girl \$20 to attend, as it did at a workshop that was held at Mulwaree High School on 5 September this year? Is it not the case that that discourages the participation of a large number of girls from low-income families, who might be expected to benefit most from programs that are designed to promote the things you mentioned?

Dr BIGSWORTH: The costs to the girls vary from school to school. We ask that the schools cover our basic costs. They cover costs associated with venue hire and catering for the day; they are the only costs that are borne. The school then chooses whether it will pass on the costs to the students. With regard to a number of our workshops, the schools find sponsors in the local community, so it is regularly the case that girls pay nothing at all, but it varies from school to school. What the school is asked to pay is a nominal cost, to cover those basic costs so we can continue the program. But we fully fund all the costs of the materials to support the project, the staff, and the transport costs.

The Hon. DON HARWIN: The feedback received following the workshop at Mulwaree High School was that a number of female students from low-income families who might have benefited from the day did not attend due to a lack of money. That was certainly the view of lot of the teachers. Are you concerned about this, Minister, and do you think the current arrangements need to be looked at again?

Ms VERITY FIRTH: This is the first time I have heard of that situation. I will take the question on notice and have a chat with the Office for Women about that. From what Dr Bigsworth said, it sounds like it is up to the school to decide to lever that fee. Perhaps that is something we need to have a chat about.

The Hon. DON HARWIN: You have said that Sister Speak is a successful program. Can the evaluation report on which that claim was made be provided to the Opposition and made public?

Dr BIGSWORTH: Sister Speak, like all of our programs, is evaluated each time it is delivered by the range of participants. So whether we do the Girl\$avvy, LUCY or Sister Speak, all of those are evaluated by the students or girls who participate, by any teachers or their supporters who participate and by the mentors. Sister Speak is, for us, only a very early program. We have now only run it certainly less than a dozen times and we are still developing it.

The Hon. DON HARWIN: So, for example, there has not been the sort of longitudinal study or evaluation that there has been of Girl\$avvy.

Dr BIGSWORTH: No.

The Hon. DON HARWIN: In terms of the Girl\$avvy study, can you make that available for the Committee to look at?

Ms VERITY FIRTH: I will take that on notice, but I agree to provide appropriate information. We will have a discussion with the Office for Women about the longitudinal study. In terms of the Sister Speak Program, I put it on record that I consider it to be a very good program in terms of targeting vulnerable members of our community. This is a six-week series of mentor-supported workshops aimed at supporting and inspiring young Aboriginal women in years 6 to 9 to pursue their education, examine career options and work towards financial independence. So I see it as something that is targeting the needy.

The Hon. DON HARWIN: I presume then that there has been some sort of evaluation because last year the Government committed to rolling out Sister Speak to Lismore, Newcastle and Nowra. Has that been done?

Ms VERITY FIRTH: I have been advised that before the end of 2007 workshops will also be provided in Orange, Nowra, the Hunter, the Central Coast, Dubbo and northern New South Wales.

The Hon. DON HARWIN: Is that before the end of the financial year or the calendar year?

Ms VERITY FIRTH: Before the end of 2007 is my advice.

The Hon. DON HARWIN: How much is spent on Sister Speak?

Ms VERITY FIRTH: Twenty thousand dollars was budgeted for this financial year.

The Hon. DON HARWIN: Is that an increase on 2006-07?

Dr BIGSWORTH: No, it is not an increase on 2006-07.

The Hon. DON HARWIN: Even though there are more locations being rolled out.

Ms VERITY FIRTH: It was developed in consultation with Aboriginal educators in the New South Wales Department of Education and Training and the New South Wales Aboriginal education consultative group, amongst others.

The Hon. DON HARWIN: In terms of those new locations that you have mentioned, the number of days—so a number of them are still to occur.

Ms VERITY FIRTH: Yes.

The Hon. DON HARWIN: The annual report describes the grant to the Inner City Legal Centre as "aiming to develop the capacity of the non-government sector to provide women with information and advice on employment rights issues". How was the grant applied for? Was there an open expression of interest for organisations to tender to provide advice? Can you describe the process whereby this grant was made?

Dr BIGSWORTH: No, there was not an open tender process. The Office for Women was keen to apply resources in the area around employment rights, and we consulted with a range of our colleagues across both the non-government sector and with the Office of Industrial Relations to try to identify non-government organisations that might be appropriate to deliver these sorts of services. We got two proposals, one from Aged Women at Work and one from the Inner City Legal Centre, and we chose to fund both of them.

The Hon. DON HARWIN: Is there a document which describes the research agreement between the office and the department on one hand and the organisation?

Dr BIGSWORTH: Absolutely. We do not give any money without a contract.

The Hon. DON HARWIN: Naturally. I am pleased to hear that. Can you provide a copy to the Committee to have a look at?

Ms VERITY FIRTH: We will take that question on notice but we will ensure that you are provided with appropriate information.

The Hon. DON HARWIN: In particular I am interested in knowing what the objectives of the project were as they were described in those documents. I cannot see why there would be a problem with providing the Committee with a copy of it.

Ms VERITY FIRTH: I will take that on notice.

The Hon. DON HARWIN: We could always ask for it by ordering papers, if necessary. I would have thought that providing a copy of it was easy. The final matter is the pap smear issue. Can we perhaps deal with that in this bracket, rather than the next one, because we will only have a very small amount left for science and medical research if we do not ask one of those questions now?

Ms VERITY FIRTH: We will hold that question and ask it in cancer because we have the appropriate Cancer Institute person.

The Hon. DON HARWIN: How much money has the New South Wales Government committed to implementing the recommendations of the New South Wales Ombudsman into police practice in domestic violence?

Ms VERITY FIRTH: I think we will have to take that question on notice in relation to the Ombudsman's recommendations. I can assure the Committee that in relation to domestic and family violence this is one of the areas I am particularly proud of in terms of the Government's achievements. As I outlined before, just in this budget is \$16.8 million to be invested to support victims of family and domestic violence. The Government has also provided \$28 million over four years to improve support for victims by increasing counselling, accommodation and support, amongst the many items I outlined before—I do not think you need me to go through them again. We will take that specific question on notice.

The Hon. DON HARWIN: In what way does the Minister's office and the department liaise with police to help implement the Ombudsman's recommendations?

Ms VERITY FIRTH: Say the question again, sorry.

The Hon. DON HARWIN: In what way is the Office for Women liaising with police to help implement the Ombudsman's recommendations into police practice in domestic violence?

Ms VERITY FIRTH: We will take that question on notice. It is important to note that the Office for Women is not in charge of the domestic violence strategy. The strategy is being managed in the Department of Premier and Cabinet. We are not the agency with control over it, but we have a very big interest in it.

The Hon. DON HARWIN: I was about to go on to that. My next question relates to the role you play in policy coordination and monitoring. Can you describe what you are doing, how you and your office are involved?

Ms VERITY FIRTH: I will defer to Ms D'adam for a more complete answer, but the domestic and family violence strategy that is currently being reviewed is part of the Department of Premier and Cabinet, rather than the Office for Women.

Ms D'ADAM: I will just clarify that. The primary implementer of the strategy to date has been the Violence Against Women unit which is currently within the community's division within the Department of Community Services. As the Minister said, there is a review underway, and the Premier has made a commitment that there will be a function within the Department of Premier and Cabinet. What that will look like is still to be determined once the review has been completed and presented to government. The Office for Women, as part of the Department of Premier and Cabinet, provides advice to the Minister and to the Premier on issues in relation to women, particularly in relation to violence against women in other areas.

There has been consultation with the Office for Women in relation to the review, as there has been on other issues that go before the Government, issues that go before Cabinet. The Office for Women provides advice to the Minister in relation to those issues. The recent one, as the Attorney General announced previously, was around consent. The Office for Women provided advice in relation to that issue as well. A range of issues that come forward for Cabinet consideration, for Government consideration, the Office for Women routinely and consistently provides advice to the Minister and to the Premier.

The Hon. ROBERT BROWN: Minister, within that ridiculously small budget that you have, you mentioned that you achieve a lot of this stuff through partnerships. Can you explain to me how the Office for Women utilises women in sport to achieve its objectives? Do you have any specific programs to increase the participation of women in all sorts of sports?

Ms VERITY FIRTH: We have a scholarship for the New South Wales sportswomen of the year. It does come under the portfolio of the Minister for Sports but, having said that, we think that women's participation in sport is incredibly important for self-confidence and esteem issues and all of those things.

The Hon. ROBERT BROWN: You are probably not aware but the Shooters Party constituency is about 98 percent male. The Bell curve for age is about my age, 55, and the Bell curve for the average wage is around \$40,000 to \$50,000. They are the type of people who would normally talk to me. In our own area we recently had a couple of young ladies—well they are not young ladies, because one of them is—

Ms VERITY FIRTH: Younger than 55.

The Hon. ROBERT BROWN: Yes. They started an organisation called Women in Support of Shooting and Hunting [WiSH]. These two young ladies amazingly have got an immense amount of attraction with a demographic like me. I am more interested now with women's issues than I ever was and I am being serious here. That is why I am making the comments about your budget. To me there is a disconnect there somewhere? That is why I am interested as to the sports issue whether you actively get involved in trying to talk to the Department of Sport and Recreation as to how they might expand women's sport.

Ms VERITY FIRTH: I have not personally been active in that since I have been Minister. Having said that, what I tend to do is to take advice from the peak women's organisations I meet. When I go to meet peak women's organisations, whether it is in the city, the country or the regional areas, I literally sit there and I take in everything that they have to tell me and then I report back to the various agencies.

The Hon. ROBERT BROWN: I have a new peak women's organisation.

Ms VERITY FIRTH: Yes, there is a new peak women's organisation so send them along. As I said, we do believe that women's participation in sport is really important, especially in the teenage years for girls. It is about physical confidence and self esteem. I am very supportive of women's activities in sport. I think it is very important.

Dr JOHN KAYE: I am going to try and rephrase my previous question to get it into order and it is a genuine question. What do you identify as the key activities in your department that would most benefit from additional resources? Where are the weak points? Not weak points, no, I retract that—I do not wish to do that. Where are the points that the marginal dollar would be most usefully spent?

Ms VERITY FIRTH: I think the current structure of the Office for Women works quite well, in the sense that—the idea is that it is a policy unit that provides across Government advice. It is also a unit that provides the ability, as I think Miss D'Adam was talking about before, as agency decisions are fed up through the Premier and Cabinet process to Cabinet, the Office for Women is able to intervene quite strategically and provide advice on behalf of women into that process. I think that works really quite well and I suppose any increases in funding would just be able to increase our capacity to do exactly that. Perhaps you would enhance on what you were already doing, be it through research projects and partnerships, linkages through the Ark program and also any other program delivery.

The Hon. DON HARWIN: So really you are pretty happy with the money you have got?

Ms VERITY FIRTH: I do not think any Minister would ever say that.

Dr JOHN KAYE: That was definitely not the direction I wanted to take this conversation, as you may be able to tell but never mind. Let's move on to something else. Many of our public institutions are full of images and statues of men who look a lot like Robert's constituency, with all due respect.

The Hon. DON HARWIN: What about Queen Victoria in Queens Square?

Dr JOHN KAYE: Queen Victoria being the great white exception in all of this. Particularly this institution—I do not know about your Chamber but in our Chamber it only has white male images in it.

The Hon. ROBERT BROWN: That is because they are marble mate.

Dr JOHN KAYE: Thank you for that incredibly erudite observation. I think you would agree with me that this does have an impact particularly on young women, girls, in terms of their understanding of what society is all about, where the power lies and so on. Are there any conscious moves to change the imagery of our public institutions and buildings?

Ms VERITY FIRTH: That is a really interesting question. I do not think our policy is to build more statues. On a more serious note I do think it is important that we continue to do everything we can on both sides of the House to put more women into Parliament and into positions of power. I will be a little bit partisan for just one second and read out some statistics. At the 2007 election researchers at the Australia National University revealed of the major parties Labor overwhelming fielded the largest number of women candidates, in fact 40 per cent of our candidates were women.

Dr JOHN KAYE: We had 50.

Ms VERITY FIRTH: I am very pleased by that. That is good. The Greens had 50 and the Labor Party on 40 per cent. Unfortunately for the coalition the result was 17 per cent women were fielded as coalition candidates. It is also important to note that Labor women were preselected in 29 per cent of very safe or safe Labor seats, whereas in contrast only 14 per cent of very safe or safe coalition seats had women candidates. Following the election of the current Parliament of 135 members there are 39 women, which is 28.9 per cent, almost 29 per cent. Of the women elected to Parliament 24 of the 39 women elected are from the Labor Party. Which means our percentage is about 33.8 per cent women, compared to the coalition who have 50 members, of whom 11 are women. So I look across at the crossbenches on the coalition side of the House and think maybe some more work needs to be done there. But also more work needs to be done across the board into making it so that we actually have 50 per cent in Parliament.

Dr JOHN KAYE: There are interesting statistics. I take you back to the issue of our public buildings: the Art Gallery, the Parliament, the Supreme Court and the Downing Centre. I would put it to you that it is worthwhile having a look at those institutions for the imagery they put across. I wonder if you would undertake to allocate some resources to start doing that project?

Ms VERITY FIRTH: I will take that on notice. I cannot promise now that we will allocate resources but I think it is an interesting idea. We are always happy to do more. We can raise it with the Speaker and the President and other Ministerial colleagues. I think it is an interesting idea.

CHAIR: I welcome officers from the Office of Science and Medical Research, Department of the Department of State and Regional Development, and from the Cancer Institute.

MICHAEL CULLEN, Acting Director General, Department of State and Regional Development,

KERRY DOYLE, Executive Director, Office of Science and Medical Research, Department of State and Regional Development,

JIM BISHOP, Chief Executive Officer, Cancer Institute of New South Wales, and

MICHAEL O'SULLIVAN, Executive Director, Industry, Department of State and Regional Development affirmed and examined:

CHAIR: Minister, do you wish to make an opening statement?

Ms VERITY FIRTH: I have a prepared statement, which can be tabled, or I can read it. I deliberately left it short.

Dr JOHN KAYE: It is helpful if you could make a short statement.

The Hon. DON HARWIN: Particularly if you identify for Dr John Kaye where the portfolios are in the budget papers.

Dr JOHN KAYE: That would be for both me and Mr Harwin.

CHAIR: Does your statement do that?

Ms VERITY FIRTH: I do not think so.

Dr JOHN KAYE: But it could be amended too, I imagine.

Ms VERITY FIRTH: I will proceed. My responsibilities as Minister Assisting the Minister for Health on Cancer are principally to oversee the Cancer Institute New South Wales and to implement the New South Wales Cancer Plan 2007-2010. Cancer is a life-changing diagnosis that will affect one in two men and one in three women in New South Wales in the average lifetime. The number of cancer cases is expected to rise by a further 31 per cent in the next decade, due primarily to the ageing of the population. The burden on our health system alone is already in the order of \$1.6 billion a year. The burden on affected members of our community and their families is simply unquantifiable.

I will touch briefly on a few of the significant achievements that our Government has made in this fight. In prevention, I recently announced an unprecedented 2.4 per cent drop over one year in the smoking rate of New South Wales residents aged 16 and over. This drop brings our smoking rate to 17.7 per cent of the adult population, which is among the lowest in the world, and a full 2 per cent lower than Victoria. In early detection, the Government has increased BreastScreen funding by \$5 million a year, resulting in a 7 per cent increase in the number of women in the targeted age group being screened.

In March this year, Premier Iemma committed \$23 million for the statewide roll-out of digital mammography technology across New South Wales over the next five years. This technology will greatly improve access to high-quality diagnostic services right across New South Wales. In treatment, this year the Government has opened new Integrated Cancer Care Centres in Coffs Harbour and Port Macquarie, including linear accelerators to deliver radiotherapy. We are now in the final stages of planning for new radiotherapy services as part of larger hospital redevelopments at Lismore and Orange.

I am advised that as a result of our investment, New South Wales now has more linear accelerators per head of population than most comparison jurisdictions worldwide, including Victoria, Queensland, Canada, France, Germany and the United Kingdom. Our comprehensive approach to cancer services has yielded impressive results to New South Wales. Five-year survival for all cancers in New South Wales is now 63 per cent, which is up from 49 per cent in 1980; 63 per cent in New South Wales compared to 61 per cent in Victoria, 60 per cent in Australia as a whole and 50 per cent

in the United Kingdom. However, there is no room for complacency and I will talk to you about some of our measures during questioning.

Science and medical research have close links with other research activities in my science and medical research portfolio; the research that we do as part of the Cancer Institute. This year's budget committed more than \$280 million over a five-year span for medical research to support the research endeavours of the State's scientists and to provide state-of-the-art facilities and technologies to develop and test their ideas. Our approach is to target our investments in areas of State strength, to drive innovation in key sectors and to build on our significant investments in medical and scientific research. We are doing that through a range of strategic approaches.

The first of those is developing smart partnerships; for example between the Government, the University of New South Wales' medical research institutes and private philanthropists. A good example of this is a partnership between the Government, the University of New South Wales, the Children's Cancer Institute Australia and the Lowly family, who have collaborated to develop a \$100 million facility, the Lowy Cancer Research Centre—and the first sod was turned last Monday—bringing research on children's and adult cancers together. Secondly, major collaborations include the establishment of clinical research networks in areas including spinal cord injury, cardiovascular disease and paediatric clinical trials, as well as developing a major national research network for nanotechnology at the Australian Microscopy and Microanalysis Research Facility at the University of Sydney. That investment has been supported by \$4 million from our Science Leveraging Fund.

Thirdly, by creating critical mass, by establishing designated research hubs across the State. These hubs include universities, medical research institutes and area health services as members, and have been boosted by injections of capital funding including \$10 million for the Hunter Medical Research Institute and \$15 million for the Children's Cancer Institute Australia. Another strategic approach is leveraging funding into New South Wales. Initiatives such as the \$14 million Science Leveraging Fund, now in its second year, have helped drive collaborations and industry linkages, through cooperative research centres and Australian Research Council centres of excellence.

Targeted commercialisation activities take discoveries from the laboratory to the marketplace, through a \$13 million package of initiatives including the Medical Research Commercialisation Fund, Proof-of-Concept fund, research incubators and commercialisation services such as Bio-Link. Those programs are developing and reinforcing our competitive strength in sectors such as medical devices and clinical trials. We are working also on skills development and attraction, with programs such as Science EXPOsed, to build the science, maths and engineering workforce of the future. More than 1,600 students attended the event this year. Keeping talent in New South Wales is further enhanced through the Life Science Research Awards, which provide \$5.8 million to attract the best and the brightest minds to New South Wales. Madam Chair, thank you for the opportunity to make those opening remarks.

[Short adjournment]

CHAIR: Minister, the audit of the New South Wales Pap Test Register reported that half a million women aged between 20 and 69 have not had a pap test in four years. Can you tell the Committee who conducted the audit?

Ms VERITY FIRTH: You are right about us being concerned to make sure that women have a regular two-yearly pap test. It is incredibly important in terms of preventing cervical cancer. What we are doing about that is we recently ran a \$1.8 million pap test campaign to reinforce the importance of participation in the pap screening program. The campaign was entitled "Don't just sit there". Members may have seen it. I am advised that during the period in which this campaign was screened there was a 21 per cent increase New South Wales wide in the number of women presenting for pap tests. The increases in presentation were even higher in a number of local government areas in which screening rates have traditionally been below the New South Wales average. We are pleased that that advertising campaign seems to be working. In terms of who conducted the audit of the Pap Test Register, I will refer the question to Prof Bishop.

Professor BISHOP: The Pap Test Register allows us to see how many women of various age groups are having a pap test. We can link that with the known population of women in various age

groups. That is done by the Cancer Institute using figures from the Australian Bureau of Statistics on population. We can also link the pap test information directly with the number of cancers presented because we get the notifications through the Central Cancer Registry. So we have an idea of who is getting it, what are high-grade lesions, who is getting the cancers and what the population behind that is. That analysis was done within the Central Cancer Registry of New South Wales. It told us a couple of things. One was that we started to look at which areas were particularly underscreening and that allowed us to start some strategies on targeted approaches. We have been monitoring various areas of the State looking at the value of interventions. The intervention that the Minister mentioned, which was the television campaign which increased screening rates in Victoria and South Australia, has been screening. As a result of that television campaign, we have seen an immediate increase in women screening who were not screening before. We are in the middle of analysing the outcomes of that. We intend to work on that. In addition, we have done further literature reviews looking at other types of interventions that might work. That is work that is ongoing, a study within the institute.

CHAIR: You say you are doing an analysis of the statistics. Can you give us information about the areas that stand out as underscreening areas? What demographics will be targeted to continue to increase the screening rate?

Professor BISHOP: It is true for most public health programs that the groups that tend to not participate are often the lower socioeconomic groups, underprivileged individuals. They are scattered around the State. We do the analysis based on demographics. We have been able to redo those analyses looking at the influence of our first intervention, which was the study. It looks as if we have been able to show a specific increase in the groups we are most concerned with. We still have a lot of work to do here. The good news is that the cervical screening program has produced some outstanding results. There has been a 53 per cent reduction in cervical cancer mortality in the last 10 years and about a 45 per cent reduction in the incidence of cervical cancer. The latter one is simply because lesions are being found before they become cancer. With the precancerous condition being treated, the incidence goes down as well as the mortality. So it is a very successful program. Cervical cancer is essentially becoming eliminated in our society over time. The numbers of cancers now compared to 1973 are significantly lower.

CHAIR: Can you give us an indication of what programs will be directed at those targeted areas? What sort of initiatives will you undertake?

Professor BISHOP: We have been doing a couple of things. First of all, we plan another series of mass media campaigns, but we also will look at the socio-demographic background of various populations around the State in order to do some targeting. These will be targeted programs in local media encouraging pap testing. As I said, we are doing an analysis at the moment with respect to the literature. I am looking at interventions such as telephone interventions to call people to invite them. We also have an educational program within general practice divisions. This is a program we are running with the Alliance of General Practice, which will allow us to directly develop an online educational program for general practitioners through their online computers.

The Hon. DON HARWIN: Minister, in relation to science and medical research, how do you expect New South Wales to compete with other states for National Health and Medical Research Council grants when you have dropped the proportion of support funding provided through the Medical Research Support Program to 29¢ in the dollar, despite the acknowledgement that 70¢ of State support funding is required for each dollar of competitive grant funding?

Ms VERITY FIRTH: The first, I suppose, misconception I need to correct is that the 2007-08 New South Wales budget provides more than \$280 million over five years to support research activities of the State's scientists and to provide state-of-the-art facilities and technologies to develop and test their ideas. The New South Wales Medical Research Support Program provides triennial funding to New South Wales' health and medical research organisations. The aim of the program is to foster excellence in health and medical research and to optimise funding and support to health and medical research groups in New South Wales. The program is targeted at organisations that carry out health and medical research and development—members of the New South Wales medical research hub.

The New South Wales Government has committed a total of \$61 million to that infrastructure funding over three years. This represents an increase of \$10 million from the previous 2002 to 2005 funding round. It also helps fund many of the support costs associated with major research grants attracted by New South Wales medical research groups, such as, laboratory maintenance, computer upgrades and subscriptions to medical databases. The successful applicants in the current funding round from 2006 to 2009 are the Anzac Research Institute, Centenary Institute, Children's Cancer Institute Australia, Children's Medical Research Institute, Garvan Institute, Hunter Medical Research Institute, Kolling Institute, Prince of Wales Medical Research Institute, Victor Chang Cardiac Research Institute, Westmead Millennium Institute and the Woolcock Institute. The funding recommended for each organisation was determined on the basis of the amount of peer-reviewed grant income the organisation obtained over the previous three years.

It also needs to be noted that this funding is in addition to other major State funding contributions to research, including health and medical research, such as the \$150 million in capital developments that have or are about to commence at institutes, including Garvan, Victor Chang, Woolcock, Children's Cancer Institute, North Sydney and the Hunter Medical Research Institute. We have a \$25 million boost to the New South Wales Life Sciences Research and its commercialisation and we have the very successful \$40 million Science Leveraging Fund, which is a successful fighting fund designed to do exactly what you are talking about, that is, to increase the competitiveness of New South Wales applications to national and international funding programs. I recently took myself down to Canberra to talk to some of the bureaucrats there about what New South Wales can do to leverage more of the Federal funding. We were told that in particular our Science Leveraging Fund is very effective in being able to make real gains in leveraging ongoing support.

The Hon. DON HARWIN: Minister, are you aware that the heads of 12 New South Wales research institutes, most of which you have just mentioned in your answer, wrote to the Premier on 1 March 2007? Have you seen a copy of that letter?

Ms VERITY FIRTH: I have not personally seen a copy of the letter but I am aware of its existence.

The Hon. DON HARWIN: Let me read from that letter, which I am happy to table. The signatories to the letter are: Professor Shine of the Garvan Institute of Medical Research; Professor Baxter of the Kolling Institute of Medical Research; Professor Cunningham of Westmead Millennium Institute; Professor Graham of the Victor Chan Cardiac Research Institute; Professor Handelsman of the ANZAC Research Institute; Professor Schofield of the Prince of Wales Medical Research Institute; Professor Barter; Professor Berend; Professor Gleeson; Professor Haber; Professor Reddel; and Professor Vadae. The letter states:

The current quantum of infrastructure funding for the MRSP has not maintained equity with the increased levels of peer reviewed funding flowing into New South Wales institutes from national and international sources. A range of objective studies, including work commissioned by Minister Sartor—

I will come to that in a minute—

has shown that around 70¢ of support funding is required for each dollar of competitive grant funding. Despite the \$10 million increase in MRSP funding in 2006, this proportion of support has now dropped in New South Wales from 65¢ in 1999 to around 29¢ in 2006. As a consequence of the lack of adequate infrastructure support for core research, the level of Federal funding flowing to New South Wales has fallen relative to our comparative institutes in other States in an era when Federal funding to the NHMRC has doubled twice in the past four years.

Were those 12 professors wrong? Surely that would beggar belief, given that they were basing what they were saying on a study commissioned by Minister Sartor?

Ms VERITY FIRTH: The first thing I say to that is that since becoming Minister for Science and Medical Research I have had an inspiring time visiting our medical research institutes. Every day those people are doing the sort of research that will save lives. Their passion and enthusiasm for their subject literally cannot be rivalled. So I have nothing but respect for medical research institutes. Having said that, I also think that medical research institutes will always want more money, which is fine. It is their job to ask the Government for more money and I have no problem with them doing that. I am just pointing out that in any communications with the Government

they will be wanting more money from us, and well they should. It is only natural that they want more money.

Referring to the review commissioned by Frank Sartor entitled "NSW Research: a Prescription for Health" which was launched in Parliament in March 2004, that review contained a number of recommendations that were considered through the subsequent development of the New South Wales Health and Medical Research Plan, which was prepared by the former Ministry for Science and Medical Research. The plan articulates the principles and strategies targeted at building research capacity in the New South Wales health and medical research sector, including the aggregation of medical research at 10 designated research hubs; development of governance arrangements within each research hub; consolidation of statewide research enabling technologies and resources; enhancement of the State's capacity to attract and retain high-quality researchers and clinicians; and better alignment of State funding for health and medical research.

The plan, which was considered by the budget committee in February 2005, endorsed a sound, long-term strategic goal. Many elements of the plan have since been progressed. The hub governance guidelines have been developed. A number of clinical research networks, cardiovascular research networks, and mothers and babies clinical research networks have been established. Several capital developments, for example, the Hunter Medical Research Institute, have received State-funded contributions. I want to read out to you exactly what the State funding capital development contributions have been because I think it will help to display to the Committee just how much has gone into capital development from medical research institutes. An amount of \$25 million went to the Garvan Institute; \$10 million to the Victor Chan Cardiac Research Institute; \$15 million to the Hunter Medical Research Institute; \$61 million to a new research and education facility at Royal North Shore Hospital; and \$15 million to the Children's Cancer Institute at Randwick.

Of course, this is on top of the \$61 million that we also provide in infrastructure funding and it is on top of the \$40 million provided for the Science Leveraging Fund. So there is always more work to be done when it comes to medical research, and there is always more work to be done when it comes to attracting Commonwealth National Health and Medical Research Council [NHMRC] funding. But I think that we are onto it. I think we are doing well in our funding commitments. I also know that our approach has always been not to compare ourselves broadly to other States and Territories but to target our investment in areas of State strength, to drive innovation in key sectors, and to build on our significant investments in medical and science research.

I emphasise that the NHMRC grants attracted to New South Wales this round tend to reflect New South Wales' strength in specific national and State priority health conditions, namely, vascular disease, cancer, respiratory disease, mental health, nervous system disease and infectious disease. While we are talking about cancer research, NHMRC funding coming to New South Wales for cancer research has almost doubled over the three years since the start of the first cancer plan in 2005. I am determined to build the State's share of Commonwealth funding and philanthropic support.

Dr JOHN KAYE: Minister, what I am about to say should not interpreted as me being in any way opposed to breast screening or the work being done on breast screening, but I think these questions are important. My first question relates to the issue of quality control in breast screening in New South Wales, given the role that the State Government plays in that, and the issue of false negatives. False positives are one thing and they are usually dealt with appropriately but, from time to time, we see media reports of false negatives, usually with appalling consequences. Many of us know individuals who have had false negatives, with adverse consequences for their long-term health. In asking this question I accept that in any mass-screening process there will always be false negatives. That is a statistical reality with which we live. What steps is the Government taking to assess the quality of breast screening in New South Wales and also to ensure that false negatives are kept to a minimum?

Ms VERITY FIRTH: That is a good question. I appreciate your interest in this matter. I will get Professor Bishop to elaborate on the national quality management committee of BreastScreen Australia. Those are the people who go around and audit breast-screening services for quality assurance.

Dr JOHN KAYE: Did you say that it was a State audit?

Ms VERITY FIRTH: It is national quality management committee. We undertake breast screening, but it is a national quality management committee.

Dr JOHN KAYE: Does it overview the work that you do in assessing quality?

Ms VERITY FIRTH: Yes.

Dr JOHN KAYE: So you report to that body?

Ms VERITY FIRTH: That is right.

Dr JOHN KAYE: And it sets the standards?

Ms VERITY FIRTH: That is right. I will get Professor Bishop to talk directly about that issue, as he is the expert in that area. I refer to false negatives and to improving quality in New South Wales. I have a number of good things to say about breast and cervical screening in New South Wales. First, total New South Wales funding for breast and cervical screening for the 2007-08 financial year is \$46.7 million, an 8.4 per cent increase on the figure for the previous year. This increase in funding for screening programs will enable further efforts to increase the number of women screened in the at-risk target age groups, especially in under-screened women and hard-to-reach groups, such as Aborigines, Torres Strait Islander women, and women from culturally and linguistically diverse backgrounds.

Breast cancer is the most frequently diagnosed cancer and it is still the most common cause of cancer-related death. BreastScreen New South Wales provides free breast cancer screening for all women over the age of 40 years. The program specifically targets women aged 50 to 69, as there is sound evidence that this group benefits most from the screening. In 2007-08 the Government allocated \$500,000 in new funding to target breast-screening awareness, which is in addition to the \$1.5 million the Government invested in 2006-07. The new funding allows the Cancer Institute of New South Wales to build on its successful 2006 mass media campaign.

Most specifically, referring to false negatives and quality, in March 2007 we unveiled plans for a \$26 million upgrade for cancer services for women in New South Wales. The new services will include an additional \$3 million over three years to establish a women's cancer health register and to provide more after-hour breast screening services, which is important in getting women to the services and to screen. In fact, we have been able to report that participation rates have increased by 7 per cent between January 2005 and June 2007. So we are getting our participation rates up. Most importantly, \$23 million has been allocated to introduce digital mammography technology and a digital imaging network across New South Wales.

When we launched the digital mammography at Orange I saw that it was the latest and greatest in technology, which allowed a much clearer image of the breast. In fact, the oncologists showed us a traditional mammogram of a woman who had silicon implants and you could not see the cancer through the silicon implant. With digital mammography everything was seen. So it gives a clearer picture of the breast itself. The other real example of digital mammography is that you can send the image. That is great for women in regional and rural New South Wales as they can be screened in Dubbo but an oncologist specialist in Royal Prince Alfred Hospital can see the image. I think that \$23 million will make a real difference to the quality of breast-screening services in New South Wales. I defer now to Professor Bishop who will run through those quality management committee issues.

Professor BISHOP: It is a national program: there is BreastScreen Australia, of which there is a New South Wales component, and the national program sets down standards, the NAS standards—National Accreditation Standards—and all of the services are required to meet those standards; they are to do with the number of cancers detected, the interval cancer rates, and all of those things you would expect. All of the services are required to meet them otherwise they will not be accredited. There is a national committee that oversees that; they do site visits. All of our services in New South Wales are accredited based on their ability to meet those standards.

There is also a State committee, which does work with services to ensure they come up to standards, and we have an accreditation task force within the Cancer Institute to keep a monitoring and education role to meet those standards. Just in terms of the digital mammography, we know from a very large study by the National Cancer Institute that you do see more clearly the breast with respect to particularly younger women, who have a more dense breast, and this has been particularly likely to reduce the false negative rate down with respect to that age group, which is a major problem—just mammography in general from a technical point of view. Not only that, but the digital image allows you to change the image so you can make it lighter or darker or turn it upside down. You can also get a computer-aided reading as one of the tools to improve quality.

All of these things I think set us up for a situation where we can get closer to what we would hope to be optimal arrangements with respect to standards. But the standards are national ones and New South Wales meets those standards.

Dr JOHN KAYE: Moving on from breast cancer to bowel cancer. Obviously, Professor Bishop, you will know more about this than me, but I understand there is a debate about mass bowel cancer screening and the cost effectiveness. There is always a debate about any mass screening and cost effectiveness, but it seems, from my cursory reading of the literature, that we are now moving to a stage where some jurisdictions are seriously thinking about putting resources into mass bowel cancer screening. Is that something under consideration in New South Wales and are we staying current with international trends in that?

Ms VERITY FIRTH: We definitely recognise that survival rates for bowel cancer we would like to be higher and we are definitely therefore looking at—as we do as part of our cancer plan in regards to all cancers—both prevention and early detection, and that, of course, includes screening. I will refer to Professor Bishop for more detail.

Professor BISHOP: The Federal Government has announced a limited roll-out of a national bowel cancer screening program and has allocated about \$43 million over four years to start that program. So, that is happening in New South Wales as well as other jurisdictions. New South Wales was the fastest in the uptake of those. There have been 185,000 invitations sent to people in New South Wales in two specific age groups: aged 55 and 65.

Dr JOHN KAYE: That is by way of a pilot program, is it?

Professor BISHOP: That is a staged national roll-out. There were three pilot programs; none in New South Wales—that program has finished. What we are into now is a staged roll-out of a large national program. So, this is, again, a Federal Government program; it is not a State Government program. But we assist this in trying to increase bowel awareness and we put on television a bowel cancer awareness program earlier in the year. In terms of the likely benefits of this, which I think was also partly in your question, we have got a five-year survival rate of about 65 per cent for bowel cancer and 88 per cent for breast cancer.

Half of the deduction in mortality for breast cancer is due to screening; so there has been a reduction in mortality of about 18 per cent in the last 10 years, and half of that is due to screening. We anticipate being able to increase actual survival substantially by a national bowel cancer program. There are three randomised trials that prove it will work and our only consideration from a State perspective is whether in fact we would rather have the whole population covered sooner—and that relates to your cost effectiveness question. The Federal Government has performed a health economic analysis by Access Economics and we are waiting on the public release of that result. But I anticipate that it will show that a full screening of the whole population is cost-effective because that is where the survival advantage is.

Dr JOHN KAYE: Can I take you to one last issue, which is the medical research fund of \$280 million—which is a nice sum of money—but, as a percentage of gross State product how does that compare with other States? My understanding is it is lower than it would be in Queensland and Victoria. You may need to take that on notice. The talk on the street is—as much as people talk about these things on the street, and, as your Treasurer pointed out, I hang out with weird people who talk about weird things—that it is lower as a proportion of gross State product.

Ms VERITY FIRTH: I might have to take that on notice. The \$280 million figure that I referred to before does not actually include health or our expenditure on cancer research, so it is probably even greater than \$280 million. But I will take that question on notice. Having said that, I will take the detail on notice. But I would like to say that the New South Wales Government's investment in research excellence, and especially now we have started the innovation process and the innovation statement, is really an interesting new direction for the State to be heading in, which I think we should all embrace.

I have had the pleasure of visiting a large number of the State's research organisations and have been struck by the diversity of the research endeavours happening there. The dedication and enthusiasm of our research community, as I attested to before, are truly outstanding. Despite the breadth of research focus, the goals of medical research are largely the same: to conduct research that makes a real difference in people's lives through finding cures or better treatments for diseases or preventing the occurrence of disease. The New South Wales Government's investment in research excellence will help a smart future and a strong economy for the people of New South Wales, and science and medical research form an important part of our plans for fostering innovation.

In the innovation statement that I was talking about, the statement presents a new understanding of the place of science within the responsibilities of government; it recognises that science is not something that happens at the sidelines of economy or at the sidelines of our interaction with the environment or at the sidelines of our health system. The statement positions science and research at the very core of the Government's work. Firstly, it recognises that research is the basis for innovation and in innovation the basis for stronger industries and new opportunities. Secondly, it commits the Government to a better-defined and more strategic role at the start of that chain as a promoter and facilitator of the types of research that will lead to these new opportunities. And finally, by making the link between science, innovation and industry, it seeks to bring researchers to the table in the most crucial debates within the Government, which, of course, are those about the economy.

The innovation statement is the Premier's statement and it makes explicit mention of medical research, but most importantly it puts at the heart of government a discussion about human capital and a knowledge economy. It recognises explicitly that innovative reforms rely on three forms of support that are of particular importance: access to science, access to technology and access to capital and high quality information and knowledge infrastructure. So, I think it is a very exciting time to be part of the New South Wales innovation process, putting science and medical research at the heart of government.

Dr JOHN KAYE: I accept all that. My question was in respect of a comparison with other States. I suspect that most other States are doing similar good things. Can I just move on to another area entirely? I want you to talk briefly about the issue of nano technologies, and in particular I want to take you to the report of the Royal Society jointly with the Royal Academy of Engineers, entitled Nanotechnologies: Opportunities and Uncertainties. It raises some very serious concerns about the toxicity of nanoparticles and nanomaterials and nanostructures and the risks that they pose to human health and the environment.

Are you aware that in that report they recommend specifically that factories and research laboratories treat manufactured nanoparticles and nanotubes as if they were hazardous, and that the use of free—that is, not fixed in the matrix—manufactured nano particles and environmental applications such as remediation, be prohibited until further research has been undertaken? I have paraphrased the report there. What I am saying is, the Royal Society and the Royal Academy of Engineers, neither of which are Greenie-front organisations, have both raised the alarm on nanoparticles. My question is: Are you aware of that and what are we doing about the situation in New South Wales, given that there are a number of products which have nanoparticles and nanostructures in them?

Ms VERITY FIRTH: I am aware of that. I understand a national approach is being taken in regard to that issue.

Mr O'SULLIVAN: The Federal Department of Industry, Tourism and Resources actually is undertaking a national nanotechnology strategy and the health issues around that are being examined as part of that Federal process.

Dr JOHN KAYE: I presume we are supporting that in New South Wales or involved with that?

Mr O'SULLIVAN: Yes. We have been asked to cooperate in the development of the national strategy.

Dr JOHN KAYE: And we said yes we would?

Mr O'SULLIVAN: We are examining it at the moment. The letter has only come through in the last couple of months. So we are looking at it.

Dr JOHN KAYE: Minister, is it your opinion we are likely to cooperate with that?

Ms VERITY FIRTH: I would think so, yes. I personally have not seen the letter.

Dr JOHN KAYE: But there will be a public announcement that we are going to cooperate with it, I presume?

Ms VERITY FIRTH: I will have to see the letter. I will take that on notice.

The Hon. MICHAEL VEITCH: Minister, as you would expect, I raise a rural matter. Can you outline what measures the Government is taking to strengthen cancer care services in rural and regional New South Wales?

Ms VERITY FIRTH: Yes, I can. The prevention and treatment of cancer is a priority for the New South Wales Government. As members would be aware, radiotherapy and chemotherapy are key treatments used in the management of cancer. Due to the more specialised issues relating to the location of equipment and the staff involved in the service, radiotherapy generally has been concentrated in metropolitan areas. However, as populations in some areas of the State grow to a size able to support radiotherapy, and in keeping with the commitment to provide more services closer to where people live, these services are being established in a number of regional centres. A new networked mid-North Coast radiation oncology service has commenced at Coffs Harbour and Port Macquarie. I was there to open it; it is an amazing state-of-the-art facility.

Treatment services commenced in Coffs Harbour in May 2007 and in Port Macquarie in August 2007. New linear accelerators commenced operation at the Calvary Mater Hospital in Newcastle in June 2007, which will provide increased capacity for patients in the Hunter and New England areas. Funding has been secured also to enhance the provision of oncology and radiotherapy outreach services at Dubbo. This funding has been used to extend the oncology clinic, including additional consultation rooms and purchasing a range of extra equipment. I managed also to visit those oncology services when I was in Dubbo. In addition, the CT machine in Dubbo has been fitted out to enable its use for the first phase of radiotherapy treatment, which is the treatment-simulation phase.

Planning now is underway for future provision of radiotherapy services in Lismore and Orange. Planning for these services is linked to the major redevelopment of hospitals in these towns. Because of this additional investment, I am advised that cancer patients in New South Wales now have greater access to radiotherapy than anywhere else in Australia with New South Wales among the top four places in the world to provide the life-saving treatment. New South Wales has 6.3 linear accelerators per million people, significantly more than Victoria with 4.6 machines per million people and Queensland with 4.4. New South Wales also outranks France, Canada, Germany and the United Kingdom, and ranks alongside the United States of America, Sweden and Belgium as having the highest patient access to the laser guided cancer treatment.

To assist those patients who need to travel to receive care, the distance criteria for the Isolated Patients Travel and Accommodation Assistance Scheme was reduced from 200 kilometres to 100 kilometres in 2006. This program recognises that people living in isolated and rural communities experience particular difficulties in having to travel longer distances for specialist treatment and it aims to reduce the impact of this disadvantage on the health of individuals and communities. Given the very specialist nature of oncology services, workforce shortages have been a real challenge in

ensuring delivery of cancer services to patients in rural parts of New South Wales. The Cancer Institute of New South Wales has allocated over \$4.11 million this financial year to create an additional 64 positions in rural New South Wales, including medical, nursing, psycho oncology, training and cancer services management.

In 2006 the Cancer Institute of New South Wales established a registrar program to foster cancer-related medical specialties in rural areas. Funding of \$760,000 was distributed in 2007-08 for seven advanced trainee positions, all of which provide rural outreach services. In 2007 two rural cancer nursing education pilots have been provided in rural New South Wales by the Cancer Institute. The program was designed to provide opportunities for rural nurses to participate in face-to-face education in nearby regional centres. Furthermore, in order to support new graduates in radiation therapy and introduce new graduates to rural practice, supplementary funding was provided for professional development positions in 2007 at the Newcastle Mater Misericordiae Hospital Cancer Care Centre, the Coffs Harbour and Port Macquarie integrated cancer care services.

The Cancer Institute of New South Wales is working with rural area health services to identify specific gaps and needs to formalise links to metropolitan services and multidisciplinary teams, and to promote the better use of general practitioners. Cancer Institute initiatives in rural areas over 2007-08 include a psycho oncology team project to facilitate communication and improve uptake of best practice between and within area health services at a cost of \$80,000; funding of \$455,000 to the Hunter Health Imaging Service under its positron emission tomography program since 2004-05, including \$210,000 in 2006-07 allowing two additional scanning days for development and implementation of a managed political network of four northern New South Wales incorporating the Hunter, New England, North Coast and Northern Sydney Central Coast area health services. A total of \$2 million has been allocated with \$1 million from the Cancer Institute of New South Wales over the two-year period of the project.

An additional \$421,530 has been provided to enable the employment of staff for the coordination and development of 51 multidisciplinary teams in rural areas. Funded teams are located across the State and Tweed Valley, Port Macquarie, Lismore, Coffs Harbour, Queanbeyan, Goulburn, Bega, Moruya, Cooma, Young, Riverina and Albury. Area-wide approaches have been taken in the Hunter, New England and Greater Western area health services. In addition, 18 metropolitan multidisciplinary teams have been funded to develop links with rural and remote cancer services to provide patients with access to multidisciplinary teams. Overall, the New South Wales Government is supporting 118 teams across New South Wales. Funding of \$663,000 has been allocated for eight rural cancer service redesign projects under the Health Services Innovations Grant Program. These grants will enable innovative service models to be piloted to enhance rural cancer services, including a shared care model of oncology services in Cooma, which I also opened.

The project will pilot a partnership arrangement of shared care between medical oncologists based in metropolitan areas and local rural general practitioners and oncology nurses, and aims to increase the number of patients accessing treatment locally. These measures are part of the New South Wales Government's comprehensive and well-resourced plan to improve access to cancer services for patients across New South Wales. Expanding access to quality health care remains a priority to this Government.

The Hon. LYNDIA VOLTZ: Minister, with your indulgence to Professor Bishop, you did mention that there were alternatives being developed for pap smear. I know that often in science you can give a time line on when something is likely to go to trial stages. Obviously, if the pap smear, which is the most pleasant test probably the science has, may be affecting the data on why women are not doing them, is there any indication on when it may be at a stage where it could go to trial?

Professor BISHOP: The future of looking after cervical cancer is the vaccine, of course. The cervical vaccine is a discovery of Ian Frazer, Australian of the Year. Essentially the Government has already vaccinated about 250,000 schoolchildren with respect to that vaccine. We expect, therefore, as the future develops that that will cover about 70 per cent of the human papilloma virus responsible for cervical cancer. But tests are required for the current generation of women. So, what I have just said is relevant for the next generation, not the current generation. So we need to encourage pap tests. As far as the technology is concerned, some of the important innovations that might not make it more

pleasant—I do not think they did—will ensure optimal treatment of those early lesions I mentioned before and that is why the incidence is plummeting.

The Hon. LYNDA VOLTZ: The test will have greater efficacy about it?

Professor BISHOP: Yes. What has happened is all of the pre-malignant lesions are being removed and now there is very high technology that looks at storing digital images of the cervix at the time of those examinations, which then can be recalled.

Therefore, the program has a higher level of quality. That is why the disease is already disappearing. The only people who get cervical cancer these days are those who do not screen. That is an overall statement; it is not exactly true. The majority of people who get cervical cancer are those who have poor screening activity.

Our efforts, and the efforts of screening programs throughout the world, are focused more and more on the under-screened group. That is the reason we undertook the study you asked about. It is not that we do not screen a lot of people—we screen at a reasonably high level in this country—but we do not screen all of the people who are most at risk. That is the way society has developed. We are focusing more and more on programs designed to communicate with those who are hard to reach. They are the immigrant populations, people who do not speak English at home, Aboriginal and Torres Strait Islanders and those in the poor socioeconomic group; that is, people who for various reasons do not get the message or are not used to public health programs. We have to work harder with that group. They are very important to go after, and that is the basis of our program.

The Hon. DON HARWIN: I refer to the medical research support program. As the special supplement in the current triennium that has been made over the past two years to overcome these shortfalls runs out on 30 June 2008, will you extend the supplement to the third year of the current triennium so that New South Wales research institutes are not further disadvantaged?

Ms VERITY FIRTH: That would be a decision for the budget process; we will put it into the budget process.

The Hon. DON HARWIN: Will you be asking for it?

Ms VERITY FIRTH: As I said, there is a series of ways that we support medical research institutes in New South Wales through infrastructure funding and also through direct capital grants. Some of that distinction is being lost. The \$61 million, which is the infrastructure funding, is separate and on top of the \$150 million that we give in direct capital grants and on top of the \$40 million we have in science leveraging funding. I want talk about the science leveraging funding in particular, because I think this will answer a number of questions. The science leveraging funding leverages through a series of funds that we allocate to different medical research institutes and other sorts of institutes. Significant funds go the National Health and Medical Research Council and other—

The Hon. DON HARWIN: My apologies for interrupting. If you would like to give the rest of that answer on notice I would be grateful. I have one or two other questions I would like to ask.

Ms VERITY FIRTH: I will provide that information on notice.

The Hon. DON HARWIN: Cancer Voices New South Wales wrote to a senior officer in the Department of Health asking for a list of waiting times for radiotherapy treatment across all the area health services but the material was not provided. Why will you not release a list of times for radiotherapy treatments across all of the area health services?

Ms VERITY FIRTH: I will take that question on notice, because I am not aware of that letter to the area health services. I do not know of its existence or the response.

The Hon. DON HARWIN: That was also reported in the *Sydney Morning Herald* on 17 October. Did you see that media report?

Ms VERITY FIRTH: New South Wales has done very well in the provision of radiotherapy oncology services.

The Hon. DON HARWIN: In which case you presumably would have no problem releasing the waiting times.

Ms VERITY FIRTH: It is a matter for my colleague the Minister for Health. Any area health service correspondence is a matter for her. To provide the best care for patients, radiotherapy should be part of an integrated and comprehensive cancer service. New South Wales has 34 linear accelerators in the public sector and nine in the private sector, which is a total of 43. I have said it before and I will say again: We are among the best in the world with regard to linear accelerators per head of population. We do very well on that. I am advised that the letter was responded to and I can provide a copy.

The Hon. DON HARWIN: Perhaps I did not make myself clear. The information they requested was not forthcoming, which is the waiting times. I was not suggesting there was no response.

Ms VERITY FIRTH: In that case I will take the question on notice. Please refer that question to my colleague as well.

The Hon. DON HARWIN: We will see what we can do. How many x-rays and other medical scans have not been diagnosed by radiologists in New South Wales?

Ms VERITY FIRTH: I will have to take that question on notice. You should also ask the Minister for Health.

The Hon. DON HARWIN: How many films and scans have been lost?

Ms VERITY FIRTH: I will take that question on notice.

The Hon. DON HARWIN: Both of those issues have received media attention in recent weeks. There has been discussion of the experience of Liverpool and Westmead hospitals, where there have been reports the thousands of x-rays and other medical scans not being interpreted by radiologists. Are those reports wrong? They have been mentioned in the *Sydney Morning Herald* and obviously you have looked at them. I am surprised that you need to take the question on notice.

Ms VERITY FIRTH: Your question was much more specific. All emergency x-rays and complex reports of CTs, MRIs, angiograms and ultrasound films are read and reported on by a specialist radiologist at Liverpool Hospital. I am advised that there are no backlogs in this area. I am also advised that the two cases you are referring in an article in the involved general x-rays being taken to help clinical staff to diagnose conditions other than lung cancer. In both cases the x-rays were reported on by a specialist radiologist and an abnormality was identified that unfortunately was not followed up by clinical staff.

I am advised that a root-cause analysis was conducted in relation to one of the incidents and as a result a number of strategies were put in place to address the deficiencies identified in the care of the patient. The hospital met with the patient and his family to discuss the results of the root-cause analysis. A root-cause analysis was also carried out regarding the circumstances of the second patient, which led to further recommendations, which are being implemented.

The Hon. DON HARWIN: In that very article in the *Sydney Morning Herald*, Liverpool Hospital confirmed it had a backlog of 4,500 images that have not been reported on by a radiologist. Is that wrong?

Ms VERITY FIRTH: I can only give you the advice that I have received. I have been told that there are no backlogs in these areas.

The Hon. DON HARWIN: What do you have to say to the thousands of patients who are waiting for their x-rays and medical scans to be examined?

Ms VERITY FIRTH: The Labor Government has massively expanded cancer treatment services in New South Wales with substantial investment in additional and replacement linear accelerator machines to deliver radiotherapy. By the end of the year, there will be 13 sites across New South Wales equipped with 34 linear accelerators providing public radiation oncology services. Since 2003, we have opened new public radiotherapy facilities in Macarthur, Coffs Harbour and Port Macquarie, and we are currently in the final stages of planning facilities in Lismore and Orange.

The Government has also committed \$62.8 million over four years to implement the state-wide medical imaging program. This might provide a response to the question. The program will provide integrated digital imaging and radiology information system health facilities in New South Wales. The program will improve imaging capabilities by replacing outdated analogue, or wet-film processing, with digital technology. New digital technology will be delivered by the introduction of picture archive and communications systems and radiology information systems.

This new digital technology will improve productivity for staff, minimise delays and allow health professionals to distribute scans and x-rays electronically across the State regardless of where they were created. This will allow staff at other hospitals to assist with reading and interpreting images. The budget allocation in the 2007-08 financial year for this program is \$11.1 million. The funding will be used to roll out the new imaging infrastructure to Royal North Shore, Liverpool, Coffs Harbour and Nepean hospitals. I am advised that Nepean will be the first and that Royal North Shore, Liverpool and Coffs Harbour hospitals commenced the procurement process for the new systems on Monday 15 October.

The Hon. DON HARWIN: Excellent. I now have some questions about the BreastScreen vans. There is some concern that visits have been cut this year. How many of the mobile van visits have been cut this year, and in what locations? In particular, I would like to know will the BreastScreen New South Wales mobile vans still be visiting Richmond?

Ms VERITY FIRTH: I will take that on notice, unless there is anything we would add now. No, we will take that on notice.

CHAIR: The radiotherapy unit that you mentioned at Port Macquarie-Coffs Harbour, is that up and running in terms of staffing? Are there now sufficient staff to run full shifts on that equipment?

Ms VERITY FIRTH: That is a good question. The thing about the Coffs Harbour health campus radiotherapy, as you know—I do not need to give you all the details—is that it is a new \$20 million facility. It has a state-of-the-art \$2.4 million linear accelerator there. The facility has been networked with a similar new unit at Port Macquarie, representing a total investment of \$40 million. It is a significant service enhancement for the mid North Coast, but since the centre at Coffs Harbour came online, there has been an unforeseen spike in demand. This is partly due to newly diagnosed patients and others who were literally awaiting the opening of the new facilities.

There has also been a substantially higher than usual proportion of patients with prostate cancer. Prostate cancer patients require longer treatment which reduces overall patient throughput. What we have done is increase the hours in which the linear accelerator operates from 8 to 10 hours a day. With regard specifically to staffing, the exceptional standard of these units—regarded basically as the best anywhere in regional Australia and equivalent to most metropolitan centres—resulted in strong interest from prospective staff and the successful recruiting of highly skilled personnel.

The service will employ approximately 64 staff across the two sites. The clinical director is regarded as one of the nation's pre-eminent radiation oncologist specialists. My advice is that staffing is under control at Coffs Harbour.

The Hon. DON HARWIN: Last week a radiologist at the big Sydney Hospital—

The Hon. Lynda Voltz: Point of order: We are out of time.

The Hon. DON HARWIN: I think we started a little later.

The Hon. LYNDA VOLTZ: No. We go to 4.00 p.m.

CHAIR: That brings us to the conclusion of the hearing, Minister. I thank you and your officers for assisting us with this budget estimates committee.

Ms VERITY FIRTH: No worries.

(The witnesses withdrew)

The Committee continued to deliberate.