

Convicted murders living in community facilities

Transcript page 34

The Hon. TARA MORIARTY: Minister, how many more people are in this situation? How many more convicted murderers or violent criminals are living in community facilities with vulnerable people?

The Hon. BRONNIE TAYLOR: The people that are living in facilities have been assessed independently by the Mental Health Review Tribunal.

The Hon. TARA MORIARTY: How many? How many are there?

The Hon. BRONNIE TAYLOR: I would have to take that on notice.

ANSWER

The Mental Health Review Tribunal can make orders in relation to the treatment, care, detention and release of forensic patients.

The Mental Health Review Tribunal has not made any orders for violent criminals or convicted murderers to live in community facilities. The Tribunal advises that forensic patients do not meet the definition of criminals or convicted murderers.

The Tribunal also has responsibility for reviewing the placement and care of inmates in prison who need mental health treatment whilst in prison.

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The Hon. TARA MORIARTY: I return to the aged care facility. Are the convicted murderers who are living in that facility free to come and go as they please? Can they roam around the facility as they please?

The Hon. BRONNIE TAYLOR: Can they run around the facility?

The CHAIR: No, that was not the word. I think the word was "roam", not "run".

The Hon. BRONNIE TAYLOR: That is an operational issue in terms of the facility and what they feel is appropriate. As I said, I do not know the individual cases. I am not sure what stage their mental condition is at. I will have to take that on notice.

The Hon. TARA MORIARTY: Minister, they are convicted murderers. I am not asking about their mental condition; I am asking if they are free to come and go from the facility as they please. I think that is an extraordinary answer. Are they free to come and go as they please?

The Hon. BRONNIE TAYLOR: My answer to you is that I will take that on notice.

ANSWER

The Mental Health Review Tribunal has not made any orders for convicted murderers to live in community facilities.

Emergency Departments – safe assessment rooms

Transcript page 44

Ms CATE FAEHRMANN: Did the audit uncover emergency departments that had safe assessment rooms which were deemed unsafe by the auditors?
Dr LYONS: I would have to take that on notice.

ANSWER

No. The audit identified the number and location of safe assessment rooms. A more detailed review of the use and design of safe assessment rooms will be completed once the NSW Health Guideline for the Use of Safe Assessment Rooms is published.

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Ms CATE FAEHRMANN: Dr Wright, I go back to the questions I have been asking about the *Review of seclusion, restraint and observation of consumers with a mental illness in NSW Health facilities*. I understand you led the team to undertake that review. The report says: After visiting 20 emergency departments, the review team had significant concerns about the design and use of safe assessment rooms. Typically the review team were confronted by small, noisy, cold rooms, often with no natural light, no activities to distract, no chair to sit on, no one to talk to, and only a foam mattress and blanket on the floor. Most commonly, the rooms were located in the middle of the emergency department or in a thoroughfare which is not a low-stimulus environment.
How many of those 20 emergency departments still have that environment for their safe assessment rooms?
Dr WRIGHT: I would have to take that question on notice. I guess the important point that you raised is that we did not visit every single facility in the State but it was a very strong impression of the facilities that we did visit. That is why several of the recommendations were built around trying to rectify that, both in terms of the design of the individual rooms—where they were sighted—but also, as I mentioned this morning, how they were actually used and ensuring that it was not a default option for anyone presenting with a mental health complaint. I cannot tell you what state those units are in today.

ANSWER

A more detailed review of the use and design of safe assessment rooms will be completed once the NSW Health Guideline for the Use of Safe Assessment Rooms is published.

Mental health issues associated with animal abuse

Transcript page 46

Ms WALKER: The NSW Domestic and Family Violence Innovation Fund funded in its first round the Safe Families Project, which was a project that was done with the RSPCA. They worked with two refuges to ensure that those refuges were able to take pets when they had situations of women and children fleeing domestic violence, knowing that we have good evidence that some women delay leaving or feel unable to leave because of their pets. The project itself has not been evaluated yet but the early signs are very positive. We already have two more refuges in Port Macquarie and Maitland that will take on the project. The project is in its early stages but I think it shows that what we are doing is taking a good evidence base and working with that to make a difference, particularly for women and children in their experience post leaving.

The Hon. EMMA HURST: How much funding was given to the RSPCA for this program specifically?

Ms WALKER: The early stage of the pilot received \$61,600 from the innovation fund.

The Hon. EMMA HURST: And do you know how much it cost the RSPCA all up for the project?

Ms WALKER: We could approach the RSPCA and ask for that information.

The Hon. EMMA HURST: If you could take that on notice to get that information that would be great. Just going back to the second half of my question—sorry, I did give you a double-barrelled one there—what is the Government doing to address the mental health issues that are associated with animal abuse and with the actual committing of animal abuse acts in the first place, particularly around children witnessing animal abuse and going on to be offenders themselves?

The Hon. BRONNIE TAYLOR: I do not want to go into everything that I have repeated in terms of the budget and what we are doing. In terms of specific programs for mental health I would have to take that on notice.

ANSWER

The RSPCA NSW expended a total of \$67,192 for the Safe Families pilot project.

For an individual, animal abuse could be exploratory, pathological, delinquent or criminal in nature or in response to mental health issues or reaction to trauma. When animal abuse is indicated, NSW Health mental health clinicians will assess the seriousness of the situation and where behaviours of concern exist, provide varying levels of support which target not only the child's own behaviours but seeks to meet their broader developmental needs. Mental health services will work with interagency partners towards ensuring comprehensive and appropriate responses.

NSW Health also works closely with schools to establish environments that promote prosocial behaviours and identify and intervene early with emerging conduct disorder. The Getting On Track in Time (Got It!) program targets children from 5-8 years across the state, helping teachers develop social and emotional learning environments as well as providing more intensive interventions with children with emerging behaviour behaviours.

Gender Equality

Transcript page 51

The Hon. EMMA HURST: Do you have any thoughts around why our progress on pay equality, particularly in New South Wales, has gone backwards?

The Hon. BRONNIE TAYLOR: Recently I met with the Commissioner for Gender Equality, Rose Lyons, who is based in Canberra. We had quite an avid discussion on this. She has a lot of things that she is working on and she feels very confident that a lot of those will progress.

The Hon. EMMA HURST: Can you detail some of those?

The Hon. BRONNIE TAYLOR: At the moment I can't off the top of my head. She feels very confident that we are now in a space where we can continue to reduce this. I understand it has gone backwards but I think we have gone forward on other issues. We have to keep forging.

Was there anything you would like to add to that, Ms Walker?

Ms WALKER: I would just reiterate the demonstration that the New South Wales public service can show for the rest of the New South Wales economy about the benefit of having women in senior roles—the diversity of thought that that brings, is a great example. We will push this issue forward.

The Hon. EMMA HURST: Minister, are you willing to take on notice what the commissioner is doing?

The Hon. BRONNIE TAYLOR: Yes, there is a report and I will take that on notice and get it to you as soon as possible.

ANSWER

As the largest employer in the country, the NSW Government are leading by example in reducing the gender pay gap by delivering the Premier's Priority for a world class public service, which includes a goal to increase the proportion of women in senior leadership roles to 50 per cent,

The NSW Government has also committed to ensuring that 100 per cent of roles across the government sector can be made flexible on an "if not, why not" basis by 2019.

Further information about the work being undertaken by the Workplace Gender Equality Agency can be found at: <https://www.wgea.gov.au/>

Official Visitors Program

Transcript page 52

Ms CATE FAEHRMANN: What is the status of the Government's implementation of the Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment in relation to New South Wales mental health units?

The Hon. BRONNIE TAYLOR: I might defer that to Dr Wright.

Ms CATE FAEHRMANN: Particularly in relation to the Official Visitor Program. I think the NSW Mental Health Commission made a submission to this optional protocol 10 or 12 years ago.

Dr WRIGHT: I think the most appropriate thing would be for me to take that on notice. I am aware of the convention and also the role of the Official Visitors and the importance of that in relation to our mental health services.

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Ms CATE FAEHRMANN: The Mental Health Commission of NSW in July 2017 made a submission in relation to the optional protocol I referred to before specifically in relation to the Official Visitors Program and called for Official Visitors' reporting to be made public rather than reporting just simply to the mental health Minister, in the spirit of transparency. Rather than reporting to just one person about all the problems they find in the system, the Mental Health Commission is recommending that those reports should be made public. What is your view on that?

The Hon. BRONNIE TAYLOR: If the Mental Health Commission of NSW is recommending that those reports are made public that is something that has not been done previously. I am happy to look at anything as the mental health Minister but at the moment those reports are not made public.

Ms CATE FAEHRMANN: Do you have any thoughts as to why the Mental Health Commission of NSW would suggest that reports from the Official Visitors Program should be more transparent?

The Hon. BRONNIE TAYLOR: I am happy to take that on notice and speak to the Mental Health Commission about that comment.

Ms CATE FAEHRMANN: But, Minister, with respect, you taking that on notice to speak to the Mental Health Commission about that comment probably is a bit of a cop-out because—

The Hon. TREVOR KHAN: Point of order: My point of order is twofold. The first is the witness is entitled to take the matter on notice. The second is the member is inviting the Minister to speculate upon what another party might or might not be thinking about in terms of making a recommendation.

The CHAIR: The member will rephrase the question slightly.

Ms CATE FAEHRMANN: Thank you for agreeing to take the question on notice. I certainly hope that a comprehensive report back will be provided after you speak with the Mental Health Commission.

ANSWER

The Australian Government signed the Optional Protocol to the Convention against Torture and Other Cruel, Inhuman or Degrading Treatment or Punishment (OPCAT) in May 2009. The instruments of ratification were lodged with the United Nations in December 2017. The OPCAT is an international agreement aimed at preventing torture and cruel, inhuman or degrading treatment or punishment.

Under the OPCAT, State Parties agree to establish an independent National Preventative Mechanism (NPM) to conduct inspections of all places of detention and closed environments.

In addition to the NPM, State Parties agree to international inspections of places of detention by the UN Subcommittee on the Prevention of Torture (SPT). The SPT engages with states on a confidential basis and cannot publish reports and recommendations unless under agreement with the State Party.

The Australian Government has been taking a consultative, collaborative approach with the states and territories regarding how OPCAT should be implemented. The Australian Human Rights Commission have been leading this consultation.

In July 2017, the Mental Health Commission of NSW (MHC) made a submission to the Australian Human Rights Commission jointly with the other mental health commissions of Australia. An individual NSW submission was provided for one question only:

“What is your experience of the inspection framework for places of detention in the state or territory where you are based, or in relation to places of detention the Australian Government is responsible for?”

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The MHC noted that Official Visitors were appointed by the Minister for Mental Health and that their functions prescribed in legislation. It was also noted that Official Visitors made regular visits to all inpatient psychiatric facilities, with or without notice, liaised with staff and patients on a raft of issues, and that patients, carers, family, friends, staff and other people with an interest in the care of treatment of people with a mental illness were able to contact them directly.

The MHC also noted that for Official Visitors to operate consistently with the functions of a National Preventative Mechanism (NPM) the provisions relating to their functions and powers would need to be strengthened in some important ways to ensure transparency and independence:

- Currently, Official Visitors report directly to the Minister for Mental Health, they do not make public reports or annual reports
- There needs to be a clear power to make recommendations, and to track any response/implementation of the recommendations
- There would need to be a mechanism for the work of the Official Visitors to feed into the broader OPCAT inspection framework to ensure that systemic issues are adequately identified and responded to and to ensure a coordinated response to those issues
- As noted in the consultation paper, appropriate training would need to be provided, and a separate NPM unit may need to be established within the existing Official Visitors framework to ensure functional independence from other activities.

In June 2018 the Australian Human Rights Commission published a second and final consultation paper, asking more detailed questions regarding how OPCAT should be implemented in Australia. This paper notes that in Australia, the Commonwealth Ombudsman will be the NPM body for Commonwealth primary places of detention, as well as being the NPM Coordinator.

While states and territories have not yet nominated their NPMs, the initial assessment was to consider the extent to which OPCAT compliance was, or was not, being achieved in different places of detention by different inspecting bodies.

It was within this context that the NSW Mental Health Commission made their submission. This is not a criticism of the current role of the Official Visitors, but rather a reflection on how the prescribed nature of an NPM differs from the role of the Official Visitors.

The final report on OPCAT implementation is due to be published by the Australian Human Rights Commission during 2019.

Diet and mental health

Transcript page 60

The Hon. EMMA HURST: Orygen, the National Centre for Excellence in Youth Mental Health, released a report called *Food for thought, the relationship between diet and outcomes for depression and anxiety*. It found that in children, adolescents and adults there is evidence to suggest that unhealthy dietary patterns, particularly the consumption of processed meats and products high in sugar and fat, are a risk factor for both depression and anxiety. Orygen reviewed eight studies that showed a significant improvement in depression symptoms with dietary intervention. Do you agree that diet is important for mental health? If so, how is this information being made known to the public?

Dr WRIGHT: I am not aware of that report and so we would have to take that on notice.

ANSWER

Dr Nigel Lyons responded to this question on page 60 of the transcript.

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Dr LYONS: Could we just add about how the importance of nutrition in care of people with mental health conditions is known to us, and we do have a number of activities underway. One of those included some work that was done down at the Agency for Clinical Innovation. It has a nutrition network. One of the things that was highlighted in that nutrition network was that in caring for people who have lifelong mental health conditions there are often issues around weight gain and poor diet which contribute not only to their mental health condition but also to other physical condition. There has been a whole piece of work done with guidelines to support the sorts of nutrition we should be providing while people are in our care and with a focus on how we can keep them healthy and ensure that the diets that they are eating are keeping them as healthy as they possibly can be, both physically and mentally.

Northern Beaches Hospital – ED wait times for mental health patients

Transcript page 61

The Hon. WALT SECORD: I did not understand, because you used the word "adverse". Dr Lyons, in another committee there was some evidence that revealed that 17 patients at the Northern Beaches Hospital waited longer than 24 hours in the emergency department. How many of those patients were actually mental health patients that waited longer than 24 hours?

Dr LYONS: I do not have specific numbers about numbers of patients who waited at Northern Beaches Hospital available to me at the moment.

The Hon. WALT SECORD: Could you take that on notice?

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

ANSWER

One

Ipsos Contract

Transcript page 65

The Hon. ROSE JACKSON: In relation to the four pillars—I think that was the phrase you used—one of those I think you mentioned to my colleague Mr Secord was about employment. Is another specific one of those around drug use and ice specifically?

Mr ORR: I think wellbeing covers off on a range of issues. Certainly in some of the consultations which we had in the middle of last year, one of our recurrent themes was about wellbeing. We spoke with a lot of school kids. We went into schools and talked to them in conjunction with the youth advocate. There was a number of themes which emerged through those consultations, and certainly one of the messages was about broader wellbeing.

The Hon. ROSE JACKSON: You ran those consultations last year. How many of them?

Mr ORR: There were 26.

The Hon. ROSE JACKSON: These are the youth forums?

Mr ORR: Yes.

The Hon. ROSE JACKSON: I think the Deputy Premier suggested that there would be 40. What happened to the other 14?

Mr ORR: In addition to those 26, there was some Ipsos work. So we engaged Ipsos to run a number of groups of people who have either left school or who are potentially harder to get to in terms of perhaps indigenous people, groups of Indigenous people. Those are the groups which were additional to those 26.

The Hon. ROSE JACKSON: How much did you contract to Ipsos to do that work?

Mr ORR: I would have to take that on notice. I cannot remember the exact details.

ANSWER

\$153,377 excluding GST

Domestic Violence Programs with the RSPCA

ANSWER

The NSW Government does not currently fund Royal Society for the Prevention of Cruelty to Animals NSW's (RSPCA NSW) Community Domestic Violence Program.

Dedicated mental health experts in public schools

Transcript page 71

The Hon. TARA MORIARTY: In February this year the Government announced \$88 million to provide every public school with two dedicated mental health experts to ensure that students have access to mental health support. Has the rollout of that program begun?

Dr LYONS: I think that was actually in Education and not in Health. We will need to get advice from our colleagues in Education about where that is up to.

The Hon. TARA MORIARTY: That's fine. Is the proposal that these mental health experts in schools will play more of an educational role or healthcare role?

Dr LYONS: I think they were funded through the Education budget is the point I am making.

ANSWER

The NSW Department of Education is investing \$88.4 million over four years from 2019-20 to provide every public high school with full-time school counselling support on site, as well as a full-time student support officer.

If you require further information specific to this enhancement please contact the **Department of Education**.

NSW Health and the NSW Department of Education have a strong long standing collaborative partnership supporting the mental health wellbeing of children and young people through the NSW School-Link. Through 21 School-Link Coordinators supporting approximately 3,000 NSW schools and TAFEs this program supports early identification of mental health problems in students and access to mental health services when needed. This relationship is supported through a Memorandum of Understanding between the agencies.

In addition, Getting on Track in Time (Got It!) provides a specialist school-based early intervention service delivered by NSW Health in partnership with NSW Department of Education. This program supports teachers to provide social and emotional learning for children aged from five to eight, and more intense interventions for children with emerging conduct disorders and their parents. Statewide Got It! teams are funded to provide evidence based clinical interventions to 85 schools per year across NSW.

Child and adolescent mental health programs – rural and regional NSW

Transcript page 73

The Hon. ROSE JACKSON: I have just a couple of follow-up questions from my colleague, Ms Moriarty. Of the \$27 million that is specifically allocated for child and adolescent mental health programs, what percentage of that is allocated for rural and regional New South Wales—that is, outside Sydney, Newcastle and Wollongong?

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

ANSWER

The NSW Department of Education is investing \$88.4 million over four years from 2019-20 to provide every public high school with full-time school counselling support on site, as well as a full-time student support officer.

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LifeSpan funding

Transcript page 75

Ms CATE FAEHRMANN: With that funding you just referred to, has that come through the Medical Research Support Program specifically? Is that what you are referring to? This is part of the medical research support that gives financial support to independent medical research institutes or is that specifically for a program?

Dr LYONS: I would have to take on notice about where the specific sources are coming from. What it says here is that it is through NSW Health funding. I would need to understand specifically what source that is. We might take that on notice.

ANSWER

Response provided by Dr Nigel Lyons during the hearing: See page 75 of the transcript.

Dr LYONS: I have clarification: There is \$8 million over four years for the eight suicide prevention projects that I talked about, which is mental health branch funding not research programs.

Ms CATE FAEHRMANN: Can you repeat that?

Dr LYONS: I just had clarification on the issue around whether it was mental health research funding.

Ms CATE FAEHRMANN: Yes.

Dr LYONS: There is \$8 million that is allocated over four years of the pilot program for the eight sites for the LifeSpan work and I am advised that has come from mental health branch funds not from the research program.

Ms CATE FAEHRMANN: That is good to know.

Mental Health Branch staffing

Transcript page 76

Ms CATE FAEHRMANN: Alright, I will leave that. How many full-time employees are in the mental health branch of NSW Health?

Dr LYONS: I will have to take that on notice but I think it is around 50.

Ms CATE FAEHRMANN: Can you take that on notice in terms of the structure as well—the breakdown of employees? Are there employee surveys undertaken within the mental health branch of the Department of Health in terms of general health and wellbeing?

ANSWER

Ms Elizabeth Koff subsequently answered the question in paragraph 5 on page 83 of the transcript.

Response provided by Ms Elizabeth Koff during the hearing at paragraph 5 on page 83 of the transcript:

Ms KOFF: Certainly. I have confirmation on those numbers in terms of the mental health branch at the ministry; it is 54 headcount and 35 full-time equivalent positions, and that represents primarily the policy and planning arm for mental health services across the whole of the State. Mental health has always been a discrete unit in itself because of the complexity of mental health, the

specialisation of mental health and the need for us to keep a greater oversight over mental health service delivery. That is the same in most jurisdictions. They have mental health branches within their central Ministry and most of them have a mental health commissioner. There is a national Mental Health Commissioner and one for each State and Territory. I think that reinforces the importance and the prioritisation of mental health within the health system delivery. In terms then of our governance structure, we have the devolved structure with local health districts and specialty health networks. We have two specialty health networks, the Justice and Forensic Mental Health Network and Sydney Children's Hospitals Network—and not to forget St Vincent's, which is often left off as a specialty network because it is a different sort of structure, an affiliated health organisation. Then apart from the districts, we have 15 regionally based local health districts. The structure of the districts, as was mentioned, is geographically based and attempts to align with the other government service deliveries there. In the devolved management structure, I think some of the recommendations in the seclusion and restraint review, as identified by Dr Murray Wright, reiterate and strengthen the importance of the mental health director being part of the executive team or reporting to the chief executive within the district. That was an attempt—and I believe a much needed mechanism—to make sure that mental health was a priority for each and every local health district.

All Ministry employees are invited to participate in the NSW Public Service Commission's People Matter Employee Survey which is conducted annually. Dr Nigel Lyons and Ms Elizabeth Koff answered the second component of the above question during Estimates, as set out in paragraph 9 on page 76 of the transcript, extract below:

Regarding health and wellbeing employee surveys - Page 76

Dr LYONS: There is a People Matter Employee Survey that is undertaken as part of the whole Government. The public service undertakes those on an annual basis. We survey our employees across the whole of the ministry and the mental health branches are one of the groups that gets assessed as part of that, yes.

Ms CATE FAEHRMANN: How does the mental health branch rank for employee satisfaction against other branches of the Ministry of Health?

Dr LYONS: Comparative to the whole of the public service and the whole of Health, it compares well. But it does not compare well within the ministry. Comparative reference points are always important, I think. It is on the lower side of the whole-of-ministry response but it is higher than many of our other services.

Ms CATE FAEHRMANN: When you say many of your other services, could you clarify what you mean?

Dr LYONS: When I say across the whole of Health, the ministry is on the higher end as a group but the mental health branch is within the ministry results on the lower side, comparatively.

Ms KOFF: The engagement index for the whole of Health was 65 per cent and the culture index was 60 per cent in the most recent People Matter Employee Survey. Within the Ministry of Health itself, the engagement was at 70 per cent and the culture was at 70 per cent. That is Dr Lyons' reference point as to what you are comparing with. This year within the ministry we broke it up according to divisions to give us greater granularity across the divisions within the ministry and, obviously, mental health sits within Dr Lyons' portfolio as deputy secretary of strategy and performance.

Mr MINNS: If I may, the last point I would make is that it is only in the last week—the last five working days—that we have given each executive director a briefing about their branch results. This year's survey results are only just coming in in the last two or three weeks and we go through a structured process to make sure people get the results, understand them and then start to work with their branch and their teams.

Investing in Women Funding Program – 2018/19

Transcript page 77

The Hon. ROSE JACKSON: I will direct some questions to Ms Norton and Ms Walker. In relation to the women's health strategy—and it might be preferable for you to take these questions on notice but nonetheless—I want some additional information about the Investing in Women Funding Program for 2018-19. I understand that there are seven program goals that it seeks to meet. I want some information about the breakdown of funding under each of those goals—women's economic opportunity, equitable workplaces, women in small business, women in science, technology, engineering and mathematics [STEM], women in male-dominated trades, and women in leadership roles and leadership pathways. If you have that information available now that would be great, but otherwise you can take it on notice.

Ms NORTON: We do not have it broken down in that way.

Ms WALKER: I think we could take it on notice.

ANSWER

Information about Investing in Women projects funded in 2019 is publically available here:
<https://www.women.nsw.gov.au/commissioning/investing-in-women-funding-program/2019-investing-in-women-successful-recipients>

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Incarcerated Women

Transcript page 80

The Hon. ROSE JACKSON: Perhaps to try again, another particular issue that women in New South Wales are facing right now is an increasing number of women being incarcerated. For example, the number of women in custody is increasing at a higher rate than the number of men in custody, percentage wise, obviously not in real terms. What programs is the New South Wales Government implementing to address this increase in the number of female prisoners?

Ms WALKER: We do have a range of information about the reoffending rates and the targeted work about Aboriginal offenders who account for 34.3 per cent of the female prisoner population. In the Department of Communities and Justice, we work broadly about offender and reoffender strategies, especially with diverse groups including Aboriginal populations, women and people with disability. That is a core part of our working function. I can get you more information about that if you would like. For example, to manage the growth in the numbers of corrective services, Corrective Services overtook and reconfigured the Juniperina Juvenile Justice Centre into the Mary Wade Correctional Centre for women in 2017. In 2018 the Berrima Correctional Centre was reconfigured as a women's prison. The Dillwynia Correctional Centre for women will be expanded to 248 beds in mid-2020. What that does not get for you is what we are doing to stop the incarceration of women or to reduce it. We can put some information together for you on that.

The Hon. ROSE JACKSON: That would be wonderful. One of the things that I particularly would be interested in is that I understand that there are some innovative services in relation to particular programs that allow women in prison to have their children with them, which, I understand through a range of different research, has been demonstrated to have a significant impact on not just the experience of women in prison but also their likelihood of reoffending if they develop proper familial connections with their children. What programs is the New South Wales Government putting in place to expand the availability of those specialist services so that women in prison can have their children with them?

Ms WALKER: We will take that on notice. Absolutely there are some programs, particularly for minimum-security women inmates where their children can be with them to a certain age. We will get you the detail on that and any planned expansion.

ANSWER

The Minister for Counter Terrorism and Corrections is responsible for the delivery of programs and services to women who are incarcerated.

However, I am advised that to manage the growth in numbers Corrective Services took over and reconfigured the Juniperina Juvenile Justice Centre into the Mary Wade Correctional Centre for women in 2017. In June 2018 the Berrima Correctional Centre was reconfigured as a women's prison. The Dillwynia Correctional Centre for women will be expanded by 248 beds by mid-2020. Clarence Correctional Centre, due to open in 2020, will have 300 beds for women.

As part of the NSW Government's Strategy to Reduce Adult Reoffending, Corrective Services has established 10 High Intensity Program Units. Three of these units will focus exclusively on the needs of women.

Other programs include:

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- Mothering at a Distance is an educational program developed by Tresillian Family Care Centres which aims to enhance the mother-child relationship and increase the mother's knowledge and skills to care for her infant.
- The Corrective Services Mothers and Children's Program offers a range of options to eligible women who wish to assume an active parenting role while serving a custodial sentence.
- Bolwara House is a residential pre-release alcohol and other drug program for women. Offenders receive intensive case management and participate in programs such as Alcoholics Anonymous and Narcotics Anonymous. Residents also participate in domestic violence programs, life management and life skills programs.
- Dubay Gunyah - a partnership with the Aboriginal Housing Office, Marrickville Community Training Centre Australia and Illawarra Aboriginal Corporation to support Aboriginal women exiting custody who are homeless with medium term housing.
- RUSH (Real Understanding of Self Help) which uses cognitive, behavioural and acceptance-based interventions.
- Intensive Drug and Alcohol Treatment Program, which is based on a specialised therapeutic approach to treat drug and alcohol dependence and offending behaviour.
- 'EQUIPS' Foundation, Aggression and Addiction EQUIPS programs that address criminogenic factors to reduce re-offending.

Commonwealth funded pilots under the Commonwealth Indigenous Advancement Strategy:

- Gundanha Aboriginal Construction Facility (\$1.815M) - to establish a dedicated employment and training facility for Aboriginal women offenders at Wellington Correctional Centre to provide employment and vocational training skills in the building and construction industry.
- Caring and Working: Aboriginal Mothers (\$955,000) - To support and promote a stronger family environment for Aboriginal mothers and their children at Wellington Correctional Centre.
- Project 3: Emu Plains Employment and Training Hub (\$865,000) - to establish a dedicated Training and Employment Hub at Emu Plains and engage a Through-care Project Coordinator to work with participants.

Access to critical mental health support for young people in rural and regional NSW

Transcript page 81

The Hon. ROSE JACKSON: I might ask one more question or, depending on your answers, a set of questions before I hand over to my colleagues. I want to phrase it in the right way. What percentage of young people in rural and regional New South Wales seeking critical mental health support, which presumably cannot be offered via video or telephone, have to travel more than five hours from their place of residence in order to access that support?

Dr LYONS: That is a very specific question. We will need to take that on notice.

ANSWER

NSW Health does not collect this data centrally. All efforts are made to ensure that all people in rural and regional New South Wales seeking critical mental health support are able to do so in the most timely and appropriate manner.

Office of Regional Youth staff

Transcript – page 86

Mr ORR: So there is money in terms of the Stronger Country Communities Fund. There is \$100 million there, and \$50 million of that goes to youth. I mentioned previously the mechanism by which that occurs. And then in terms of the Office for Regional Youth, there are currently 11 staff working on youth matters. We have not tallied up what the actual budget would be for all of those staff. We could do that if that was useful for you. But it would be over a million dollars which is being spent on the Office for Regional Youth based on the activities of those staff.

The Hon. WALT SECORD: Those 11 staff, how do they fit in the context of the Treasurer announcing that there will be 2,500 job cuts? Are they frontline or back-office staff, those 11?

Mr ORR: I think the policy position of the Government has been made reasonably clear about jobs in regional New South Wales. It is not my role to reiterate that.

The Hon. WALT SECORD: I understand.

Mr ORR: Those positions are a blend of people who exist within Sydney, and there are people based in regional New South Wales. I can go through and say who they are and where they are located if it is helpful, but those people—

The Hon. WALT SECORD: How about if I get on notice just where the 11 staff are based?

Mr ORR: Sure.

ANSWER

Office of Regional Youth staff are based in the DPC, and DPC-Regional offices of Sydney, Newcastle, Nelson Bay, Gosford, Wollongong, Albury, Broken Hill and Coffs Harbour.

Aboriginal health workers

Transcript page 87

The Hon. WALT SECORD: But as you said earlier, they are not frontline staff. To you, Ms Koff—though you may want to direct it to another person—Aboriginal health workers, the classification and designation of an Aboriginal health worker. How many are there in your department? Mr Minns, is this your area?

Mr MINNS: I will take it on notice, but my memory is there are more than 100.

The Hon. WALT SECORD: Around 100 is what I have heard.

Mr MINNS: I am thinking 120, 130? Somewhere like that. But it is a question to formally take on notice and provide an accurate answer.

ANSWER

Mr Phil Minns subsequently answered the question on page 65, paragraph 12, on the transcript of the Health and Medical Research Budget Estimates hearing of 5 September 2019.

Portfolio Committee No.2 - Budget Estimates 2019
Responses to Questions Taken on Notice
Mental Health portfolio - 3 September 2019

BACKGROUND: (Q19/217)

Response provided by Mr Minns during the Health and Medical Research Hearing of 5 September:

Mr MINNS: *I also have a clarification about Aboriginal health workers. There are, in fact, 410, Mr Secord. We talked about this the other day. There are 410 in the system, but we have a much lesser number of the Aboriginal health practitioners, that is only at 14, and that is the area where we have a dedicated kind of project now to understand why growth in that part of the system is not as strong.*