



**LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL  
TERRITORY**

**STANDING COMMITTEE ON EDUCATION  
AND COMMUNITY INCLUSION**

(Reference: [Inquiry into Annual and Financial Reports 2021-2022](#))

**Members:**

**MR M PETTERSSON (Chair)  
MR J DAVIS (Deputy Chair)  
MS N LAWDER**

**TRANSCRIPT OF EVIDENCE**

**CANBERRA**

**FRIDAY, 4 NOVEMBER 2022**

**Secretary to the committee:  
Dr A Chynoweth (Ph: 620 75498)**

**By authority of the Legislative Assembly for the Australian Capital Territory**

Submissions, answers to questions on notice and other documents, including requests for clarification of the transcript of evidence, relevant to this inquiry that have been authorised for publication by the committee may be obtained from the Legislative Assembly website.

## APPEARANCES

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## **Privilege statement**

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*Amended 20 May 2013*

## **The committee met at 1.32 pm.**

Appearances:

Davidson, Ms Emma, Assistant Minister for Families and Community Services,  
Minister for Disability, Minister for Justice Health, Minister for Mental Health and  
Minister for Veterans and Seniors

Community Services Directorate  
Rule, Ms Catherine, Director-General  
Dunne, Ms Ellen, Executive Branch Manager, Disability, Seniors and Veterans,  
Communities Division  
Murray, Ms Christine, Executive Branch Manager, Women, Youth and  
Multicultural Affairs

**THE CHAIR:** Welcome to the public hearing of the inquiry by the Standing Committee on Education and Community Inclusion into annual and financial reports for 2021-22. In the proceedings today we will examine the annual report of the Community Services Directorate.

Before we begin, on behalf of the committee, I would like to acknowledge that we meet today on the land of the Ngunnawal people. We respect their continuing culture and the contribution they make to the life of this city and this region.

Please be aware that the proceedings today are being recorded and transcribed by Hansard, and will be published. The proceedings are also being broadcast and webstreamed live. When taking a question on notice, it would be useful if witnesses used these words, "I will take that as a question taken on notice."

In the first session we will hear from the Minister for Disability. Welcome, Ms Davidson, and all of your officials. I remind witnesses of the protections and obligations afforded by parliamentary privilege and draw their attention to the privilege statement. When you speak for the first time, could you acknowledge that you understand the statement?

As we are not having opening statements, I will lead off with questions. Minister, could we please get an update on the ACT Disability Strategy?

**Ms Davidson:** Yes. Before I pass to Catherine to talk some more about the strategy, we are due to provide a listening report next month, which will give a bit of an update on what we have heard so far. We had quite significant participation levels from the community in the consultation. A large part of the reason why we had such high levels of participation was that the whole process was co-designed with people with disability, and all of the conversations were led by people with disability. That makes a huge difference to people being able to feel that this is a process in which they can participate, and that it was an accessible and inclusive process. Catherine can talk more about the detail of how it went.

**Ms Rule:** I have read and acknowledge the privilege statement. With the Disability

Strategy, the minister has touched on how engaged the community has been. I have spent a long time working in the disability sector in different jurisdictions, and the ACT disability sector never ceases to impress me, in terms of their level of engagement and their commitment to engaging with us in a constructive, smart and sensible way. That has been fantastic.

We have run a very comprehensive consultation process. We have had 33 consultation events, and 18 facilitators have taken part to lead those discussions. We have left it as a very open discussion about, “You tell us what a good life looks like and what are the challenges in having that good life,” and to bring forward the broadest range of ideas about how to make life better, so that all of those stakeholders can tell us, rather than us telling them, what they need. That has been fantastic.

We have had 415 people attend the consultation events; 397 people have completed the survey, and 35 submissions were received. We had 34 children and young people in a student voice competition, and we have had nine one-to-one conversations. We are just pulling all of that data together. As the minister said, we will release a listening report, and that report will form the basis of the Disability Strategy and the first four-year action plan, which we are expecting to release in the middle of next year.

**THE CHAIR:** Comparing some of those time lines, the listening report will be released in December?

**Ms Rule:** Yes.

**THE CHAIR:** And the strategy in the middle of next year?

**Ms Davidson:** Yes.

**Ms Rule:** Yes, that is right.

**MR DAVIS:** Minister, when I talked to my constituents with a disability and asked them for questions in this space, overwhelmingly, I was asked about the NDIS. Obviously, that is not an ACT government program, but could you talk a little more about your involvement with the national review and what implications you might see from that for the ACT’s budget?

**Ms Davidson:** As the ACT government is a partner in the NDIS with the commonwealth, we have taken a very strong interest in what the terms of reference are for that NDIS review. There has been a lot of conversation recently about the cost of the NDIS and financial sustainability. We need to be talking about the value of the NDIS: what is its purpose and its objectives? Is it meeting those, and is the NDIS the right way in which to meet those objectives?

Part of that is about understanding the value of providing people with the supports to live an ordinary, good life and to have the things around them that make it possible to take care of their health and wellbeing and their social connection, and achieve their employment and education goals, so that we do not end up having to provide further supports down the track and not be able to achieve the same good outcomes. The

NDIS was intended to be able to achieve those things, and we need to be able to find ways to measure that. That is part of what has been written into those terms of reference for that NDIS review.

We do not want to end up getting into a situation where we are just looking at how much money is being spent on the NDIS, without understanding the value of what it delivers, not just to people's lives, but in terms of the other health and social services systems that people might end up in, if their needs as a person with disability are not being met appropriately at the earliest possible stage. That includes our justice system, homelessness services, experiences of domestic and family violence and abuse, our health system—the whole lot.

**Ms Rule:** There is another part where we will be very engaged in discussions, I expect. Bruce Bonyhady is one of the people who has been appointed by the government to conduct the review of the NDIS. He is one of the original architects of the scheme, if you like. I have heard him describe the scheme as becoming like an oasis in the desert. You are in the scheme, and if you are in the scheme, you are in the oasis, and if you are not in the scheme, you are in the desert; there is not much in terms of service provision. That was not the intent of the scheme. The scheme was supposed to be for the most disabled, with services available to other people with disability who might not qualify for the scheme but are still able to access services. That is not quite how it has panned out over the course of the implementation of the scheme.

Through the ministerial council that Minister Davidson sits on, those discussions need to be had about what the NDIS is and is not, and what else exists around the NDIS for those people who do not qualify for the scheme. A really important discussion has to be had across jurisdictions about what that is and the service systems, as the minister said, like mental health, housing and social service systems, and the supports they provide to people with disability. That also has to plug in to our work on the disability strategy. What is it that we will deliver in the ACT in addition to the NDIS to try and make sure that people who are both inside and outside the scheme are getting the supports that they need?

**Ms Davidson:** One of the other things that we have really pushed for is that any changes that result from that NDIS review need to be co-designed with people with disability, with people with lived experience, which is how the original scheme came about in the first place. Having people like Dougie Herd as part of that review process is one of the ways in which we can make sure that the voices of ACT people with disability are being heard. Also, being able to feed in what I hear from the community every time I go to those meetings is really important. We have been doing a lot of work to make sure that we are hearing from the community before each of those meetings, in order to be well informed and be able to represent their needs well.

Staff from the ACT's Office for Disability have been seconded to work as part of the NDIS review secretariat. One of the really positive aspects of that is that, when the NDIS review secretariat are talking about co-design, they will have people from our Office for Disability who have experience with this ACT Disability Strategy co-design process that we have just been talking about, and who will be able to share their knowledge with that commonwealth team. That will help to make sure that what

comes out of this is actually what the community are asking us to work on.

**MR DAVIS:** When I talk to my constituents, or they approach me to talk about the NDIS, one of the recurring themes I hear is this conversation nationally about sustainability. When people hear about the sustainability of the NDIS, they hear that it is too expensive. When they hear it is too expensive, they hear cuts, and that creates an anxiety. Does the ACT government have a position on the sustainability of the NDIS, and how are we representing that position nationally?

**Ms Davidson:** It has been a really difficult process over the last couple of years to get an understanding of what are the actuarial assumptions that are driving those projections that we see talked about in the media, and that we do not necessarily have as much visibility of within the ACT, because those are figures that are coming out of the commonwealth.

Having an understanding of what actuarial assumptions are involved in this and whether those are realistic, whether we are looking at the right things, is really important, as well as understanding that what we are doing is investing in the right care and supports for people, and that that actually has impacts on other systems and services that might need to be provided in other areas. Just because you are spending money in one area, it does not mean that you are not going to have to spend money in other areas. Things shift around, and people will access services from the place that they can get access to them. We want to make sure that what is most accessible to people is going to help them to achieve the best outcomes. That is a key part of what we need to look at, as part of this NDIS review.

When we are talking about how people are feeling about the NDIS, it is important for people to know that things have changed quite substantially over the last six months. Regarding where we were at, say, a year or two ago, in terms of the conversations that we were having about the future of the NDIS and achieving its objectives, they are not the same conversations that we are having today. When I first started going to those meetings, the conversations were very conflict-driven and—

**MR DAVIS:** Just to clarify, Minister, these are the disability reform ministers meetings that you go to?

**Ms Davidson:** Yes. We were having conversations that were very conflict-driven originally and were very focused on financial sustainability, and not actually talking about value as well. The conversations that we are having now are much more collaborative. There is agreement from people across all party lines on what the basic principles are of what we are trying to achieve; so we are able to have much more substantial conversations about how we can get there and what we can learn from each other through that process. That is a really important thing to be able to do, and it demonstrates the maturity of the people around the table. They are looking at each other and saying, “What are you experiencing in New South Wales, Queensland, Western Australia or the ACT, and what can we learn from each other and collectively do better at?”

**MR DAVIS:** That seems like a total 180. What changed?

**Ms Davidson:** It is an interesting thing to think about what changed over the last six months, isn't it?

**MS LAWDER:** In some ways this follows on from the previous question. In very rough terms, there are about 10,000 people in the ACT receiving an NDIS package. The ABS tells us there are about 80,000 people with disability in the ACT, so what is the ACT government doing to support that gap of 70,000 or so people who identify as having a disability?

**Ms Davidson:** It is important for people to know that the number of people who actually have an NDIS plan is not the total number of people who have disability in the ACT. You then add on to that the 50,000 carers of people with disability as well, who are also fairly heavily impacted by access to services and things like that. It also adds to the workload of paid carers, when they cannot get access to the services they need.

We work very hard in the ACT to make sure that we are able to provide all of those services. The services that those other 70,000 people who do not have NDIS plans need to access will be very dependent on their individual needs. Some people will need things in the healthcare space. For some people it will be about making sure that we are providing inclusive education and that we have things like universal design written into the National Construction Code. I very much appreciate that our ACT Minister for Sustainable Building and Construction has worked on that recently.

All of these things help to reduce the load on people with disability needing to find other ways to access the services and supports they need. But it depends very much on what actual services they are needing as to exactly what programs you might need detail on.

**MS LAWDER:** Outside the NDIS package holders, do you have a feel for how many people with disability in the ACT the ACT government provides some form of support for?

**Ms Davidson:** It is also worth thinking about the fact that the NDIS is not just about providing healthcare supports. It is also about providing social connection and supports that enable people to participate in employment and education.

**MS LAWDER:** I am saying outside the NDIS.

**Ms Davidson:** To be able to provide an overall picture of what services and supports people with disability access in total in the ACT, you would be crossing into every directorate area. We need to make sure that our transport network is accessible. That is why we now have an accessibility reference group as part of TCCS. We need to make sure that our housing is accessible and inclusive. That is why we have been working on things like universal design in the Construction Code. It is a broad range of things that you are looking for there. Can you give me something a bit more specific that you want to know about?

**MS LAWDER:** What you say is very true and very important—health care, education, transport and all of those things, and even age-friendly suburbs. Is there any financial



support provided directly to people with disability by the ACT government outside the NDIS?

**Ms Davidson:** Yes, absolutely. Our CAYPELS program would probably be a great example of the kind of supports that we provide to people who perhaps do not have an NDIS plan yet or maybe will not be eligible for one. That deals with early childhood education. In particular, it is pretty important to be able to support those young people so that, as they get older, they have better outcomes.

**Ms Rule:** I can give you a few examples that exist in this directorate. I will not speak on behalf of other directorates. CAYPELS is a good example. A significant percentage of the people that access equipment through CAYPELS are using it as an opportunity to “try before you buy”—to trial equipment that may or may not suit their child or young person; they will then either go and purchase that equipment independently or some people will buy that on NDIS, if they are NDIS eligible.

We have work in housing around making sure that Housing ACT properties are accessible for people with disability. They are built to a gold standard. We will pay for kitchens that have particular requirements, bathrooms or whatever accessibility things might be needed in a Housing ACT property. We provide, through the child development service, autism assessments for children up to 12 years old. Again, some of those children may go on to become NDIS eligible, but they may not. Those are some examples of the things we do in CSD. I do not know whether Ms Dunne has others that she wants to draw out for us.

**Ms Dunne:** I have read and understand the privilege statement. One of the other programs that we have been running specifically for people with disability, and the eligibility is based on the person being an NDIS participant, is a program that helps support people who are either in crisis or entering crisis. It is called the Integrated Service Response Program. It is a case coordination approach which looks at all other mainstream services within the ACT government across directorates, and also works very closely with the NDIA, and, where necessary, DSS.

Essentially, if somebody requires support and it is not immediately available through their NDIS plan, we will step in and do what we can, what we need to do, as quickly as possible. We sort the dollars out later. In most cases we are able to ensure that the intersectionality between health, education or NDIA is understood and that, if the responsibility for that particular matter lies with them, they pay for it. We have had a lot of success with the scheme, and it is considered to be extremely valuable.

**MS LAWDER:** Initially, with the change to the NDIS, there were a number of what at that time were called tier 2 organisations—I am not sure whether they still are—that struggled with the funding model. We saw SHOUT having difficulties; we saw the closure of the independent living centre at Weston. The assistive technology people have lost a permanent home in the ACT. Are you doing any work with some of those bodies that do not provide direct services but may provide advocacy, advice and linkages, to enable their sustainable business?

**Ms Rule:** The NDIS is a once-in-a-generation reform. Since its implementation there has been a lot of settling-out of markets, the impact of the shift into the NDIS and

what is left for providers that are not in the NDIS. Many of them have had to re-evaluate their business models. Some have become sustainable and others have not. I think that is a natural product of that kind of reform.

As we move through the Disability Strategy work and provide input into the NDIS review, these are exactly the questions that we need to be broaching with the community and having discussions with government about. Where are the gaps? The NDIS has been a life-changing reform, but it absolutely has left some gaps in the system. Part of these conversations through the Disability Strategy and the NDIS review are to identify where those gaps are and look at solutions for filling those gaps, if that is what is needed.

We are in the process of untangling that and trying to work our way through it in a way that is, as the minister said, driven by input from the community about what they need that they are not able currently to get.

**THE CHAIR:** The number of NDIS participants in the ACT has been growing reasonably consistently in recent years. Do we have any idea of where we expect the number of NDIS participants to peak at in the ACT, in the short term at least?

**Ms Davidson:** That is probably a question that will be easier to answer once the recommendations from the NDIS review come back, and we have a better understanding of whether the parameters for accessing the scheme are going to change in some way. There has also been a lot of feedback that we have heard so far from people about their participant experience within the NDIS being quite difficult, and the bureaucracy of the system being quite difficult. We may find that that number changes a little bit if the system is easier for people to understand and to work out whether they should be applying for an NDIS plan or accessing services elsewhere, and how the process is going to work. A lot of those things may well be impacted by the findings of that review.

**Ms Rule:** With respect to the numbers on which the scheme was originally based nationally, it was expected to top out, at full implementation, at around 400,000. The last time I looked it was already above 800,000. Nationally, the number of people in the scheme is far beyond what was ever anticipated by both the commonwealth and all of the jurisdictions who signed up to it. The ACT is no different. We are tracking above where we would have expected. The growth cohort is in young people with autism, or ASD disorders. That is a growing field across the country. The ACT is no different. I do not think we have a handle yet on what the plateau looks like.

**MR MILLIGAN:** You might need to take this on notice. I am interested to know what funding was provided to service providers in the ACT to work with people with disability that are not necessarily qualified for the NDIS, particularly in the areas of diagnosis or screening for vision, deafness or autism. It is a high cost for a lot of parents. They might need a bit of support in this space. Does the government provide funding for these service providers to provide extra support for those families out there that may not be able to afford to pay for diagnosis or screening?

**Ms Davidson:** We talked a little earlier about the child development service and providing assessments for children up to 12 years old. If you are talking about

assessments for other age groups, you are probably better off directing those to the health minister, because you are talking about health system assessments there.

We also, though, provide support to organisations that do individual advocacy support for people who are going through that process. That is partly in recognition of how bureaucratic and difficult that process can be for parents to understand. When they are trying to deal with a child or a young person who is struggling to manage what they have to deal with, get to all of these appointments and understand how to go through all of the paperwork, and which reports need to be provided to which people, sometimes that individual advocacy can be critically important to getting the outcome that they need. For that reason we provide funding to ADACAS and to Advocacy for Inclusion to support those families through that.

**MR MILLIGAN:** Could you take on notice and provide a detailed list of what funding is provided to what groups in this space?

**Ms Davidson:** For advocacy services or health assessments?

**MR MILLIGAN:** Yes, as well as assessments.

**Ms Davidson:** For health assessments, it is probably best to direct that to the Minister for Health.

**MR MILLIGAN:** Okay. For advocacy, could you do it for that?

**Ms Davidson:** For advocacy, absolutely, yes. We can provide you with the organisations that are funded for advocacy services, and how much.

**MR MILLIGAN:** Ms Rule mentioned the gaps that you are working on identifying. I assume that, as part of the Disability Strategy, you will be identifying those gaps within that strategy. Are these, particularly, the gaps where it is the ACT government's responsibility to provide support and services to people with a disability that do not qualify for the NDIS?

**Ms Davidson:** When you are someone who is experiencing a gap in services, you do not actually care whether it is the ACT government or the commonwealth government that should be dealing with it; you just need access to the services. Certainly, our aim is to make sure that people can get access to the services that they need. How we work out the money with the commonwealth is another matter, but our focus is on understanding where the gaps are. There may well be things that end up in the ACT Disability Strategy that link very closely with things in Australia's Disability Strategy, and work with the commonwealth to collectively address some of those issues.

When we were talking earlier about advocacy funding, I should have mentioned that last year's budget included a doubling of the funding for Advocacy for Inclusion and ADACAS on individual advocacy services.

**MR MILLIGAN:** There is a clear responsibility on the part of ACT government to provide this support. That is quite clear. The NDIS covers a different area. Will you be clearly identifying in this strategy what the ACT government is catering for and

what their responsibility is?

**Ms Rule:** We have been careful to not get into jurisdictional issues in the development of the strategy. The plan is to develop a strategy first and for the community to tell us what is needed; then you can have the conversation about who pays for it. Some of it may be the responsibility of the ACT government, absolutely; some of it may be the responsibility of the commonwealth. Some of it may be the responsibility of other sectors—the NGO sector, the private sector, and in fact for people to pay for out of their own pocket.

With the source of who pays for it, it is easy to get distracted by those issues. The strategy is about the next 10 years and people telling us what we need to work on. We will then work through a process, and we already have agreement with government in terms of budget processes and the like, once we have those things identified. We will have a conversation about who pays for what.

**MR MILLIGAN:** We should expect the conversation to start after the strategy has been launched. For how long do you anticipate that consultation will go on before a report comes out? Will there be a report?

**Ms Davidson:** Some of those conversations have already started, because we have already been working with the commonwealth on action plans that are coming out of Australia's Disability Strategy. To be able to work on those action plans at the same time as we are working through ACT's Disability Strategy, and better understanding what actions we might need to take as a result of that, is really good timing, because it allows us to see more of the jigsaw pieces we are trying to fit together to provide people with the services they need.

**Ms Rule:** Underpinning the strategy, do not forget that there will be a series of action plans. I expect those action plans to commit the directorate to action, and that action will include the things that government is funding. I am not expecting that we will produce a report per se; actually, there will be a strategy and a series of action plans, with appropriate funding attached to the actions that government commits to.

**Ms Davidson:** There is also a range of ongoing conversations that we are having through disability ministers meetings and things like the supported employment round table that Minister Rishworth held recently, to address things like housing and employment. Those conversations are ongoing, and we are working in a collaborative and knowledge-sharing way across jurisdictions, which is something that was not possible this time last year.

**MS LAWDER:** Ms Rule mentioned access to Housing ACT properties—ensuring that people with disability have access to public housing. Minister, you also referred to universal design. That applies to public housing properties as well. Do you know—or would this be a question for a different area—how many people with disability or families perhaps with a child with disability are on the public housing waiting list?

**Ms Rule:** We can get that data in the housing hearings. I do not have the Housing officials here, but we do have a quite detailed breakdown on the waiting list of some of those factors. I can take that on notice, but I cannot answer it here. It is a housing

waiting list question, a Minister Vassarotti question, more than a disability question.

**MS LAWDER:** I am also interested in how that allocation of properties works. When you get to the top of the list, do you take the next available house, whether it is a class C property or not, or might the person who is ahead of you get a vacant class C property and, when you get to the top of the list, you do not?

**Ms Rule:** It is about how you prioritise, when you get to the top of the list and match people against available properties. It is a quite complicated process because you have to factor in considerations like that as well as what people's preferences are in terms of types of property, location of that property—all of those things have to be factored in. It is not just a matter of getting to the top of the list and being offered whatever property is vacant; there is actually a whole matching process about your particular circumstances and needs versus available stock. It is about how we match those things up together, and disability is a factor in that.

**MS LAWDER:** If you were, for example, on the list, you got to the top and there was a class C property in Belconnen but you preferred the Tuggeranong area—of course—would there be a discussion about whether they want to move or do you just say, “They don't want Belconnen,” and move on to the next one?

**Ms Rule:** There is a discussion with people on the waitlist about options that come up that are outside what they have indicated that they want; they are offered that. If that does not suit their needs then they continue to be high on the waitlist, and we try and match them with a property that they are—

**MS LAWDER:** Does it count as one of their refusals?

**Ms Rule:** That is a good question. I do not know. I will have to raise that with officials in the hearing with Minister Vassarotti.

**MS LAWDER:** Thanks.

**MR MILLIGAN:** My question is in relation to employment within the public service of people with disability. I want to know what the percentages are, what your target is, what your future goal is in this space, and what levels they are employed at. Do you offer skills training for people with a disability who are employed in the public service?

**Ms Davidson:** Before I pass to Catherine Rule to talk in more detail about the exact number—I think it is about three per cent—part of the difficulty around understanding how many people we have with disability in our public service is also about whether people choose to identify as being a person with disability. That is part of the conversation that we as a community need to have about how we view disability, and seeing the diversity of the way in which people's bodies and minds work as a strength, and not as a barrier that needs to be overcome. It is about recognising that we all have different aspects of our identity that are important to us and, for people with disability, that can be part of it.

I will pass to Catherine Rule, who can talk a little bit more about how many people

we have in the ACT public service who identify as a person with disability, and how we support them.

**Ms Rule:** Questions about whole of ACT public service employment are for my colleagues in the Chief Minister's portfolio. I cannot answer those specific questions. I think they will be appearing next week. I can talk about what is happening within the Community Services Directorate. I think we spoke about this in an earlier hearing.

We have about five per cent of staff in CSD who identify as a person with a disability. Again, I think I indicated in an earlier hearing that we are doing work as a directorate about a diversity strategy around our employees, because we absolutely have an obligation to reflect the diversity of the population that we serve in our staffing. We are actively seeking to increase staffing of people from a culturally and linguistically diverse background, people with disability and people from the Aboriginal and Torres Strait Islander community. Clearly, those are three core groups that we serve, as the Community Services Directorate, and I want our staffing to have that same profile.

We have work to do, but five per cent of our employees are people who identify with a disability. In terms of the broader public service, those are questions for Mr West, in the Chief Minister's portfolio.

**MR MILLIGAN:** Are you able to identify the levels?

**Ms Rule:** Not here. I can take that on notice.

**MR MILLIGAN:** Also, do any departments offer training and upskilling for people with disability?

**Ms Rule:** Again, I cannot speak about what others do. In CSD, yes, we do. We have an active program of workplace adjustments for people with disability—equipment that they may need, adjustments to their terms and conditions, their working hours, working from home, flexible work, and all of those things.

In terms of specific training programs for people with disability, I do not think we do within the directorate, but we would look to invest in those individual staff, as we do with all of our staff. All of our staff have an individual performance agreement in place, and that performance agreement identifies their learning and development needs for each financial year. Our staff with disability will be no different.

**MR MILLIGAN:** Is this something that the government might be interested in, in terms of providing extra training and upskilling for people with disability? Would that be something that you would consider?

**Ms Davidson:** You are talking about a solution, and I am not sure what the question is, regarding what the training and upskilling would be aiming to answer. In terms of understanding how that training and upskilling would change the experience for people with disability who are working in the directorate, we would want to identify what it is that we are trying to improve first, before we commit to exactly how we would improve it.

**MR MILLIGAN:** Does the department partner with any outside providers or employment agencies that have people with disability? Has the government approached them to say, “There are positions coming up; do you have personnel that might be interested in applying for these roles”?

**Ms Davidson:** That is potentially a question that is better directed towards CMTEDD, through whole of ACT public service recruitment programs.

**Ms Rule:** I have just had a quick look, while we have been talking about this, at the *State of the service report*. The proportion of people who identify as people with disability across the ACT public service is around three per cent. The Community Services Directorate, at five per cent, tracks slightly above that. But it does not mean that we should not be aiming to get that number higher.

**MR MILLIGAN:** Do we know what the federal government’s percentage or target is?

**Ms Davidson:** I know there is a lot of variation between agencies and departments because each of them is quite different.

**Ms Rule:** I know, from being a former employee there, that the target in the Department of Social Services—most equivalent to CSD—was five per cent.

**MR MILLIGAN:** Do you know how the ACT compares with other states and territories?

**Ms Rule:** No, I cannot answer that question; I do not know.

**THE CHAIR:** I was hoping the committee could get an update on the Disability Justice Strategy and the development of a second action plan.

**Ms Dunne:** The third annual report has recently been published. We are currently reviewing the success of the strategy to date. There is a lot of work going on around consultation, review of actions, outcomes and that kind of thing. We are hoping to have that done in the next couple of months. The information that is in the annual report is what we have done so far, and it is about having a good, close look at what has happened and preparing for the next four-year action plan.

**THE CHAIR:** Are there items from the first action plan that were not finalised or completed that will be transitioned to a second action plan?

**Ms Dunne:** No. My understanding is that all of the actions were completed. It may well be that those actions need to be continued. The evaluation of the effectiveness of the outcomes will be really important to us when we consider what we invest in, in the next four-year plan.

**MS LAWDER:** In the section of the annual report on page 60, talking about the Disability Justice Strategy, it mentions the better practice guide on interactions with people with disability, designed to help members of ACT Policing identify when a person may have a disability. There have been some complaints from constituents of

perhaps an inappropriate response from police, especially relating to people with autism. Are you aware of any of these complaints from people with disability generally?

**Ms Rule:** That is actually a question for ACT Policing. Our role has been to provide input into the better practice guide, but the implementation and use of that better practice guide in that context is a question for ACT Policing.

**MS LAWDER:** It was mentioned in your annual report; that was all. I thought you might know a bit more about it. It also talks about Child and Youth Protection Services and Bimberi Youth Justice Centre being better supported to identify reasonable adjustments. Is that a question for Child and Youth as well, rather than here?

**Ms Davidson:** You have the Minister for Justice Health in front of you. The officials for the youth justice area appeared in yesterday's hearing, so we may have to take the question on notice.

**MS LAWDER:** That is all right; take it on notice.

**Ms Rule:** Child protection is appearing next week, so we can also have those officials at the table. Yes, it has been a guide that we have developed and made our staff in Bimberi, as an example, aware of. They are deploying into their practice building a better awareness of the impact of disability on the young people in Bimberi. I think we talked about some of the trials that are underway in Bimberi around screening tools, use of liaison officers and the like. Those things that have been committed to in Australia have certainly been deployed into Bimberi and in child protection practice.

**MR DAVIS:** Minister, it feels as if the pandemic is over for many of us, but I have been contacted by a number of constituents who are persons with a disability, immunocompromised people or older people, all of whom are wrapped up in the portfolio of responsibilities that you have. I would be interested in getting a better idea about how, as we transition post COVID, with the virus still out there, we are supporting some of our most vulnerable to continue to get through and feel as though they can continue to access community and business services safely.

**Ms Davidson:** Absolutely. One of the difficulties that people have had over the last couple of years, as the public health regulations changed, has been getting information that is accurate and accessible to them, to understand how, in the constantly changing environment that we are in, they can protect those people who are most at risk around them or themselves. That has been the challenge.

That is why our Office for Disability and CSD have been working closely with Health to make sure that the information that is going out is accessible and easier to understand, so that people can apply it to their own situation. I will pass to Catherine Rule, who can talk some more about how that communications work has been going.

Where there are gaps in what the commonwealth has been able to provide people with access to, in terms of rapid antigen tests, PPE and things like that, over the last couple of years, the ACT government has stepped up and made sure that disability care and



aged-care in-home workers have had access to the things that they need to deliver care safely, so that people do not feel that they need to make a choice between accessing the services that keep them well and supported and protecting themselves from COVID, and that we can have COVID-safe care at home. We have continued to make that available to people on request.

We are finding that, as things have gone on, the sector is now very well trained in how to use PPE well, and access to RATs and to PPE is not as difficult as it was, say, a year or a year and a half ago. But we are continuing to provide support to people. Communication has been really key for people in knowing how they can stay protected, and making sure that it is tailored for their needs.

**Ms Rule:** We have been very conscious of the impact on the disability community as public health measures have started to wind back. It has been the subject of conversation with our colleagues in the Health Directorate as decisions have been made to ease health restrictions. Certainly, the impact on vulnerable communities, including the disability community, has been a consideration. As the minister has reflected, much of what we have done has been to ensure effective communication—what is happening when, and what additional supports may be provided.

As the minister said, there are things like ongoing access to rapid antigen tests, and the type of information that is available from both the commonwealth and us in the ACT. For example, on the Health Directorate website there is a checklist, if you like, for disability support accommodation providers of the types of things they might need to consider. We are making sure that people have access to the right kind of hotlines and all of those things. We are continuing to encourage vaccination amongst both the disability community and people who work with people with disability.

From what we are hearing from some parts of the disability community, people with disability have become quite adept at managing those risks for themselves. It may mean that people are choosing not to be out in the big, wide world as quickly or as often as perhaps the rest of us are able to, but we are trying to allow people to make as informed choices as they can about those things, as the situation evolves around them.

The other mechanism that has been highly effective for us is our Disability Reference Group. They are very active in communicating with the communities that they represent. They have been a fantastic conduit for us, in terms of both pushing information out and telling us what issues are out there and what things are worrying the community, so that we can do our best to respond to those.

We are very conscious of it, and that there is an impact. We do know that people with disability have made an active choice to be slower at reintegrating into a post-COVID world than other population groups may have done.

**Ms Davidson:** It is important, too, that we have those good, close working relationships with the NGOs that quite often are working with people who are most at risk in our community. Being able to hear from them, and being able to provide good information to them that they can then share with the community, has been really helpful in getting to some groups in the community who might otherwise have missed things because they do not use social media and they are not watching TV news. They

might not have as much awareness about how things are changing. But they are talking to the organisations that provide them with services and support.

**MR DAVIS:** Can I get a bit more information about the Disability Reference Group? How regularly do they meet and who is represented on that group?

**Ms Dunne:** There are about 18 people represented on the group. Meetings are six-weekly, from memory. The chair of that group is extremely active in the community and has done a really good job in bringing everyone together, not only to support the co-design and development of the Disability Strategy but also during the height of the COVID pandemic, to make sure that communications were well designed and that feedback was received in CSD, and that the issues of concern were well taken care of.

I can take on notice, if you like, the names and the composition of the DRG, and give you a bit more information in that way.

**Ms Davidson:** It is a very intersectional group. We have members of the DRG who identify as being part of the LGBTIQ community, and as Aboriginal and Torres Strait Islander. There is a diverse range of lived experience of disability amongst those members, and people with caring responsibilities as well. It is a diverse membership that also reflects the diversity of people with disability in our broader community.

**Ms Rule:** Rather than taking that question on notice, if you google “Disability Reference Group”, it will bring up our webpage, with all of the members and their bios, as well as a bit of information about the work that the Reference Group does.

**MR DAVIS:** I promise I know how to google; I was going to get you to give them a shout-out, but that is fine. I would like a tangible example of where the DRG has informed government decision-making, particularly during the pandemic, or where we might have been intent on taking a different direction, but, because of the DRG, we went in a different direction.

**Ms Davidson:** Absolutely. I talk to members of the DRG frequently. I always make sure that I have a conversation with DRG members before things like disability ministers meetings. Also, throughout the last couple of years, and while having to participate in government decision-making around how to respond to the evolving COVID situation, being able to check in with DRG members before going into those conversations has been really important. It has allowed me to make sure that I have an awareness of the kind of issues that the broader disability community are bringing to that group, and that I am hearing about it before decisions are being made.

I have also made sure that DRG members have come with me when I have appeared at federal parliament inquiry hearings, to be able to speak from their own experience about how those issues with the NDIS are impacting on them.

**Ms Rule:** I can give you a very specific and really important example on which the DRG helped us out at very short notice. We have been having lots of discussions for quite some time about issues with getting people with disability discharged from hospital. They often linger in hospital while we wait to find the right place to

discharge them to. That has been exacerbated during COVID.

There has been a conversation happening with the commonwealth, with health ministers and with disability ministers across all jurisdictions, about how we can expedite that process to make sure that people with disability can access hospital services and then be appropriately discharged into the right kind of accommodation.

At the request of national cabinet for input into this issue, we convened the DRG with a day's notice. With respect to the ideas that they brought to the table, it is all very well for bureaucrats to sit around the table and say, "If we knew who they were, the system's going to respond; blah, blah, blah," It was much more tangible than that. It was about, "I need to know when I'm going to get discharged; if you tell me when, I can work on where I need to go." Getting into hospital was a problem, because hospitals are not very disability literate. There were some very specific things that were more than just about how systems worked together.

Their input was fantastic. It went into the ACT's contribution to a paper to national cabinet. The discussion is ongoing, but a series of actions were agreed by ministers across the commonwealth and the states and territories to expedite those issues, and some of those included issues raised by our DRG.

**MR MILLIGAN:** As I understand it, the ACT has some of the lowest testing and diagnosis rates for autism in Australia. Is the government looking at the reasons behind this and what extra supports need to be given to the community to lift that, or what some of the barriers are for parents?

**Ms Davidson:** When it comes to healthcare diagnosis, you are probably best directing those questions to the Minister for Health.

**MR MILLIGAN:** Even if it is purely focused on disability service providers and people out in the community that specialise in disability?

**Ms Davidson:** There are certainly conversations that we have around making sure that the child development service is able to meet people's needs. We talked about that a little earlier today. In terms of healthcare diagnosis, your questions are probably best directed to the Health hearing.

**Ms Rule:** A diagnosis of autism requires allied health professional expertise. Therefore that is an issue for the Health portfolio.

**THE CHAIR:** We might draw things to a close. Do we need to change over officials for the next part of the hearing?

**Ms Rule:** Some, yes.

**THE CHAIR:** On behalf of the committee, I thank the Minister for Disability and officials for their attendance today. If witnesses have taken any questions on notice, could you please provide answers to the secretariat within five working days?

**Short suspension.**

**THE CHAIR:** We will now hear again from Ms Davidson, in her capacity as the Minister for Veterans and Seniors. When taking a question on notice, it would be useful if witnesses used these words, “I will take that as a question taken on notice.” When officials speak for the first time, could you acknowledge the privilege statement that is on the table in front of you?

I will lead off with questions. Minister, Queensland recently celebrated Queensland War Widows Day for the first time. Is the ACT government considering such a commemoration in the ACT?

**Ms Davidson:** I recently wrote back to war widows in the ACT to let them know that this is something I would like to discuss with my cabinet colleagues, to see what is the best way that we can support war widows day in the ACT in future. I expect that we will be having those conversations, probably sometime next year.

**MR DAVIS:** Minister, there has been a lot of reporting and public commentary on the Royal Commission into Defence and Veteran Suicide. Can you talk me through what supports the ACT government has been providing to the veterans community, in particular in responding to the public conversation around that royal commission?

**Ms Davidson:** We have a really diverse group of veterans in the ACT, so their mental health support needs will be quite diverse in the ACT compared to other jurisdictions. We do know that this is an area where we are expecting that there will be recommendations that we will need to work on in the ACT. It is something that we will continue to talk about at the Veterans Wellbeing Task Force meetings of all of the state and federal ministers.

There are a range of services that we provide in the ACT specifically for veterans. That includes having a veteran liaison officer at the Canberra Hospital. The feedback that I have heard from veterans who have been able to access that support at Canberra Hospital has been really positive. They appreciate the support in navigating some complex systems within DVA. That has made a real difference to them.

We also provide inpatient psychiatric care through the Calvary private hospital. We provide that for free, for veterans in the ACT. There is also a veterans’ lounge at Canberra Hospital, which is appreciated by those veterans I have spoken to who have been able to make use of that.

In terms of mental health services in the ACT, making sure that all of our mental health services are accessible for people, including veterans and people who might be experiencing things like complex PTSD, is important. We are always looking at ways that we can make that better. It is really helpful to have services like the Safe Haven, which started recently in Belconnen. It is another service that people can go to where you do not necessarily have to identify as a veteran, but, if you are someone who is experiencing distress, you can walk in the door from 3.30 until 10 pm, Tuesday to Saturday, and there is someone there who can sit with you and help you to work through how to manage how you are feeling right now, and understand what other services you might be able to get access to in the ACT. That is really important for people.

In terms of understanding our veterans community in the ACT, having the recent release of census data that includes what is happening for veterans has been helpful. From that we have learned that the ACT has a high concentration of veterans here, compared to other cities around Australia. We have 5.98 per cent of people aged 15 and older who have either served in the past or are currently serving in the ADF. This is quite a bit higher than the national average of only 2.8 per cent, by comparison. This means we have 11.2 per cent of households in the ACT who have a veteran, compared to 5.3 per cent nationally. That is a really high number.

Within that, there is quite a lot of diversity. We have serving members, post-service members and their families. Sometimes it is actually family members who might need mental health support, particularly if we are talking about young people who have been moving around quite a lot throughout their childhood; they might need some services. It is about making sure that they can get access to those.

We also have probably the most even ratio of serving to previously serving veterans compared to other states and territories. We have a really high proportion of DVA clients in the ACT. We have 52.6 per cent, compared to 40 per cent nationally. That is why it is so important, when we are looking at our mental health services, that we understand the diversity of mental health needs that our veterans community would be experiencing here, as well as their families.

**MR DAVIS:** Minister, in the context of the Royal Commission into Defence and Veteran Suicide, and hearing those figures from you that we have the highest proportion of veterans anywhere in the country, this royal commission will have recommendations, and it would appear that the implementation of those recommendations may have a disproportionately high impact on our budget, in terms of being able to deliver some of those things—depending on what they are, of course, relative to those numbers that you cited. Have we done any planning to consider what that might mean once the royal commission tables its report?

**Ms Davidson:** This is one of the benefits of being the minister with responsibility for veterans, mental health and disability, and the minister with responsibility for carers. All of these things are interconnected, so I think it helps to be able to think about those things in an interconnected way.

I did have some conversations with the royal commission chairs earlier in the process, when they were starting to think about what kind of recommendations might be needed around mental health. It was really important to hear about some of that at an earlier stage, while knowing that the ACT is already thinking about how we can have better integrated mental health care, and how we can make sure that we have more services like Safe Haven that people can go into when they are experiencing distress, and services that they can get access to for earlier intervention. We are on the right track in that regard.

Things like our step-up, step-down services are also important for people who experience conditions like complex PTSD, where things do go up and down over a period of time. You might find that you need to step up into a higher level of care,

which might include a residential stay, but you are not yet at the stage where you need an inpatient stay in a mental health facility. Having all of these things in place in the ACT puts us in a good position. It is about how we make sure that the services we are providing are providing the right support for the veterans' experience. That is a really interesting piece of work for us to get into.

**MS LAWDER:** Minister, I want to ask about the Age-Friendly City Plan 2020-24. There are 33 actions in it. In the annual report, on page 48, two are on hold. Can you talk about which ones they are and why they are on hold?

**Ms Davidson:** I will pass to Christine Murray, who can talk to you about those two actions that are on hold.

**Ms Murray:** Thanks very much for the question. Most recently, I have had responsibility for seniors and veterans. As you have indicated, with the Age-Friendly City Plan, we have predominantly implemented all of the actions and activities throughout the program. Obviously, with COVID, there was an intersection where some things were not progressed. We have been able to pursue most things, since the last time we had a conversation on this particular topic.

**MS LAWDER:** I know. I have a copy of it in front of me. I was just asking about the two that are on hold, specifically.

**Ms Murray:** The tricky one was working with businesses regarding the employment of older Canberrans. That is certainly something that we will continue to do. But for the period of time of COVID, it was not the right time or place to commence that. Our focus was on looking at the primary objective of supporting local businesses and creating those connections. The next one is the nature prescriptions program. That is currently on hold as well, for similar reasons. They have not ceased; we continue to work on those.

**MS LAWDER:** Which one was that?

**Ms Murray:** The prescriptions program.

**Ms Davidson:** Nature prescriptions.

**MS LAWDER:** And there is one that has not yet begun. Which one was that, and why hasn't it yet begun?

**Ms Murray:** Again, we will continue to progress all of them, but the ones that were impacted were impacted on the basis that it was not the right time. We heard, loud and clear, from our seniors community that they were not prepared to engage in some of these processes during COVID. Now that COVID is in a different space and place—

**MS LAWDER:** I am talking about three things: two that are on hold and one that has not yet progressed.

**Ms Murray:** Yes. With the working with business re-employment for older Canberrans, I have explained that that is in relation to COVID. The nature

prescriptions program is also on hold. Both of those are on hold in relation to the impacts of COVID. We are pushing towards the implementation of those now. The seniors community have spoken to us and said that they are ready for us to continue to engage.

I will need to double-check—maybe I could come back towards the end of the hearing—and confirm the one that has not yet started.

**MS LAWDER:** It is on page 48 of your annual report.

**Ms Davidson:** If you are interested in things like the nature prescriptions program, I do not know whether you have already had the hearing for the Minister for the Environment, but it would be worthwhile asking her about volunteering in that wellbeing space. I know that a really good program has been run that will help us to better understand that nature prescriptions work in future.

**MS LAWDER:** On the Age-Friendly City Plan, can you tell me a little more about the access to the Fitness to Drive Medical Clinic?

**Ms Davidson:** Before I pass to Christine Murray, who can talk some more about that, some of the feedback that we have been hearing recently is that people's fitness to drive has been quite impacted by the level of social isolation that people have experienced during COVID. People who were going out and about in the community more regularly found themselves staying home a lot more. That has had an impact on how much driving they have done recently and their confidence in being able to get back to being able to do that.

It is a good demonstration of why we appreciate the advice that we get from our Ministerial Advisory Council on Ageing and COTA ACT, in helping us to understand what people have been experiencing. I will pass to Christine Murray, who can talk about the fitness to drive program.

**Ms Murray:** Could I move back and provide some additional information in relation to the question that you asked previously? I refer, in relation to developing indicators, to our wellbeing indicator team, which considers the best way that we can understand and report on the experience of older Canberrans and how we feed into that domain and indicator space. That is the other body.

With the Fitness to Drive Medical Clinic, as we know, there are additional medical requirements necessarily as you age. This is a clinic which is focused on helping to assess your ability and fitness to drive a motor vehicle. We are working really strongly with COTA, and we are looking to launch a booklet for older drivers as well, to re-familiarise, because we know that many of our older community have done less driving and less activity during the COVID period. COTA is doing some really good work in this space to relaunch a booklet.

**MS LAWDER:** Is this a private medical clinic? Is it assessing eyesight and reaction time or is it helping and supporting, and perhaps training, people to get back to driving after COVID?

**Ms Murray:** The first step in the process is actually a registered nurse assessment. It is an opportunity for a conversation with someone about the things that you are potentially nervous or concerned about, and how we can offer support. It goes on to consultation with a doctor on maybe some of those medical things on which you need to go into detail.

I know I have walked this journey with my own father. It is about having someone who understands and is supportive of older people, who can answer questions and actually understands the desire to maintain independence. It was actually funded by a grants program for COTA, as part of the Road Safety Education Strategy.

**MS LAWDER:** Also, on the age-friendly city items, in the budget there was continued funding for the flexible bus transport services for Canberrans aged 70-plus. Will that remain a free service into the foreseeable future?

**Ms Davidson:** We are continuing to fund that flexible bus service for people 70 years or older, or for people who are on a disability support pension. Is there anything specific that you want to know about it?

**MS LAWDER:** Yes. Will it remain free, or is there a fee charged already?

**Ms Rule:** That is a question for Transport Canberra and City Services.

**MS LAWDER:** It is on an age-friendly city handout.

**Ms Rule:** It is part of the plan, but we are not responsible for the implementation. We put together the plan. We facilitate the reporting across ACT public service, but the provision of the individual program sits with different directorates, and access to the bus network or public transport network is one for Transport Canberra.

**THE CHAIR:** How are individuals selected to be part of the Ministerial Advisory Council for Veterans and their Families?

**Ms Rule:** I can make some opening comments and then throw to Ms Murray. In accordance with the government's policy position around those being merit-based processes that are then appointed by government, it is the same for that council. We would call for applications, if you like, for vacancies to that committee and then put those before government for decision.

**THE CHAIR:** Are there currently vacancies?

**Ms Murray:** I would probably need to take on notice whether there were currently vacancies. Certainly, we go out on a regular basis, it is public and it is promoted quite broadly through a variety of channels and quite openly. We do get good numbers of applications in, and we follow our guidelines with a really robust merit selection. I have confirmation that there are currently 12 members, and no current vacancies.

**Ms Davidson:** It is worth noting, too, with that particular advisory council, because people might post in and out of Canberra, you might have vacancies from time to time, whereas maybe you would not have those at the same time for other advisory councils.



**THE CHAIR:** Can you give me a ballpark figure of how much interest there is, in terms of the number of applicants for the council? Are we looking at a handful, a dozen or 100?

**Ms Davidson:** When you look at the diversity of experience that the members of the advisory council have, it is a good reflection of how much interest there has been in the community in participating in that council. It includes veterans' families, as well as veterans themselves. We have serving and past serving members. We have people across a range of ages across all the services, and with really diverse experience while in service as well.

That is a really good reflection of the diversity of veterans and their families within the Canberra community. You only actually get that kind of diversity ending up on the council if you have a really good, robust process to find the right people, and lots of interest in the community in participating.

**THE CHAIR:** Do we have a ballpark figure?

**Ms Murray:** It is a handful. With the veterans and their families advisory council, we are currently open for observer roles as well. We have working groups that sit underneath it. There is enough interest to warrant those people coming in, in an observer space.

**MR DAVIS:** Minister, with the data that you referred to earlier, when you spelled out the figures of how many veterans there are in Canberra relative to other jurisdictions in Australia, it reminded me that you have been a pretty strong advocate for a veterans wellbeing centre. Can you provide the committee with an update on what has been happening in that space since the last time we spoke? Are we getting any closer to having a veterans wellbeing centre?

**Ms Davidson:** There have been some really good conversations about a veterans wellbeing centre or a veterans and their families hub in Canberra or Queanbeyan. I am looking forward to having a conversation with Minister McBain in the next couple of weeks about what this might mean for our region.

One of the useful things that came out of that census data was an understanding of how many veterans and their families we have, both in the ACT and in surrounding New South Wales. When you build a place like this, it ends up being used across borders. People who live in Queanbeyan will not go all the way to Nowra, for example; they will want to access one in Canberra. With people who are in Canberra, if there is one in Queanbeyan, they will be crossing the border and wanting to use the one that is geographically easiest for them to access.

It is important that, regardless of which side of the border that kind of facility is on, it is able to service the needs on both sides. We know that we have a similar number of veterans in Queanbeyan as we have in Gungahlin, for example. So it is helpful for us to understand where people are located.

It is also important that the process for setting up something like this takes into

account the perspectives of the diverse ex-serving organisations that we have in the region who are providing services around employment, education support, health and wellbeing, and connection for people. Some people are just looking for a place where they can walk in the door, sit down and have a coffee with someone, and find out what is going on and what they can get access to, as well as providing support for things like going through the DVA paperwork processes.

A large number of organisations would want to make use of that kind of space, and being able to go through a process where we hear all of their perspectives is very important. While this is something that the commonwealth would be doing, I am speaking regularly, every chance that I have, with our commonwealth representatives to make sure that they understand how diverse our veterans community in the ACT is, and that we would really like them to be able to hear from all of those organisations.

**MR DAVIS:** Minister, in the absence of having a veterans wellbeing centre, I note that the government has awarded over \$30,000 in grants recently to support the veterans community. Can you give us more information on what kind of programs and services those grants are intended to provide?

**Ms Davidson:** I might pass to Christine again, to give the detail. Those grants programs are an important way of demonstrating what a community-led government-supported recovery from COVID can look like. A lot of our older people and our veterans went through extended periods of social isolation over the last couple of years. These kinds of grants programs allow those smaller community groups to be able to provide opportunities for people to participate in all sorts of activities that will get them out and reconnected with the people that they want to see.

That includes things like the Cuppacumbalong Foundation, who ran a blacksmithing course for veterans and their families. The Vietnam Veterans Motorcycle Club, whose clubhouse is actually across the border in Queanbeyan, is an ACT federal chapter, and receives support through that program. They are one of those organisations I was talking about earlier, where people can just drop in, have a coffee, get reconnected with people who understand their experience, and find out what else they might want to be able to get connected to. I will pass to Christine, who can talk more about the grants program.

**Ms Murray:** The grants program is a really good opportunity for organisations to identify a need and respond to that need. Equally, we are seeing that there is a lot of response to post-COVID need, as the minister has indicated.

One of the examples of that is the Total and Permanently Incapacitated Ex-Servicemen and Women Association, which is running social bus trips. The need that they have identified was the need to deliberately create that connection between people who had not necessarily had the same social connection over a period of time, in a safe, supportive and understanding environment. The social bus trips have made a huge difference.

With respect to COTA, we funded a program which is to extend the current seniors expo and events to look at connecting veterans to seniors information as well. Again, it is an innovation and an opportunity to expand a program that is funded through the

grants process.

One that I have heard amazing things about is Frontline Yoga Inc. It is supporting the training of veterans in trauma-aware yoga. That is teaching veterans to participate in yoga and lead yoga courses and mindfulness courses, which I think we can all understand is a really positive thing. The South Canberra Veterans Shed Inc is another one where it is an opportunity for people to get out and be involved, and work alongside other veterans who understand, in a safe and supportive way.

We spent about \$46,000 last year on a variety of different grants processes, and all of them were specifically targeted. It allowed for innovation, post COVID, to meet the needs of veterans and their families, where they are at.

**MR DAVIS:** With that \$46,000—I must have my figures wrong—was this grant program originally appropriated for \$30,000 and we found a bit more to meet demand? Where would I find the \$30,000 figure, when I scroll through the annual reports?

**Ms Murray:** Potentially, there are multiple rounds in a year.

**MR DAVIS:** That makes sense. In terms of those rounds, how many different organisations did we give money to and how many applied? I am interested in what demand we were not able to meet.

**Ms Murray:** In the veteran space, because it is a relatively new grants program, I would say that there is not significant unmet need. It is probably operating largely for those applications that meet the criteria. It is probably still operating within that funding bucket.

**MS LAWDER:** Minister, in July you wrote to me saying there was a planned upcoming review of the ACT Seniors Card program. Has that review commenced?

**Ms Davidson:** Yes. The Seniors Card program, which is administered by COTA ACT, will be having a review process. Christine can talk you through where the review process is up to at the moment.

**Ms Murray:** Again, it was delayed slightly with the time frames, but it certainly has commenced, and we are in the process of doing that review. We have engaged someone to support us through that process. We are working with COTA, and it has commenced.

**MS LAWDER:** Do you have a completion date in mind or an elapsed time? Is it six months that you are planning to take for the review, a year or one month?

**Ms Murray:** We are looking to complete that by March next year. That is what we are aiming to do.

**MS LAWDER:** Will that be publicly available?

**Ms Murray:** The review? I am not sure. I would need to let the minister answer.

**Ms Davidson:** I expect that, once we have the review completed, we will then need to have a conversation around what actions might need to be taken. We need to wait and see what the review finds first.

**MS LAWDER:** What prompted the review? Does it happen every year or every five years?

**Ms Davidson:** It is a normal, healthy process to review programs regularly and make sure that they are still meeting their objectives, whether those objectives have changed over time and whether there are things we can do differently. Particularly, after everything that we learnt through COVID and services going online over the last couple of years, I expect that there will be things that we have learned as part of that process that we might want to incorporate into how we deliver those things in future.

**MS LAWDER:** That was the catalyst for the review?

**Ms Rule:** It is based on two things. One is feedback from COTA about some of the challenges with administering a program like this, and the other one is the demand. We are looking at making sure that COTA, or whoever the service provider is, is best resourced to be able to successfully deliver the program and that we can meet the demand for the program in a timely manner. As the minister said, it is good practice to implement a program and, once you have implemented it, review the lessons learnt and adjust as you go.

**MS LAWDER:** Has there previously been a review, five years ago or—

**Ms Rule:** Not that I am aware of.

**Ms Murray:** It was some time ago.

**MS LAWDER:** Are you able to take that on notice and let me know when the most recent review was?

**Ms Murray:** Back in 2007 was the last review that I am aware of, so it is timely for there to be a review.

**MS LAWDER:** Will the review include comparing the ACT's Seniors Card program and benefits to other jurisdictions?

**Ms Rule:** We have already done some of that work. We have done, internally in CSD, a desktop review of what happens in other jurisdictions. We compare pretty favourably in terms of the types of discounts that are offered on the ACT Seniors Card. Of course, there are always other options, but we have already done some of that work to compare ourselves to other jurisdictions.

**MS LAWDER:** One I hear about a bit is the Opal card, which has almost gone now, in New South Wales. Have there been any changes more recently with respect to ACT seniors travelling in New South Wales and using their ACT Seniors Card?

**Ms Murray:** Not to my knowledge.

**MR DAVIS:** Minister, you will probably say to me, “That needs to go somewhere else,” but stay with me. Footpath maintenance: I have been a member for two years. When I go through my inbox and when I meet with people in Tuggeranong who are concerned about footpath maintenance, it is always older Canberrans and senior citizens. In your role as minister for seniors, have there been any conversations with TCCS or Minister Steel about some of the acute challenges that suburban infrastructure maintenance has, particularly for older people?

**Ms Davidson:** The Age-Friendly Suburbs Program continues to roll out footpath upgrades across Canberra. In working out exactly where they will do those upgrades, they do take into account the demographics of different parts of Canberra, and areas where there might be quite old infrastructure and there are also a lot of people who might have higher mobility needs in association with their age. That work is continuing to be rolled out. I refer to Reid, Scullin and Chifley. I cannot remember the other suburb off the top of my head. If I were to ask Christine Murray, she would know the suburbs where footpath infrastructure is currently being rolled out.

That program is continuing over a period of time. As you can imagine, it is not just a case of how much money there is in the bucket; it is about the workload of the maintenance workers to be able to get all of that done. You cannot do the city in one hit. It does take some time, and we are trying to prioritise those areas that are older suburbs and have a higher proportion of older people living there.

**Ms Murray:** Just to confirm, the suburbs are Reid, Scullin, O’Connor and Chifley. Obviously, this is a TCCS priority.

**MR DAVIS:** Of course. I am actually surprised that it was so well answered, given it is a TCCS program.

**Ms Davidson:** TCCS have had a really enormous workload over the course of the last couple of years. There is not just the continual need to do those footpath upgrades and things like that; they have also had to contend with things that they could not have predicted and were not expecting, such as the impact of the 2019-20 fires and what that did to our urban infrastructure, and things like the supercell storm in January and the clean-up from that, with a number of trees down that they had to deal with. It has been quite an enormous workload. To see how much they have been able to get done, despite all of that, and that they are continuing to do those footpath infrastructure upgrades, shows the commitment to that Age-Friendly Suburbs Program.

**MS LAWDER:** The upgrades of Reid, Scullin, Chifley and O’Connor were promised by Labor for the 2020 election as an upgrade of the Age-Friendly Suburbs Program. In the previous parliamentary term, there were 12 suburbs with footpath upgrades, as part of the Age-Friendly City Program. Why does it look like there will only be four suburbs done over this four-year term compared to 12 in the previous term?

**Ms Davidson:** The process for selecting which suburbs need an upgrade and how extensive those works are is probably best directed to TCCS, to understand the detail of how much work is involved. A number of suburbs comparison may not be—

**MS LAWDER:** I was referring to your previous answer, where you said there was so much work, and you were absolutely right—the bushfire, smoke, the supercell and all of those things. However, this promise was made before those things occurred and it was only the four suburbs. So you were able to answer the previous question—

**Ms Davidson:** We are continuing to roll out those upgrades, despite the fact that we had things like the supercell storm, and we have had the ongoing impacts on the workforce of COVID quarantine and what that has done to every industry in Canberra, including people who work in TCCS. We have continued to work on those infrastructure upgrades which we committed to.

**MS LAWDER:** There were 12 in one set of four years, and now only four. That is my question. Why are we scaling back the rolling out of the Age-Friendly Suburbs Program?

**Ms Davidson:** I do not necessarily think that, when you are comparing the number of suburbs to another number of suburbs, that will give you an understanding of the total workload involved. As I was saying, some of these suburbs are older suburbs and need a lot of infrastructure upgrades. You are probably best to direct that question to TCCS, about how much work is involved and how they select which suburbs.

**MS LAWDER:** Again, on age-friendly suburbs—this could be for TCCS—there was a workshop earlier this week with community groups on the Age-Friendly Suburbs Program. Is this the right directorate to ask about it?

**Ms Davidson:** Yes.

**MS LAWDER:** Some of the feedback I have was that most or many of the people attending had never even heard about the Age-Friendly Suburbs Plan. What outreach do you do? Do you do it with organisations? How do you reach individuals all over Canberra about the Age-Friendly Suburbs Program and how they may have input into it?

**Ms Davidson:** I thought you were talking about the Age-Friendly City Plan governance workshop that was held, which is a different meeting. If you are talking about a TCCS-specific one, you would best direct it there.

**MS LAWDER:** There was a trial done by Access Canberra so that older people could make an appointment to go there. Has that trial ended? I think I had heard that now you can only go by appointment.

**Ms Rule:** That is a question for Access Canberra.

**MS LAWDER:** I thought it was specifically directed at seniors; that was all.

**Ms Rule:** It is specifically directed at seniors, but the detail of that trial, the evaluation of that trial and subsequent decisions from that trial are matters for Access Canberra.

**MS LAWDER:** I suspect this will be for a different directorate.

**THE CHAIR:** Try your best; see how you go.

**MS LAWDER:** I will give it a go.

**Ms Davidson:** Have a crack.

**MR DAVIS:** I started something here; it is my fault.

**MS LAWDER:** Young people in nursing homes: do we have any in the ACT?

**Ms Davidson:** You are talking about people under the age of 65 who have an NDIS plan and are living in residential aged care?

**MS LAWDER:** Yes.

**Ms Davidson:** Yes. The number goes up and down very slightly now and then, but it is around 15 people who are in that situation. Because of our official visitors program for people with disability, they have the right to have the official visitor come and see them, even though they are in residential aged-care facilities. It is important for us to be able to have good, clear communication with the NDIA to understand where those people are who have the right to an OV visit, and make sure that they are being well cared for.

**MS LAWDER:** I thought there was a big push a few years ago to get young people out of nursing homes. I thought that at one point the ACT said that we did not have any young people in nursing homes. Has that changed over the last few years?

**Ms Davidson:** I could not tell you what happened prior to my time here; certainly, we are doing what we can to make sure that people are able to access supports to live as independently as possible. Part of the difficulty for us in having our OVs go and visit people who are living in residential aged care is literally identifying where those people are. That is information that is held by the commonwealth, through the NDIA. Making sure that that information is flowing to us regularly is a key part for us in better understanding the needs of those individuals.

**MS LAWDER:** I am aware that there are some providers who are looking for residential-style accommodation, to put younger onset dementia patients into a home-like setting. Is that your directorate or a different area that would look at assisting them?

**Ms Rule:** It is actually a commonwealth issue. Depending on the type of facility, whether it is disability accommodation or a residential aged-care facility, there are some impacts in the ACT, in terms of decisions around land release development and those sorts of things, which obviously are not CSD questions.

I have worked extensively on this issue from a commonwealth point of view— younger people in residential aged care. With the policy discussion, nationally, there has been a significant decline in the number of younger people in residential aged care, which is fantastic, but there is a much smaller number now of people, some of whom

are actually making an informed and deliberate choice to stay in residential aged care.

For example, I know of one case of an adult child whose mother was in a residential aged-care facility. That was more apartment-style, not a high-needs residential aged-care facility. That man chose, along with his mother, to be in that residential aged-care facility so that they could continue to live together. There are some people who are making deliberate and active choices because that suits their circumstances. But the debate has moved to making sure that if people are making those choices they are truly informed choices and that alternatives are offered, because there are other products on the market that may be more suitable for people's needs.

We do continue to have a small number here in the ACT, but we will continue to work with our colleagues in the NDIS and in aged care to make sure that people have the chance to make an appropriate and informed choice about those matters.

**MS LAWDER:** I am also aware there has been a bit of a push, for example, from the multicultural community and the deaf community, talking about aged care, specific to particular groups. Again, it is largely federal, but is there any role for the ACT government to play in those types of facilities?

**Ms Davidson:** Aged-care facilities are commonwealth regulated. That is probably largely better addressed by them. Certainly, when we have the opportunity to have those conversations with our commonwealth counterparts, we can certainly advocate for a better understanding of the diversity of needs within the ACT and make sure that they are well aware of what it is that the community is looking for.

**MS LAWDER:** I have a question about dementia-friendly events. Again, I note it is part of the Age-Friendly City Plan. One of the items talks about “dementia-friendly spaces, including hosting dementia-friendly events”. We have spoken, Minister, a few times about becoming more dementia-friendly in Canberra as a whole. Firstly, perhaps, on a terminology point, in the Age-Friendly City Plan, it says that it is a whole-of-government action. Unfortunately, it uses the “WOG” term which, federally, caused some offence recently. It is against the style guide; it is usually “WofG”.

**Ms Rule:** We will have a look at that. I am not aware of that quirk, but it is quite possible.

**MS LAWDER:** There was a bit of a kerfuffle federally recently about that—using the term “WOG”.

**Ms Rule:** Right. I understand the sensitivity. We will have a look at that.

**MS LAWDER:** Can you give any update about what work is continuing, from your directorate's perspective—I understand that it goes across directorates—to make Canberra a more dementia-friendly city?

**Ms Davidson:** As we have talked about before, all of the Access Canberra shopfronts have adopted dementia-friendly design. There is ongoing training now for Access Canberra staff, as part of their standard practice. This is not just a one-off thing; it is part of what they do now.



A first-ever dementia-friendly film screening happened in the ACT on Saturday, 22 October at the National Film and Sound Archive. They showed *The Sapphires*, a great movie for that kind of dementia-friendly screening. That was supported by the ACT government as well. I might pass to Christine Murray, who can talk more about dementia-friendly changes that we have made.

**Ms Murray:** Thank you for the question. In addition to the work that we have spoken about a couple of times, the minister has spoken about Access Canberra, which has been really pushing ahead in this space. Recently, the Canberra Museum and Gallery ran a series of hands-on dementia workshops, and it is looking to upgrade access ramps leading to the open collections galleries, and some additional improvements. We got some really good feedback about a creative workshop for people living with dementia and their carers, which was on 12 October this year.

It was very pleasing to see the work that was done at Floriade this year. CSD has been working with Events ACT in the lead-up to Floriade, incorporating dementia-friendly design principles into Floriade. In addition, Floriade designated an hour, Monday to Friday, as a sensory hour. Whilst not specifically dementia-friendly, it was also seen as a positive connection.

With the film screening, approximately 50 people attended that. There was some really positive feedback from that. With respect to some of the things that we did, we had an intermission in the middle of the screening. The lighting was left on to about 25 per cent during the screening. Dementia Australia worked with the National Film and Sound Archive visitor services officers to do some training beforehand. We were also on site for that event, to assist. Also, there was a quiet space that was set aside during the break in the screening. It was really important to use this as a trial and a test, to see how it went. It gives us an opportunity, when we are having conversations with organisations, to say, “These are some of the things that actually work.” It was an opportunity for people who attended that event to feed that back through.

We will continue to work with organisations, with the fixed places and spaces, like Access Canberra and Canberra Museum and Art Gallery, on what the infrastructure should look like. We will also continue to provide advice and support, and absolutely with our strong allies, Dementia Australia, to support events, experiences and broader participation. Hopefully, you will see the fruits of that going forward.

**Ms Davidson:** The other nice thing about that film screening was that it came towards the end of carers week. For carers of people with dementia, it was something that they could enjoy together. It is really important that they are able to return to doing some of the activities that they used to enjoy together.

**MS LAWDER:** You spoke earlier, Minister, about universal design. In the design of new public buildings, will someone take into account dementia-friendly design guidelines—the Canberra Hospital, the Canberra Theatre? How will we incorporate this on an ongoing basis?

**Ms Davidson:** I am glad that you have asked that question. You would have seen that just recently the district plans and Territory Plan have gone out for consultation. One

of the things that I have asked for is that our Ministerial Advisory Council on Ageing are included in the stakeholders for this work, so that we can take that universal design perspective on how we plan our city at that kind of scale.

**MS LAWDER:** Are you confident that it will be incorporated into new ACT government buildings?

**Ms Davidson:** I think that having good robust consultation processes is really key to understanding the diversity of people's needs in our community. So I would very much encourage all of those community organisations as well, who do the advocacy for people with dementia or for people who are ageing in our community, to be putting their views forward as part of this consultation process.

**MS LAWDER:** I am sure they will. But as someone I guess inside the tent will you also be doing that?

**Ms Davidson:** I will certainly be advocating very strongly for universal design across every aspect of planning in our city.

**THE CHAIR:** Thank you Minister Davidson and all officials for your attendance today. If witnesses have taken any questions on notice, could you please provide answers to the secretary within five working days.

**Hearing suspended from 3.24 pm to 3.45 pm.**

Appearances:

Berry, Ms Yvette, Deputy Chief Minister, Minister for Early Childhood Development, Minister for Education and Youth Affairs, Minister for Housing and Suburban Development, Minister for the Prevention of Domestic and Family Violence, Minister for Sport and Recreation and Minister for Women

Community Services Directorate

Rule, Ms Catherine, Director-General

Murray, Ms Christine, Executive Branch Manager, Women, Youth and Multicultural Affairs

**THE CHAIR:** Welcome back to the public hearings of the Standing Committee on Education and Community Inclusion into Annual and Financial Reports 2021-22. In this session we are speaking with the Minister for Women. Could I remind officials that when you speak for the first time, please state your name, the capacity in which you appear and if you could acknowledge the privilege implications. We will not have opening statements. We will lead off with questions.

Minister, I was hoping the committee could get an update on the ACT Women's Plan 2016-26.

**Ms Berry:** Yes. Can you provide an update on that?

**Ms Murray:** Thank you very much for the question. Christine Murray, Executive Branch Manager, Women, Youth and Multicultural Affairs. As we are aware, the women's plan runs over an extended period of time with multiple action plans that sit underneath each plan. We are currently in the process of finalising the actions that sit under the second action plan. Those actions were developed in consultation with the community following a large scale symposium where we had an opportunity to prioritise the remaining actions that sit underneath the broader strategy for the women's strategy. So, as we look to finalise those actions and activities under the second action plan, we are also working closely to develop the third action plan. We will be going out very shortly to reach out for consultation in that space and we are looking forward to creating the third action plan that sits under that broader strategy to make sure we are implementing all of the broad outcomes that were expected within that plan.

**Ms Berry:** I think one of the initiatives the Office for Women had been working on in close collaboration with education was around the Try a Trade and getting more women in trades. The Try a Trade was one of the programs we trialled in the ACT with significant success already, although the program is still in its pilot phase and is not complete yet. It was about giving young females in our high school system a chance to try a trade in construction and then be matched up with an employer in a variety of different trades.

This was for the year 9 and 10 students. We have 108 students who are participating in the process. They have been matched up with another group of employers across a variety of different trades and have started their work experience this month. I cannot recall which week it was but they are doing their work experience this month to trial

those different trades. The excitement and enthusiasm from all of those young people to be part of this and the enthusiasm, excitement and willingness of the employers to be part of this pilot as well, has been what has made this pilot, even though it is not completed yet, so successful.

Obviously the construction industry needs a pipeline. They see this as a pipeline of a workforce who really wants to be there, not just as a second choice or because they have no other option but something they might actually really want to be doing and be passionate about. Trialling it in high school means they can be set and ready to go and begin their apprenticeships or their ASbAs or whatever else they decide to do. Ready for the pipeline of these new workers in the construction industry, which happen to be female. So, it is one of the really exciting parts of the action plan that we have been able to achieve working with a range of different partners, as I said, but including SPARK and NAWIC as well.

**THE CHAIR:** Ms Murray, the third action plan that is currently being consulted on. Is it too late for members of the community to get involved in that process?

**Ms Murray:** Not at all. We are working to progress the consultation and we are heading towards later in November in terms of the opening of the consultation launch. In fact we are utilising the opportunity to showcase some of the amazing programs that the minister has spoken about and we are launching at CIT. So the key deliverables that sit under the third action plan to date that we have worked towards are engagement with our Ministerial Advisory Council and we are working to inform the development of a consultation paper on this. We have also been working with the YWCA in relation to the development of a discussion paper and we are going to really reach out and have a broad engagement across all of ACT government.

So certainly not too late. We are going to go out shortly with a YourSay survey. What we have found in some of our other spaces a guided conversation piece was helpful. So how we go out and support community organisations to have a deeper meaningful conversation with those people who connect in with their service is a really good way of reaching people who would not necessarily participate and reach into a government YourSay survey. We have worked really closely with our key contacts, our key allies, to develop a program of consultation that seeks to reach far and wide in terms of the feedback.

A key focus will be the development of the actions, so actions for us and actions for community. We will be looking to shape the third action plan on the basis of those follow-up actions with a number of focus areas that, as I said, have drawn from the overarching strategy. We will be looking at focussing on health and wellbeing, housing and homelessness, safety and inclusion, leadership and workforce participation and accessible and inclusive services. We are looking at the moment to open consultation towards the end of November and we will carry that all the way through until March 2023 or thereabouts. We really encourage people to participate very strongly to share their views and their experiences and we are trying to design a program that will facilitate or make that accessible for people to participate.

**THE CHAIR:** Wonderful.

**MS CLAY:** I will ask a fresh question on the second action plan. We have the gender pay gap listed in there as at 12.5 per cent. That was back in 2019. Will we have an updated figure on the gender pay gap in the third action plan?

**Ms Murray:** Thank you for the question, Ms Clay. Certainly there has been a lot of conversations and a lot of movement as to the gender pay gap and the measuring of the gender pay gap, and I am sure that you are across and aware of those. Certainly, as I have indicated, the workforce participation is a key focus area for the third action plan. It would be my expectation that we will receive advice—an ongoing analysis of what the gender pay gap is and other really critical women's participation and workforce participation things. I do not want to articulate or I suppose confirm what will be in something that we are opening for consultation but just to really highlight that workforce is a key focus area.

**MS CLAY:** Assuming you will track it, will you be tracking part time gender pay gap and full time gender pay gap, or will you just be looking at aggregated figures?

**Ms Murray:** Again, it is about the information that we will be able to gain access to at both the ACT level and also the whole of jurisdictional level. So if the information is available, we are very interested in exploring and considering all of the information that goes into that gender workforce participation analysis.

**MS CLAY:** Do you not use the ABS statistics?

**Ms Murray:** Yes.

**MS CLAY:** Yes, I was going to say because those figure are in the ABS statistics. The figures we have seen were that the gender pay gap had reached a low point and has risen up again since COVID, which is why we are watching this with concern. I imagine you are too.

**Ms Murray:** We do absolutely watch and monitor that. We work with some really qualified people, I think I have spoken about this before, from the University of Canberra as to advice and looking at the mapping and the modelling that might sit behind that and the impacts of what that data might be telling us.

**MS CLAY:** When will there be an update from your office about whether the gender pay gap is moving in the right direction, whether it has plateaued? When will we get the next update on what that gender pay gap is doing?

**Ms Murray:** We will be utilising that to inform the conversations for the development of the third action plan. We have the second action plan which we will be reporting on. I am just confirming. It is due to come out shortly but then we will also be utilising that information and material in the development of the third action plan.

**MS LAWDER:** With the actions in the second action plan, that is from 2020 to 2022, are there any actions that look like they will not be completed because we are just about at the end of 2020-22?

**Ms Murray:** Thank you very much for the question. Certainly we have progressed and have completed many of those actions already. That was updated through the ministerial statement and there is a current status of the actions on our website at the moment that was released not that long ago. We will always anticipate trying to finalise all of those actions. However, what we do know and what we have learned is that there may be some opportunity in the new third action plan to redefine, rescope and take in a different direction some of those actions through what we have learned through COVID and what we have learned through the development and the work on the second action plan. We will finalise our reporting on all of those actions I think in March next year.

**MS LAWDER:** Is there anything left from the actions from the first action plan that have not yet been completed?

**Ms Murray:** I do not believe so but I can confirm that for you.

**MS LAWDER:** Thanks. If I may, Minister, about the construction industry and some of the work going on there. Possibly not specifically your portfolio but when we have apprenticeships and the school-based apprenticeships there are ACT government staff that go out and support apprentices. Are there any women employed in that area who may be better placed to talk with female apprentices and get a better rapport?

**Ms Berry:** Well, I can talk to the Try a Trade one. The program we have been talking about, the pilot we have been doing with the Office for Women and a range of other partners, has a former concreter I think, maybe she is a brickies labourer. She has been working within the Office for Women to support those 108 young women from school to understand what it is like being a woman working in the trade. I believe there are women employed in the Education Directorate to support the ASbAs or in the Head Start program, which is in the education space but I believe there are women.

**MS LAWDER:** Are you able to take that on notice and check?

**Ms Berry:** I can take that on notice, yes.

**Ms Murray:** Minister, I may be able to assist, if that is okay?

**Ms Berry:** Yes.

**Ms Murray:** In particular, I would like to talk a little bit about the Understanding Building and Construction pilot program. This program is a really strong partnership between the Office for Women, Community Services Directorate and the Education Directorate. It is specifically focused on creating a curriculum and a full support package for women to participate in the building and construction industry. So it is almost the next layer on from the Try a Trade that the minister has spoken about. The Understanding Building and Construction pilot program is absolutely supported by NAWIC. It was one of the actions under the second action plan to implement. It involves women mentors in the Education and the Community Services Directorates and we have an industry program officer, funded to support that in each directorate.

We are working with industry mentors. We have industry at the table and are looking

to ensure we provide training and support for organisations and industry to make sure they are safe and supportive places for women and girls to participate in. That leads on to the Industry Coordination Project. The objective of that project is to coordinate with industry and key stakeholders across government with the whole focus to provide safe and inclusive workplaces in the construction industry, in order to increase women's participation and increase the maintenance of women in this space. So yes—

**Ms Berry:** I think the answer is, there are women all around this—

**Ms Murray:** Yes.

**Ms Berry:** —project. The pilot curriculum was developed with women, girls and gender diverse students, targeted specifically for them in construction. The whole curriculum is designed around that cohort and in close partnership with the National Association of Women in Construction. The focus is very much understanding that women, girls and gender diverse students all need different kind of supports. So that is what the pilot is about. But it is also about bringing the construction industry along for the ride as well. When we were meeting the employers who had volunteered to be part of this program I think there was a fair amount of nervousness amongst some of them because this group of young people are quite young, 14 and 15-year-old women and girls. So they wanted to make sure they were supported and we wanted to support them because we want everybody to have a positive experience so that pipeline does exist and continue. The other part to the program is the curriculum, which is aimed at years 7 and 8 students, so even younger. This is the introduction to building and construction, which is what the curriculum is designed for. So it is quite an exciting project. I think it is the only kind in the country. We have developed this specific curriculum and we will be able to really look at how it worked. We will hear back from the students about their experiences. And importantly we will hear back from the employers as well because we do not want them to have a bad experience and not want to take on these young people as this is their pipeline. It is a pretty exciting project and yes, I am looking forward to seeing how it goes.

**MS LAWDER:** To ACT Women's Safety Grants. There is quite a difference between 2021-22 and the 2020-21 period. There was only one recipient in the 2020-21 period but eight in the 2021-22. Can you tell me why perhaps there was so few one year and quite a jump the second?

**Ms Murray:** To answer that question, a lot of our grants have been impacted by COVID. I know you have heard that answer a lot. We are starting to see more and more people want to participate and step into the space again. Women's safety grants are obviously something we are keen to continue to support and promote as a really important grants process.

**MS LAWDER:** So there was one in the previous year and eight last year. How many applications were there in each of those years?

**Ms Murray:** I would have to take that on notice.

**MS LAWDER:** Thank you. How do you promote those Women's safety grants to

increase awareness of the availability of them?

**Ms Murray:** So we promote this through a variety of channels. We obviously use the social media channels. We work with our key community partners and community organisations, people who you would expect, YWCA, Women's Centre for Health Matters, people who would usually participate.

We also have a number of community newsletters that sit within the Communities Division within CSD that has quite a significant reach through the multicultural communities, the seniors' communities, et cetera. So we promote them through individual direct publications. In terms of the communication strategy, it is at a high level open to everyone, shared through a broad variety of social media messaging, websites, then down to working with the targeted organisations who we think have a reach into this space and then direct information going out through the newsletters. Not just to the women's newsletter but actually more broadly across our reach into the community.

**MS LAWDER:** More generally on women's safety, we failed to achieve the target of 42 per cent of women feeling safe by themselves walking in their neighbourhood during the night. The result was 39 per cent and the target was 42. Can you explain perhaps the reasons why you believe this occurred, that we failed to meet the target?

**Ms Murray:** When I saw the result I was disappointed but I was pleased to see that we have had a slight uptick from the last annual report. I think I have spoken about this before to the committee, this is an area that is an issue across all of Australia. We work hard to not only enhance women's safety but actually the place and space for women more generally within the ACT so we can create a community where they are safe, healthy and equally have an opportunity to represent. Success is measured by a survey done by policing, the National Survey of Community Satisfaction with Policing and it asks the question, "Do you feel safe at night?"

There are a number of initiatives we are working on. I think we spoke about the Women's safety grants and that is one mechanism we utilise to try and support innovation in women's safety and also to promote the need for investment in women's safety. We have also worked really hard with the City Renewal Authority to look at ways we can promote place and space safety and are utilising the city centre as a trial for that.

We also work in collaboration with Women Health Matters. We are going to fund an education program which reinvigorates and brings to life access and awareness of the Women Health Matters Canberra Safety Map which is a really useful tool for those people who use it. I think there is an opportunity for us to further promote it and promote not only people reporting into it but also the utilisation of that material.

We are also working to fund an Active Bystander Campaign. This is something we have worked on with other areas of the portfolio I am responsible for. What do we do if we see something? How do we say something? How do we intervene? I think we know that most Canberrans want to do the right thing but the bystander awareness training really assists in supporting people to know how to, what to say, how to safely intervene.



Another thing I wanted to outline in the second action plan under the women's plan was around those gender sensitive urban design principles. We spoke earlier of a universal design. So it is about how do we integrate gender-sensitive design into the development of public urban spaces and infrastructure. This action is being led by Transport Canberra and City Services. We know and are involved in the active public consultations and that is going to inform the development of those guidelines and their implementation. I think it was not long ago in a similar committee I spoke around how that was fully integrated in some of the major capital works, for example in terms of some of the consultations that have been undertaken by Major Projects on the development of the CIT Campus in Woden, et cetera. It is really exciting to see it taken and being moved into our business as usual.

Women's safety, as I indicated earlier, is one of those major headlines in the third action plan. So it will be a focus and we are really keen to make sure we continue to work together as an ACT so women, men and all people within the ACT take this up as an issue we need to address. I hope that answers the question.

**MS CLAY:** I am interested in the Mindful Motherhood Program. Can I ask you about that?

**Ms Rule:** I do not think that is ours, sorry.

**MS CLAY:** That is for the Health section?

**Ms Rule:** Maybe a Health portfolio program. We are not aware of that one.

**MS CLAY:** You will regret it! You would enjoy that question more than the next one.

**Ms Murray:** Hang on, let me Google it!

**MS CLAY:** We have spoken a lot in here about the gender lens on the budget but I would like to unpick it from a different angle. We have the wellbeing indicators which would probably get us to the same sort of place as our women's statement and gender lens. Can you tell me what happens if a budget bid or a policy gets a wellbeing indicator analysis that is not very positive, what happens next in government? Does cabinet see there has been a negative wellbeing indicator assessment made on that policy decision or that budget decision?

**Ms Rule:** How the wellbeing indicators are applied to budget decision is a matter for Treasury.

**MS CLAY:** Treasury.

**Ms Rule:** And Chief Minister's department who do the wellbeing indicator work.

**MS CLAY:** Your gender lens and your women's statement must surely integrate with the wellbeing indicators?

**Ms Rule:** Yes. We work together to use the gender-based budgeting to inform the

wellbeing indicators.

**Ms Murray:** In fact the assessment tool for the wellbeing indicators is based very similarly on the gender-responsive budgeting.

**MS CLAY:** Are the budget decisions and the policy decisions—I will stick to the gender lens if you would rather—when they get an adverse gender lens assessment, what happens?

**Ms Rule:** I do not know that there is a hard and fast rule. Again, it is probably a question for Treasury but I do not think there is a hard and fast rule that says if it has a negative indicator it cannot go through. But I think it is one of the considerations that would be discussed in either ERC or cabinet in relation to that decision. It is really a question for Treasury. I am just speculating.

**MS CLAY:** But it appears? It is labelled?

**Ms Rule:** Yes. When you put a budget bid in there is information about the wellbeing indicators in every budget business case.

**MS CLAY:** Yes. What are the terms? How is it labelled? Is it labelled as “it meets requirement?” What is the information that is put in with that?

**Ms Rule:** Again, those are all questions for Treasury about how the wellbeing indicators are applied in the budgeting process. I just do not want to give you the wrong information. It is not our portfolio responsibility.

**MS CLAY:** Sure.

**THE CHAIR:** On behalf of the committee, thank you Minister Berry and all officials for your attendance. On behalf of the committee, I would like to thank everyone who appeared today. If witnesses have taken any questions on notice could you please give those answers to the committee support office within five working days of the receipt of the uncorrected proof. Thank you.

**The committee adjourned at 4.14 pm.**