



**LEGISLATIVE ASSEMBLY FOR THE
AUSTRALIAN CAPITAL TERRITORY**

**STANDING COMMITTEE ON EDUCATION
AND COMMUNITY INCLUSION**

(Reference: [Inquiry into Annual and Financial Reports 2022–2023](#))

Members:

**MR M PETERSSON (Chair)
MS N LAWDER (Deputy Chair)**

TRANSCRIPT OF EVIDENCE

CANBERRA

TUESDAY, 21 FEBRUARY 2023

**Secretary to the committee:
Ms K Langham (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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Amended 20 May 2013

The committee met at 9.46 am.

Appearances:

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

Community Services Directorate

Wood, Ms Jo, Deputy Director-General

Stathis, Mr Nick, Executive Branch Manager, Office for Disability, Seniors and Veterans, and Social Recovery, Communities

THE CHAIR: Good morning, and welcome to the public hearing of the Standing Committee on Education and Community Inclusion for its inquiry into annual and financial reports 2022-23. The committee will today examine the annual reports of the Community Services Directorate.

The committee wishes to acknowledge the traditional custodians of the land we are meeting on, the Ngunnawal people. The committee wishes to acknowledge and respect their continuing culture and the contribution they make to the life of the city and this region. We would also like to acknowledge and welcome other Aboriginal and Torres Strait Islander people who may be attending today's event.

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 question on notice." This will help the committee and witnesses to determine questions taken on notice.

We now welcome Ms Emma Davidson, Minister for Disability, and officials. I remind witnesses of the protections and obligations afforded by parliamentary privilege and draw your attention to the privilege statement. Witnesses must tell the truth. Giving false or misleading evidence will be treated as a serious matter and may be considered contempt of the Assembly. Please confirm that you understand the implications of the statement and that you agree to comply with it.. As we have no opening statements, I will lead off with questions. Minister, why does the Integrated Service Response Program require a referral?

Ms Davidson: Thank you for the question. The Integrated Service Response Program is a specialist program that deals with people who have multiple different complex needs. That is not going to be the case for everyone out there that might need support services. I will pass to Jo Wood, who can talk in more detail about the referral process and what steps they go through that help them to deliver a better service. There is some level of information gathering that helps them to know what kinds of services they are going to need as part of that.

Ms Wood: Thank you, Minister. Yes, the program does provide that kind of co-ordination support to connect people with services and to work actively with the

services to support people. There are some considerations about whether people have the right needs to be assisted by the ISRP. Obviously, someone who is in an acute crisis is not in a place where that program can assist. Mr Stathis can speak a little bit more about how they work through those referrals and what things they consider.

Mr Stathis: Yes. The ISRP is for people with crisis. Usually they are quite complex situations, so you will often have people that have multiple requirements for support and need to cut across multiple services. The ISRP brings those services together, including Education and Health. We also often work with the NDIS to get the services that people require from the NDIS. They might not have a case manager, for example, or they might need a different one.

The referral process really is to give us that information around what is required. The form asks those questions, but it also gives permission for us to do that. We do not actually work directly with the clients—a referral comes in to us—so we need permission to work on behalf of the clients with those other agencies to try to get a better result for them.

For example, over the last year we provided, through the ISRP, emergency respite and home support. We helped house a number of children under 16 that needed housing because the parents were having trouble dealing with those children at that time. We funded therapeutic assessments such as functional autism and cognitive assessments. We also helped with a range of other services, including things like headlease agreements.

THE CHAIR: Wonderful. Is there a reason that I could not make a referral, if I came across a constituent who would be well suited to this program?

Mr Stathis: I would have to take that on notice. Usually a participant needs to be either an NDIS participant or eligible to receive the NDIS and have a disability that is long term and will last throughout their lives. That is why a professional needs to make that referral, so, no, you could not make that referral. We would ask that an allied health professional would make that referral.

THE CHAIR: If the directorate became aware of someone in the community that was struggling and in need of these supports, could the directorate make the referral or would they still need to go to one of these outside professionals?

Mr Stathis: We have received referrals from within the Community Services Directorate, from our child protection services, for example. So, yes, that can happen from, like I said, a professional involved in the care of someone.

THE CHAIR: Once a referral is made, how long does it take on average to get assessed?

Mr Stathis: That depends on the workload of the ISRP team of three people. It depends on what sort of workload we have and the complexity of the case. I think it is sort of “how long is a piece of string?” on that one. Sometimes we can have a lot of clients on the books, but we have worked through the case management and we are just supporting them. A lot of the time goes up-front to the assessment process and

bringing those services together, so I cannot really give you an exact time on that. It depends on the list that we have of clients that we are supporting.

Ms Davidson: One of the reasons that the ISRP has had some additional resourcing provided to it over the last couple of years is the complexity of dealing with NDIS bureaucracy. Some people need some more case management help to be able to navigate through all of that and connect up all the different services. The ISRP has been able to help some people who otherwise would have been in real trouble. We are talking about a relatively small number of people but with really intense needs.

Once things are set up and things are going well, they become less time intensive, but there are many forms of disability where the person's capacity might change over time and their support needs might shift. You can have someone who has been helped through the ISRP and has been okay for quite a while, and then something changes in their circumstances and they need some help again.

Mr Stathis: I will just add that we also will triage, based on the type of crisis and the complexity. If someone comes in to us or is referred to us and they are in absolute crisis and need some action straightaway, we will triage them and respond to them as quickly as possible.

THE CHAIR: Is there some measure or data collected of what an average wait time would be?

Mr Stathis: I will take that on notice.

Ms Davidson: As I was saying, though, because it is a relatively small number of people but with very complex and intense needs, an average might not actually give you a full picture of the range of how long it takes to support someone through that program. The other thing, too, is that the ISRP is not intended to replace individual advocacy services. Services like ADACAS and Advocacy for Inclusion received some additional funding in the budget before last, in recognition of the fact that the NDIS is very difficult for people to navigate and some people do need advocacy services. They may not necessarily have the complexity required for the ISRP, but they still need help to navigate through all that.

THE CHAIR: That is entirely legitimate. I am curious, though, about that time frame to get the assessment. I get that the response to that might vary.

Mr Stathis: Yes. I have got some more information on that. All our assessments are actioned within 14 days, so we will make an assessment within 14 days. Typically, we provide a response within two to three days.

THE CHAIR: Okay.

MS LAWDER: You are saying there has never been a case where it has gone more than 14 days?

Mr Stathis: We will make an assessment in that time. It may then take longer for us to put services and supports in place because, as the minister said—

MS LAWDER: What was the 14 days that you just referred to?

Mr Stathis: We will look at the referral and make an assessment of need, and then we will start working towards actioning that, depending on what our other case load is, and, as I said, based on need of the particular person in crisis.

MS LAWDER: There has never been a case where the assessment has taken longer than 14 days?

Mr Stathis: I would need to find that out.

Ms Wood: I do not think we could say there has never been a case where the assessment took longer. As the minister said, the program has recently had some additional investment. It was smaller, and it has some additional resources. I think, historically, we could not necessarily say there has never been a case, but that is what we aim for, to work through as quickly as we can.

MS LAWDER: Perhaps you could provide some data on that.

Ms Wood: We can provide some data over the last 12 months. The program has existed for some time. I do not think we could go all the way back, but we can certainly provide some data on that 14-day period.

THE CHAIR: The 14-day period would be good. Also, I know an average is an imperfect measure, but if you could also include an average that would be good too.

MS LAWDER: I want to ask about some of the reference groups. There is the Disability Reference Group. How many people are on the Disability Reference Group?

Ms Davidson: We have a really diverse range of members on the Disability Reference Group. I might pass to Jo or to Nick to talk through who the members are. It means that we have members with a range of different kinds of disability, including disabilities that are not as visible, as well as carers and Aboriginal and Torres Strait Islander membership.

Mr Stathis: Yes. We have 13 members with lived experience of disability or as carers on the Disability Reference Group. We also have five ex officio members that represent either government or service providers.

MS LAWDER: How often does the reference group meet?

Mr Stathis: The reference group meets six times a year.

MS LAWDER: There is also the Disability Justice Reference Group. Is there much overlap or is it some of the same people? Is there any interaction between the two groups?

Mr Stathis: The justice reference group is led by Justice and Community Safety.

They meet twice a year and are basically used as a sounding board for the Disability Justice Strategy. I am not sure about the overlap of those two groups. I will take that on notice.

MS LAWDER: That would be good. It is in the annual report, under your committees and advisory bodies for CSD. Also, page 39 of the annual report talks about the second action plan for the Disability Justice Strategy. It says:

In collaboration with the Justice and Community Safety Directorate, develop the second action plan of the Disability Justice Strategy ...

I was just looking for a bit of an update on how progress with that second action plan is going.

Ms Davidson: Before I pass to Jo to talk more about where that is up to, we have got a number of big strategies and action plans that all need to fit together quite neatly that are all at various stages of progress. There is the ACT Disability Strategy, which we have talked about many times. There is also the Disability Health Strategy and the Inclusive Education Strategy, as well as the second action plan for the Disability Justice Strategy. Trying to line all of those things up so that we are not repeating work in more than one place and so that they are all well integrated with each other has meant some thinking about where they all fit together. I will pass to Jo, who can talk about the time line for the second action plan.

Ms Wood: Thanks, Minister, Within those various strategies and actions plans, the Disability Justice Strategy is the one has been established for some time, which is why we are approaching the second action plan. A range of insights have come from the experience of the first action plan that are informing how we approach that second action plan.

A range of justice agencies now have disability liaison officers, and that disability liaison officer network has also been expanded. A range of very concrete insights are informing that action plan. As Mr Stathis said, it is led by the Justice and Community Safety Directorate. We partnered with them to establish the strategy in the beginning, and we are supporting them in the work on the action plan, but they are leading that.

Mr Stathis: Yes. We are coming towards the end of the first action plan. The second action plan is in development at the moment. That involves consultation with the relevant community groups, including the Disability Justice Reference Group. They will take into account learnings, such as findings from the disability royal commission, as well as, more broadly, what is happening in the environment and best practice. Some of the consultation that has happened already has included with groups such as Canberra Community Law and Victim Support ACT, but also with other directorates within the government and agencies such as ACT Policing and the ACT courts and tribunal. We are in the consultation phase with the second action plan, aiming to be ready by mid next year.

MS LAWDER: Okay.

MR MILLIGAN: In relation to the Disability Strategy, it is mentioned that the

development and implementation of this strategy is four years overdue, but there has been no money allocated in the budget for this strategy. I would like an update on this strategy. Where is it up to, considering that it is four years overdue?

Ms Davidson: This is a 10-year strategy that we are looking at here. There was a very significant investment of time and effort into the consultation for that, which I think is a very worthwhile investment in making sure that what we actually do with that strategy reflects the priorities of the community. We are very close to finalising that strategy. It is my intention that that should be out there and able to be discussed with the community as a piece of work in December.

The things that we heard from the consultation are in the listening report, which is a book. The community produced an entire book of all the things that they want done that will make this a more accessible and inclusive community. I would highly encourage anyone interested to have a read through, because it really gives us a road map for how we need to change as a community and how we can get there. Some of the top five action areas are healthcare provision, disability supports and services, having a safe and accessible home, having a voice, and employment. What I expect to see reflected in the strategy and the first action plan for the ACT Disability Strategy is very much what was in that listening report.

People with disability in Canberra talk about wanting greater individual advocacy support. That goes to the conversation we were having earlier about how difficult the NDIS is to navigate and making it easier for people to get their support needs met, with a bit less bureaucracy involved. They are looking for more support with education and how to make our education system more inclusive. Having the Inclusive Education Strategy in its final stages as well, before that goes out, is also really helpful.

They are looking for employment targets for people with disability and for increased confidence for employers to be able to engage with people with disability. It is about making it easier for employers to be able to widen the pool of people that they are looking at for recruitment, as well as understanding how they can make some reasonable adjustments in their workplace more easily.

There are lots of areas in our community, like education, housing, health care and employment, where we need greater awareness of disability and of how to provide those service and supports in more inclusive ways. I am expecting that the ACT Disability Strategy will be going to those things because those are the things that were reflected in the listening report. That is what we are looking at doing.

MR MILLIGAN: Is the listening report publicly available?

Ms Davidson: Yes. It was published online many months ago and is accessible via the Community Services Directorate website for anyone who would like to read through it. I also have print copies up in my office. I believe my staff did do a bit of a walk around the building to drop copies off to all the other MLAs' offices as well, so you will probably find there is a hard copy in your office somewhere.

MR MILLIGAN: You mentioned something occurring in December. Is that more

consultation? What is that exactly?

Ms Davidson: International Day of People with Disability is in December each year. It would be really nice to be able to talk about what is in the ACT Disability Strategy as part of that. I know that that is the community's expectation. We are just working through the process to finalise the strategy so that we can do that.

MR MILLIGAN: What is holding up that finalisation?

Ms Davidson: We are just stepping through the process of ensuring that we have all the right things covered in the strategy, and that the Disability Health Strategy, the Inclusive Education Strategy and the ACT Disability Strategy are all aligned and well integrated with each other. Those strategies are being developed by different areas. Making sure that we are all communicating well with each other and that our pieces of work are complementary, rather than repeating the same things, is really important. A lot of the things that came up in the ACT Disability Strategy listening report are also things that people talked about in the consultations for the Disability Health Strategy and for the Inclusive Education Strategy. It is very important that we make sure that what we are doing is integrated and complementary, rather than repeating.

MR MILLIGAN: Is the advocacy support more focused around providing funding for advocacy groups?

Ms Davidson: The other really complicating factor for our Disability Strategy is that we are trying to complete this piece of work at the same time as the NDIS review report is, hopefully, about to come out, and the disability royal commission recommendations. It is about how we work out which are the things that the ACT needs to do, which are the things that the commonwealth needs to do and which are things that we need to do together. Fitting all of the pieces together is quite a lot, to all be happening at once.

One of the key things that makes it work is when we are all engaging well with each other; when we are all sharing information about, "If you change this over here, how does that impact on what you're doing in another area?" For example, there will be a whole lot of NDIS review recommendations that go to what supports people might access within a tier 1 NDIS plan, and what might be in other parts of disability support services systems, either commonwealth or state based. If you make changes to access to a tier 1 NDIS plan then people are logically going to need to access those services elsewhere, if they are not accessing them through a tier 1 plan.

You need to make sure that those support services are there and ready for them, and can help people to achieve the outcomes that they want for their life, so that they have that choice and control. In order to do that, the only way we can achieve those things is if we are all sharing information with each other about what we are thinking of doing and how that might impact on each other's various responsibilities for services.

MR MILLIGAN: It would seem that the NDIS is a big feature within this Disability Strategy. A lot of issues that I receive from the community are around those people who do not qualify for the NDIS, and the lack of support from the ACT government for those people who do not qualify for the NDIS. Is there a component of this

strategy that focuses on ensuring that there is enough support, and government is doing something for those people who do not qualify for the NDIS?

Ms Davidson: Absolutely. I advocate very strongly for people to be able to get access to the supports and services that they need. At the end of the day, if you are someone who needs access to an allied health professional or to in-home care support, making sure that the support service is provided is the key thing. Treasurers arguing about who pays for it is less concerning to the person who is in need of support than the fact that they actually need care right now. We work very hard to make sure that we are doing that.

One of the things that we have learnt over the last decade, with the ACT having been such an early signer to the NDIS, is that some of the ways in which we thought the NDIS was going to work have not played out in reality. It does not work exactly the same as we had originally thought it was going to. That is why we have done things like bringing in the Child Development Service for two to-three-year-old children to be able to access things like speech therapy and occupational therapy before they may even have had a diagnosis for why they need that.

We are learning as we go, and we are making changes to service systems in the ACT in response to where we see those needs, and that is really important. But it is critically important that we continue to do that with the commonwealth, because we do not want to end up in a situation where each state does things a little bit differently, and people feel like they are back in a postcode lottery, and where, if you have disability, the level of supports and services that you can access is different depending on where you live.

One of the great things about the NDIS was that it was intended to get rid of that postcode lottery and mean that, if you need supports, it does not matter what city you live in or what remote community you live in; you can still access the care you need. We do not want to lose that.

MR MILLIGAN: We will probably come back to that area, in terms of access, funding and supports. When can people expect to see money allocated for the strategy? Can they expect to see money allocated in next year's budget?

Ms Davidson: We are going through a process at the moment to be able to ensure that what we publish as a strategy is something that we know has the resources to be delivered, and we are working through that process. We are not very far off being able to complete that and publish it. I am looking forward to being able to share that with the community.

MR MILLIGAN: Has the government reached out to service providers to ask them what financial supports they will need, as part of this strategy, potentially? Are you having discussions currently with the Treasurer in anticipation of including it in next year's budget?

Ms Davidson: In the first section of the hard copy of the listening report, it gives the breakdown of how many service providers participated in the consultation—what proportion were service providers, what proportion were people with disability and

what proportion were families of and carers for people with disability.

There were a significant number of service providers who participated. I found it really good to see that the majority of the people who were participating in that consultation were people with lived experience of disability. It is really important that they are having a say in what decisions are being made about government policy that affects the rest of their lives, as well as carers. There is such a huge burden on unpaid carers in our community, particularly when things do not work out in the service system and people are falling through the cracks. To be able to work with people with disability and their families and carers around what their needs are is the most important thing.

MS LAWDER: Are you saying, Minister, that the strategy will be delivered within existing resources?

Ms Davidson: No, I am saying that we are ensuring that, when the strategy is published, we have the resources to implement it.

MS LAWDER: Is that the strategy that will be published in December?

Ms Davidson: Yes.

MS LAWDER: Are you getting additional resources?

Ms Davidson: I do not have the answer to that question right now, today, but when the strategy is published—

MS LAWDER: In two weeks?

Ms Davidson: we will be able to say that we are publishing a strategy that we know we will be able to implement.

THE CHAIR: Minister, the number of Canberrans within the NDIS has grown and grown. What do you attribute that to?

Ms Davidson: Yes, it has. The NDIS that we originally envisaged would have included something called tier 2 supports. The original intention was that not everyone would have all of their support needs met through a tier 1 plan, and that some people would be accessing supports through other parts of the NDIS system. Some of those parts of the system have not turned out, in implementation, to work in the way that we had originally expected that they might. That is why getting a diagnosis and assessment done has been so important for some people, so that they can get access to supports that you can only access through an NDIS plan for an individual.

There are also some programs that deliver good outcomes when they are delivered as a group therapy program. Dialectical behaviour therapy for people with psychosocial disability would be one easy example of that. Some people find that participating in a group therapy program gives them a better outcome than they would get in an individual program. It is about working with peers and the social interaction that

comes with it as well.

Individualised NDIS plans, where everything is costed per unit and delivered for individuals, can sometimes make it very difficult to achieve financial viability for those kinds of programs. We know that we will need to make some changes to the way that disability support services are delivered so that we can enable more choice and more control for people by making sure that some of those programs are more viable in future.

THE CHAIR: There has been an increase in NDIS participants around the country. Do the demographics of the new entrants in the ACT line up with the demographics experienced by other jurisdictions?

Ms Davidson: It is slightly different in the ACT. We do not necessarily experience exactly the same supported housing issues as other jurisdictions do with the same level of intensity. We are certainly experiencing some pressures in terms of the number of people that require supports for things like autism and ADHD. They are pretty important to be able to provide the right services to people. We know that early intervention can make a huge difference for people who are neurodivergent and who want to be able to access those support services.

MS LAWDER: I want to ask about the Disability Health Strategy. Can you give us an update? Where is that up to?

Ms Davidson: That is probably a question better directed to the Minister for Health. The Minister for Health would have carriage of that piece of work. We are making sure that the Disability Health Strategy and the ACT Disability Strategy are aligned and complementary.

MS LAWDER: Does the Disability Reference Group have any role to play in that?

Ms Davidson: There has been consultation done. I know that there are Disability Reference Group members who have participated in that, for the Disability Health Strategy. As I was saying earlier, for example, in the listening report one of the top five action areas was healthcare provision. That is why it is so important that the Disability Strategy and the Disability Health Strategy are complementary and aligned.

MS LAWDER: There is no other real involvement of your directorate in the Disability Health Strategy?

Ms Davidson: I could ask Jo Wood to talk about the involvement of the Disability Reference Group in consultations, but a more in-depth discussion of the consultation on the Disability Health Strategy is probably better directed to the Minister for Health.

Ms Wood: As the minister has already touched on, we have worked across government to ensure that the work on the disability and inclusion strategies are joined up, that information is being shared and that the outcomes of consultation are being shared; hence the very substantial listening report.

We do that through cross-government governance. We have structures around the

human services system, where senior officials come together, where directors-general come together, and we use those opportunities to present progress on the work across each directorate. It is an opportunity to identify where the connections are and where there are other things that need to be joined up.

We do work very actively across directorates on this work. As the minister said, the Disability Reference Group has contributed to that consultation process for the Disability Health Strategy as well.

MS LAWDER: I am wondering how much involvement there is, noting the “nothing about us without us” mantra of disability groups; otherwise we are just in the same position. If it is being developed by the Health Directorate without much input from people with disability, with lived experience, will we see more of the same things that have brought us to this point—a lack of adjustable examination couches et cetera? How will things improve unless we are genuinely involving people with disability?

Ms Wood: I can ask Mr Stathis to speak about the role of the Disability Reference Group specifically in that health consultation. I would say that, across all of the work that is happening on disability across ACT government, there is a very clear focus on understanding the perspectives of people with lived experience and ensuring that it is informing all of these strategies.

Mr Stathis: As Ms Wood said, we have been working closely with the Health Directorate. Health has a disability health steering group, which several members of the DRG are on. That steering group also included a number of disability service providers. There is also an interdirectorate committee, at the operational working level, on disability that we chair. Health is an active member of that, as is Education. The people contributing to those strategies are in that group. We are trying to ensure that all of those strategies, as the minister said, dovetail together but do not overlap.

MS LAWDER: It is a bit more reassuring than saying, “You’d best ask the Health Directorate.”

Ms Davidson: I would not like to try to speak for the Health Directorate, when I do not have their officials here in this particular committee hearing, about the detail of how many people participated in consultations. For the ACT Disability Strategy, I can tell you that more than 1,000 people participated in that consultation, and they did so through written submissions, audio and video submissions. People contributed creative artworks, as a way of expressing what was most important to them.

Out of that, we got those top five action areas, which included healthcare provision and greater support for inclusive education, which we were then able to provide to Health and Education, to add to the consultation that they were already doing within their own directorates, on their own parts of the full suite of disability strategies that we have for the ACT. It is a whole-of-government effort to try to make everywhere in our community more accessible and inclusive.

MR MILLIGAN: Pages 53 and 158 mention the inclusion grants. Page 53 suggests that there were 14 organisations awarded grants, but on page 158 it refers to eight. Why is there a disparity? The other question is: for our larger organisations, like AFI,

SHOUT, Roundabout and Women with Disabilities, what funding is available for them to provide those services?

Ms Davidson: We are talking here about multiple different funding streams. Before I pass to Jo or Nick to talk about how many organisations received which forms of grants, there is also the commissioning for outcomes work that is going on. Some of those organisations that you talked about also receive funding from ACT government as part of the support for the services that they offer on a day-to-day basis, over and above receiving a grant for a specific project.

We have increased funding in the last few years, including to organisations like Advocacy for Inclusion and ADACAS, in recognition of the increasing complexity of dealing with systems like aged care and disability services, and the levels of support that people need to navigate those systems. I will pass to Jo Wood, who can talk about the grant programs.

Ms Wood: Mr Stathis has the detail on the grants that we are supporting.

Mr Stathis: I think the discrepancy you are looking at there is that there are two types of grants that we provide. The first set is I-Day grants, which is to support inclusion of people with disability, and it is around the International Day of People with Disability. We provide small grants of up to about \$25,000 to assist people with generating events to celebrate inclusion and I-Day. There were eight recipients of those grants.

We also have our disability inclusion grants. We have \$100,000 available there, and there were 14 recipients in 2022-23. Disability inclusion grants provide funding for local clubs, groups and community organisations to promote inclusion for people with a disability through removal of barriers to participation. I think that is the difference that you are seeing there.

MR MILLIGAN: As part of the Disability Strategy, will there be a review of these grants potentially going forward, and will they potentially be increased, as part of the strategy?

Ms Davidson: We are working with the community on how we can get greater community leadership as to what happens around I-Day. Over time, since I-Day began, we have learnt a lot about how we think about disability in the community, moving from the medical model through to the social model of disability. People are now seeing disability as part of their identity and who they are, and taking pride in that. I expect that some changes will happen around how we recognise I-Day and what happens as part of that. That will be led, absolutely, by the community, and we will be working with them on what they might like to see.

MS LAWDER: Just out of curiosity, I noticed in the list of grants on page 167 there was over \$18,000 to the “Trustee for Faraz Family Trust” for the installation of an automatic front entry door. Who is the Faraz Family Trust? You mentioned organisations, clubs et cetera. Who is this particular group and who are they providing access for?

Ms Davidson: We might take that on notice.

MS LAWDER: It is nearly 20 per cent of the entire grant for the year.

Ms Wood: We will take that on notice.

MS LAWDER: When you were talking about the ACT Disability Strategy, Minister, you mentioned inclusive education. Previously, this committee has had an inquiry into the use of Auslan. Through that inquiry, we heard some views of deaf-specific schools rather than mainstream ones. What is the view of your area of the directorate on mainstream versus specific schools for deaf students?

Ms Davidson: What you have touched on there goes to that bigger issue of inclusive education, what that means and how we deliver that. How do we make sure that every student has equitable access to education opportunities and the right support for that? For some students there are things that we could do in our schools that would make them more inclusive for everyone. In recent years there have been some really good demonstrations of what is possible. Even when you have older buildings that have stairs and things like that, it is possible to provide more inclusive, equitable access for students with disability.

MS LAWDER: On the deaf side rather than physical disability?

Ms Davidson: That is something that I expect Education will need to continue working through. It is not just about a school building; it is also about having access to teachers who have the right level of Auslan certification. That has been a key difficulty not just in regard to education but for anyone who needs Auslan interpreting or wants to learn Auslan and build their skills in the community. That is absolutely something that needs a lot more work.

That inquiry into Auslan was really helpful in highlighting and helping us to better understand as a community what the barriers are to having more people be able to develop their Auslan skills. I expect that the Education Directorate will need to continue working through it. We will also have some interactions with the disability royal commission's recommendations around inclusive education and what that means.

MR MILLIGAN: Recently, I have been alerted to the fact that diagnoses for children with neurological deficits are extremely hard to get in the ACT. There is up to a two-year wait to get these. We have also heard that the services in Sydney have now closed their doors to people from the ACT to get a diagnosis. What is being done to provide the services here in the ACT?

Ms Davidson: Can I clarify what you mean by neurological deficits?

MR MILLIGAN: Any sort of neurological disability. To get a diagnosis and support for that, typically, you would see a psychiatrist or someone similar to get that diagnosis and support. But, obviously, there is a lack of those services here in the ACT and people are being forced to go to Sydney—resulting in a lot of cost and travel time. I have told basically that they have now closed their doors to ACT residents because they are under the pump too. What is the government doing to address that

issue here in the ACT?

Ms Davidson: So you are talking about neurodivergence. Doing things like providing supports through the Child Development Service for that sort of two- to three-year-old age group will help. Certainly we know that this is not a problem just in the ACT; it is a national problem. The recent federal parliamentary report on their inquiry into ADHD describes that in more detail and highlights some of the difficulties people are facing.

This is a good example of how greater disability awareness and inclusion in the broader community is so important, because there are aspects of neurodivergence that can be a real strength—not a deficit. Understanding how neurodivergence works and how to work well with people who are neurodivergent or how best a person learns when they are neurodivergent is very helpful in making sure that people can access employment, education, good housing and all of those things that they need.

There are things that we are going to need to do to improve access here in the ACT, but we are going to need to do that by working with the commonwealth, because what you are actually talking about when you are talking about assessment and diagnosis is very much in the primary-care system, which is very much a commonwealth regulated area. So we are not going to be able to solve this problem by us just going it alone; we are going to need to work with our commonwealth partners. I am actually very optimistic at the moment that we have got a commonwealth government who will hopefully work well with the states to be able to do that. But it is going to require us to be able to have some hard conversations about how we put those pieces together.

It also means that we need to look at how we can provide supports and services to people while they are waiting for an assessment. Just because you are on the waitlist to have an official assessment and diagnosis done does not necessarily change the fact that you might clearly be wanting to access, say, speech therapy, occupational therapy or psychologist care in the meantime. Finding ways to make those services more accessible without having to have the whole NDIS plan based on a diagnosis having already been done will really help some people.

MR MILLIGAN: Is this featured within the Disability Strategy?

Ms Davidson: These are the kinds of things that we need to talk about in response to the NDIS review, I expect—how we fit all of these pieces together—because one of the problems that we are having at the moment is that there are a lot of people who need an individual NDIS plan in order to access the support services that they need and, in order to get that, they have to get an assessment and diagnosis. That is a lot of bureaucracy for people to go through just to be able to get access to the supports that they need. If we can work with the commonwealth on how we can make sure people can access the services that they need as quickly as possible, we will have more people able to access earlier intervention, which gives them much better outcomes.

MR MILLIGAN: Recently Mr Pettersson brought forward a motion in the Assembly calling on the government to do more to support those with neurodiversity. There is currently no advocacy group to support those living with neurodiversity here in the ACT. What is the ACT government doing to have one of these groups established or

to support a group be established or moved to the ACT?

Ms Davidson: Peer support is an area that can have huge benefits for people with a whole range of disabilities. Part of shifting into the social model of disability and seeing the strengths in that is something that is emerging really strongly within the community of people who are neurodivergent—really recognising that thinking differently can be a really good thing and gives you a lot of additional skills. So, being able to support people through peer support, will be very helpful in continuing to progress through that social model to a more disability pride identity-based way of thinking about disability.

As to the community itself, we are seeing some shifts in the kind of advocacy that people are doing and the groups that are forming. There are opportunities through things like I-Day grants programs and things like that or new and emerging groups who are looking to run some projects and get established to be able to do that.

MR MILLIGAN: Thank you.

THE CHAIR: With regard to the motion calling for the government to investigate a neurodivergence strategy, could the committee get an update on what steps the government is taking in that investigation?

Ms Davidson: Before I pass to Jo, who can talk about where that work is up to, I would note there is also a national strategy that we would need to be aligned with as well. As I was talking about earlier, if one of the big barriers is around assessment and diagnosis, and that is the primary-care system, then we cannot just solve those problems on our own; we need to be able to work with the commonwealth. That means we need the commonwealth to be able to talk to us about what they are planning and where their thinking is headed.

Ms Wood: A really important starting point for us is the national work that the Australian government announced to develop a national autism strategy. It is looking at a strategy for all Australians with a diagnosis of autism and will cover key reform areas. It will look at access to services, health care, education and employment. The intention of that strategy is to go to a more coordinated national approach and supporting people across all stages of life. We need to ensure that responses in the ACT are coordinated and integrated well with that national approach. We are well positioned, having had such a significant consultation with our own community to inform the Disability Strategy, and there will further opportunities to talk to community more specifically about this work. It is at a very early stage, but we will work that through and ensure that the ACT's approach is very cognisant of what we can take from the national work.

THE CHAIR: With that, we will wrap things up. On behalf of the committee, I thank you, Minister, and thank you, officials, for your attendance today. If you have taken any questions on notice, please provide your answers to the committee secretary within five business days of receiving the uncorrected proof *Hansard*.

Hearing suspended from 10.42 am to 11.00 am.

Appearances:

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

Community Services Directorate

Wood, Ms Jo, Deputy Director-General

Perkins, Ms Anita, Executive Group Manager; Communities

Stathis, Mr Nick, Executive Branch Manager; Office for Disability, Seniors and Veterans, and Social Recovery; Communities

Chief Minister, Treasury and Economic Development Directorate

Rutledge, Mr Geoffrey, Deputy Director General, Office of Industrial Relations and Workforce Strategy

THE CHAIR: Welcome back to the public hearings for the committee’s inquiry into annual and financial reports 2022-23. We now welcome Ms Emma Davidson, Minister for Veterans and Seniors, as well as officials. 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 question on notice.”

I also remind witnesses of the of the protections and obligations afforded by parliamentary privilege and draw your attention to the privilege statement. Witnesses must tell the truth. Giving false or misleading evidence will be treated as a serious matter and may be considered contempt of the Assembly. May I please get each of you to confirm that you understand the implications and that you agree to comply with it?

Witnesses: I have read and acknowledge the privilege statement.

THE CHAIR: Wonderful. As we do not have opening statements, we will go straight to questions. Minister, could you please update the committee on the first commemoration of War Widows Day in the ACT?

Ms Davidson: Yes, I can. That was something that we did with War Widows ACT Branch. It was really nice to be able to provide that acknowledgement and to host a morning in the Assembly as well as to have that acknowledged in the chamber. The Military Wives Choir sang for us as part of that and there was a special cake that was decorated to look like the stained-glass window that was made as a permanent memorial and recognition of Australia’s war widows. So it was quite a special event to be able to support the community in doing.

This support for war widows will continue to be needed. While ever we continue to have war, there will be people who are left behind and who are feeling that loss. Being able to recognise that and acknowledge the work that organisations like War Widows do to ensure that the welfare of those left behind continues to be supported is very important. It is not just about the social connection; it is also about their financial

wellbeing and employment opportunities and looking after the children as well—and they have a very close working relationship with Legacy.

THE CHAIR: The first commemoration was held here in the Assembly as a morning tea. In light of the success of that event, are you considering any changes for future years?

Ms Davidson: How they would best like to be supported is something that we would want to talk to the War Widows association about. I think these things are always best when the community is taking a lead on saying, “This is how we would like to be supported and how we would like this to be commemorated.”

I note, too, that the first ever Veterans Expo will be held in Canberra this weekend, on 25 November. The RSL has been working with the ACT government to run this first-ever Veterans Expo, and War Widows will be at that expo. So people will be able to go there and find out more about what they do. The Military Wives Choir will be singing there. That will be a really wonderful experience for people who can drop in on the day.

MS LAWDER: Minister, recently in the Assembly you made some extraordinary statements, including some ageist statements about people over the age of 50, and, following on from that, I note that in the Summary of Performance in the annual report, performance 2022-23 and the Outlook for 2023-24 there is no mention of seniors. Why is it that your government and you dislike older Canberrans so much and cannot give them anything?

Ms Davidson: Would you like to have a conversation about some of the initiatives that we have taken in the most recent budget like the Gold Soul pilot program that will increase—

MS LAWDER: I am talking about the Summary of performance on pages 34, 35, 36 and 37 and the Outlook on pages 38, 39 and 40. In those pages there is no mention of seniors.

Ms Davidson: In past budgets what we have invested—

MS LAWDER: I am not talking about the budget, either; I am talking about these pages—about what you did last year and what your focus is going to be in the coming year? Why can't you give any focus to seniors?

Ms Davidson: As I was saying, when we have allocated resources to programs in past in past budget years, rather than there being a specific line item for seniors, those resources have been allocated within pieces of work in, for example, Transport and City Services, Access Canberra and various other areas to do things like improving footpaths and accessibility, improving Access Canberra's shopfront services to be more dementia friendly, and making sure that CMAG, for example, is able to upgrade its facilities to be more accessible. So that means that they do not necessarily have their own line item.

One of the things that I am really looking forward to seeing in next year's reports is

that, because we have a particular line item for seniors in addition to the ongoing work for our Age Friendly Suburbs Program and various other pieces of work, they will reflect the work being done on the Gold Soul pilot program; the increased number of dementia-friendly events for seniors and for their carers; and the Seniors Arts Festival as well. I think that will be a very helpful addition to those reports.

MS LAWDER: Those items are covered later on in the pages of the annual report. I think that you are either deliberately or accidentally ignoring that it does not appear to be a focus for your directorate. What you have is ongoing funding for seniors cards, age-friendly cities et cetera, but that is just sort of pottering along, business as usual. Nothing seems to be a straight strategic priority for you or your directorate with regards to seniors. Why is that the case?

Ms Davidson: Actually, I think things like the Gold Soul Program and the Seniors Arts Festival are very much a strategic priority.

MS LAWDER: I agree. So why aren't they listed in those pages?

Ms Davidson: But you did say that they are described in other parts of the document.

MS LAWDER: Later on under the output classes. I asked specifically about the summary of performance. There were a couple of key items in the summary of performance last year and a couple of key items that will be the primary purpose of the directorate in 2023-24, and none of those things are mentioned as a primary purpose of the directorate.

Ms Davidson: That could be because these are programs that are in this year's most recent budget funding and the work is just starting now on those particular programs. But you will see those reflected in next year's annual report, because the work will have been done by then.

MS LAWDER: Sure. I mean, we have seen—

Ms Davidson: You need to appropriate the funds before you can do the work.

MS LAWDER: Sure. I just feel there is a bit of a lack of focus. It is just pottering along in the background, but there is nothing particularly dramatic and certainly no showstopper commitment from your government to support seniors. It is just pottering along in the background.

Ms Davidson: I really welcome your interest in making sure that we are making it clear to the community what it is that we want to do and where those priorities lie. This is why we work so hard to engage with the Ministerial Advisory Council on Ageing and with organisations like ADACAS, COTA ACT and OPALS ACT and other organisations that are working directly with older people in our community and their families and carers, to make sure that they know that we are doing things like the dementia friendly screenings. That got feedback from the community who attended and, because of that, we have now increased the program. So there will be more of those events over the next year. Holding a seniors arts festival, inspired by Scotland's Luminate Festival, is an idea that came directly from the community through the

ministerial advisory council. They are already hard at work on engaging with the offices of seniors and veterans about how we can make this a reality.

They have also been talking quite a lot with the other ministerial advisory councils and with us about issues like the ongoing levels of violence that are experienced by older people in our community and what we can do to continue the work on reducing the abuse of older people and on things like housing affordability. A number of older people who are really struggling with that is something that we know we need to keep working on. It is not just restricted to older people, but it is an area of focus for us.

MS LAWDER: You mentioned a dementia friendly film screening pilot. How was that promoted and advertised?

Ms Davidson: I will pass to Nick Stathis, who can talk more about the way in which that was promoted. But I must say that one of the really nice things about that screening was, because it was held at the National Film and Sound Archive, people were able to not just only go and watch the film in an environment that was appropriate to the needs of people with dementia and their carers to be able to enjoy that together, but they were also able to see some of the costumes and things like that on display. That made it a really enjoyable experience.

Mr Stathis: The screening was promoted through our senior stakeholders. We have a newsletter that goes out to senior stakeholders. We promoted it through that and also through the Ministerial Advisory Council on Ageing. They were our main areas that we promoted. It was also showcased in the *Canberra Times* as well.

MS LAWDER: Was it an email newsletter, did you say?

Mr Stathis: Yes.

MS LAWDER: How do people get on that list? Is that linked to the seniors card registration or something? How do people get on the list to receive that?

Mr Stathis: It is on our website and people can apply to get on that list.

MS LAWDER: So it is not linked to the seniors card registration?

Mr Stathis: Not necessarily.

MS LAWDER: Not necessarily?

Mr Stathis: It is not linked to the directory registration.

MS LAWDER: Okay.

Ms Davidson: One of the really important things about the way that older people get their information in our community is that they often have relationships with trusted organisations that they go to. It might be their local seniors centre, it might be COTA ACT or it might be a support service that they are accessing. Going out through our stakeholders to get the word out about upcoming events and things of interest is a very

effective way of making sure that people hear about it in a way that putting up a post on Facebook will not necessarily achieve.

MS LAWDER: Who did you work with to ensure that it was a dementia-friendly environment? Did you work with some organisations to ensure that?

Ms Davidson: Yes. We worked with a partner organisation to run the first event. I might pass to Nick, who can talk about how that went.

Mr Stathis: We worked with the University of Sydney, I think.

Ms Perkins: The University of New South Wales.

Mr Stathis: The University of New South Wales; sorry. We partnered with them on the screening. We had 45-odd participants who came to the event. It was *The Sapphires* that we screened, and we chose that movie with the community.

Ms Perkins: We worked with experts from the University of New South Wales, the University of New England and the National Film and Sound Archive, and they formed a project team.

MS LAWDER: Did the University of New South Wales give advice about the venue being dementia friendly, with shadows and the colour of steps et cetera? Was that the kind of partnership that you had?

Mr Stathis: The project team worked together on that. We also had an intermission during the session so that people could have a break. We had a quiet area to the side as well. All those elements of dementia-friendly design were picked up.

MS LAWDER: Good. Thanks.

THE CHAIR: I was hoping the committee could have an update on the Age-Friendly City Plan.

Ms Davidson: Yes. The Age-Friendly City Plan 2020-2024 is very much a whole-of-government strategy. As I was saying earlier, the way things were reflected sometimes in budget papers in years past has not always reflected the extent of the work that has been done across so many different directorates.

We are progressing that plan, working quite closely with the Ministerial Advisory Council on Ageing, who have been doing a great job of holding us to account on our commitments to what we wanted to make improvements on. On 10 May of this year I tabled the third annual report for the plan. Out of the plan's 34 actions, 17 were reported as being complete, 15 were in progress, none were on hold and there was one that was yet to commence.

I also hosted a webinar for the community, in June of 2023, to provide an update and to feed back to the community where things were up to with that third progress report. On 5 September we had 50 attendees come in to a governance workshop for building an age-friendly city. That brought together a lot of key stakeholders, as well as

community members and, really importantly, some senior public servants from the directorates involved in actually delivering the work, to talk through the progress of the plan and to start exploring some ideas for the next iteration of the Age-Friendly City Plan.

The feedback I have heard from people who participated in that was that they really appreciated the community and public service being able to come together and have a conversation about what was progressing and what still needed to be done. The current plan will conclude in 2024 and the development of the next plan has already started.

MS LAWDER: Which was the one action that has not yet started?

Ms Davidson: I can pass to Nick Stathis, who can talk about which action is yet to commence and what the reasons for that are.

Mr Stathis: The action yet to commence is an action around undertaking the promotion of a natural prescription program through allied health practitioner networks and ACT Health. EPSDD is in charge of that. As you would be aware, the Age-Friendly City Plan—

MS LAWDER: What does that mean exactly: “natural prescription program”?

Mr Stathis: My understanding is that it is about prescribing time in nature for people. In terms of the progress on that one, you would need to talk to EPSDD. That is their action. CSD coordinates the Age-Friendly City Plan, but there are a number of actions across a range of directorates.

Ms Davidson: In fact, you might want to ask me some questions about that in this afternoon’s mental health session. I am just changing hats for a moment. EPSDD have done some great work with Landcare in the ACT around how we can use nature as part of people’s mental health wellbeing.

MS LAWDER: We had a motion on that in the Assembly recently.

Ms Davidson: Yes. Some really good work is being done.

MS LAWDER: From Ms Clay, I think.

Ms Davidson: Yes. We can talk about that more this afternoon, and about where that might be progressing to next.

MS LAWDER: Who is responsible overall for the Age-Friendly City Program, to ensure that EPSDD meet the time frame? Who is going to make sure that EPSDD do that work on that last one that is yet to commence? Who owns it?

Ms Davidson: In terms of the nature prescription work and the—

MS LAWDER: Sorry; I mean the Age-Friendly City Program. Who is the overall owner who is going to make sure it is done?

Ms Davidson: It is a real whole-of-government piece of work. I table a report in the Assembly, I host workshops and I progress work with the Ministerial Advisory Council on Ageing to hold various directorates to account, but the whole of the ACT government is committed to making this city a place that really celebrates getting older. You see that through things like the ongoing investment in the seniors arts festival that will be coming up next year. We are seeing what works, like last year's dementia-friendly film screening, and deciding that we are going to hold more of those events next year. We are learning what works and how best to deliver those things. So that work will continue.

MS LAWDER: When you say that this first action plan for the Age-Friendly City Plan concludes in 2024, is that December 2024 or the end of June 2024? What is the actual period of the Age-Friendly City Plan?

Ms Davidson: I will pass to Jo, who can talk about when exactly the current plan concludes, whether it is financial or calendar year. The development of the next plan is already underway and we are already working closely with the Ministerial Advisory Council on Ageing about what kinds of priorities we need to be thinking about and how we go about consulting with the community and making sure that as many older Canberrans' voices are heard as possible in informing the next plan.

There are times when it is worth investing a little bit of additional time to make sure that you really hear from people, particularly at the moment, with the things that the community has been through around COVID, social isolation and cost-of-living pressures. We have been hearing a lot from people about the changes that they have been through and the ongoing impacts of that.

For example, people were staying at home and not going out a lot during COVID, to try to reduce their transmission risk. They are now finding that there are some things that they need to redevelop skills in, as they come back to doing some of those things physically in the community that they could not do for a while. Those are not things that we could have envisaged pre-pandemic, so it is really important that we make sure we are hearing from people about how life has changed, and how their priorities for what we need to work on to be more accessible and inclusive might be informed by what we have experienced through the pandemic.

Ms Wood: The age-friendly city four-year plan covers 2020 to 2024, so it will be completed at the end of the calendar year 2024, which is why the work has commenced on the next plan.

MS LAWDER: We are three-quarters of the way through this particular plan and about half of the items have been completed, and about half are not yet complete. I want to go back to the nature prescription one that has not yet commenced. Who might be responsible for that? Who would I write to, to say, "Where are you up to with this nature prescription thing"? Would that be Minister Gentleman? Would it be the Chief Minister, who is in charge of the government overall? Who is in charge that I would write to, to ask about progress on this issue?

Ms Davidson: I think I know who it would be, but it might be better if I take it on

notice, just to make sure that you do not end up having to have it redirected. Certainly, we have been ensuring that EPSDD and the Office for Mental Health and Wellbeing are working together on their understanding of how the work that EPSDD have already done with Landcare might inform future work. It is the kind of thing that really goes to wellbeing, as opposed to looking at a clinical mental health service. It takes into account that we are a government that wants to make decisions within that wellbeing indicators framework that was brought in, so that every area of government is thinking about how the work that it does impacts on wellbeing, not just, say, a health area.

Mr Rutledge: If I may, Ms Lawder, because I am out of position at the moment, Minister Gentleman, the Minister for Planning and Land Management, is looking after nature prescriptions, going to your point. Rather than take that on notice, we can close that now.

Ms Davidson: I might also mention that we recently held a meeting here in the Assembly that was attended by the Office for Mental Health and Wellbeing, EPSDD officials and people from Landcare, as well as some academic experts who could talk about the evidence base for this type of work and how to make it as effective as possible. My understanding is that that was helpful for people in understanding the connections between the different areas of work and reducing some of that siloing that can sometimes happen when directorates are working on things. It was also attended by me, as well as Minister Vassarotti, as Minister for the Environment.

MS LAWDER: On the Age-Friendly City Plan, which would be the next suburbs to be addressed?

Ms Davidson: I believe I talked about that earlier in the year, when I was tabling the third annual report. That was back in May, and we are in late November now, so I cannot remember off the top of my head the list of suburbs. I am probably going to get it wrong, so I will take that on notice to get back to you.

MS LAWDER: I do not remember either. Thanks. The Seniors Grant program provided about \$80,000 to 20 community groups. Do you have a feel for how many seniors might have been reached through this program? There must have been some reporting following the completion of the grants.

Ms Davidson: Yes. We do get some reporting back, on completion of grants, about how they ran their projects. It is also important to think about not just the total number of people but making sure that people in the community who might otherwise miss out on some of those social connection activities and wellbeing activities have the chance to participate. This is why we look for a diversity of recipients, including multicultural community and Aboriginal and Torres Strait Islander older Canberrans, as well as our LGBTIQ community. Making sure that we are providing grants that create opportunities for everyone to celebrate getting older is really important. I can pass to Jo, who can talk about the breadth of who received those grants.

Ms Wood: Thank you, Minister. The grants are very broad and are available to a whole range of organisations in community, who then will run events and provide other supports into their networks and their community. A lot of the organisations we

are talking about who receive these grants are not very large organisations, so we do not have the very sophisticated reporting that you may have from a major service provider. Some of the grants are relatively small. For a \$5,000 grant we do not have very extensive reporting, but we do have acquittal requirements that ensure that the funding is spent for the purpose. That is an opportunity to also consider the outcomes for those organisations.

MS LAWDER: What are the sorts of criteria that you assess the grants against?

Ms Davidson: All of the guidelines and the criteria are on the Community Services Directorate website. We also have people available to take calls from organisations who are trying to work out if this is a grants program that their organisation might fit into, to fund a project that they are running.

I sometimes have the joy of being able to go out and meet some of the groups who have received some of that grant funding and see their completed projects or meet the people who have been involved in them. Even when it is a relatively small number of people, the impact that those programs have in building social connection and supporting small organisations to run projects that they otherwise would not have had the chance to do is a really important part of building a more resilient community. As we continue to face public health risks or climate-related problems in future, people know that they have that sense of belonging and connection within their community and that there is a lot of value in the way in which they engage with their community.

MS LAWDER: Do all of the organisations that receive funding have to be incorporated or auspiced by someone?

Ms Davidson: We have different guidelines for different grant programs. There are a few. Off the top of my head, I cannot remember which ones require an incorporated association for the contract and which do not, but it is all in the guidelines for each of the separate grant programs. Certainly, for programs that have smaller amounts of funding that they provide to the individual grant recipients, there are less onerous reporting requirements and fewer barriers to access than the bigger grants programs.

MS LAWDER: For example, just to pick one, this sounds like a lovely project: the centenarian portrait project by teenagers. What is the output of that? Is there a display or an exhibition somewhere? Has it already taken place? What happens with that?

Ms Davidson: It has indeed already taken place. My understanding is that both the young people and the older people involved found it a really positive experience to be part of. For people to be able to go and see the portraits that were exhibited as a result of that was a way of the whole community sharing in the work that was done for that program. There are always a few grant recipients who are running an intergenerational connection type of project. That is, again, part of building stronger, more resilient communities by building connections across generations and enabling people to see all the benefits of getting older.

MS LAWDER: Must they be ACT-specific organisations?

Ms Davidson: Again, that would be in the guidelines. The aim is to provide support

for older people in the ACT to be able to build those social connections.

MS LAWDER: I want to ask a bit about seniors cards. It says in the annual report, on page 41, that there were 12,088 issued in 2022-23. My understanding is that usually it has a MyWay card with it as well. Because it has a MyWay card, they expire within two years. Is that correct?

Ms Davidson: There is a combination of the seniors card with the MyWay card for Transport Canberra, to reduce the number of cards people have to carry. I would have to take on notice the expiry, certainly for the MyWay part of the card. As you would know, we are looking at a new transport card system anyway, so there will be changes in future, at some point. Is there anything else in particular that you were looking for about the seniors card?

MS LAWDER: It must add to the cost of the seniors card program to have to reissue cards because of the two-year MyWay card expiry, whereas the seniors card itself does not necessarily expire until the person does, so to speak. Have you done any analysis of what the costs are to the seniors card program to have to reissue those cards?

Ms Davidson: There has been an independent review done recently into the seniors card program that considered a whole range of different issues, including digitisation and operational issues relating to that. A listening report for that review was released on 18 April of this year. The feedback that we received was that the major issues were about government concessions, including transport and motor vehicle registration—concessions being one of the most highly valued benefits of the program. Having the ability to get your discounted MyWay travel through the card is certainly something that people value.

People were also talking about being open to digitisation of the program but still wanting to make sure that there is some flexibility in that. Not everybody wants to do things the same way. Actually, one of our biggest problems is the level of awareness there is in the community about the diversity of benefits that are available to card holders. We have got more than 500 businesses who offer discounts to seniors card holders. People do not necessarily know about all of them, but they do know about the transport and motor vehicle registration.

MS LAWDER: Sticking with the seniors card and the new ticketing system that may be coming in, was there consultation with the seniors card area to make sure that the new ticketing system will incorporate what is required with the seniors card?

Ms Davidson: These might be some really good questions for you to ask Minister Steel, in relation to that consultation that TCCS would have been working on. There is an accessibility reference group now, or a committee. We have wanted to get that in place for a long time, and I am very happy to see that that is now in place. The intention there is to enable transport system decisions to take into account the needs of older people and people with disability at a much earlier stage than they would have done previously. I am hopeful that that might also make it a little easier to ensure that those issues are addressed.

MS LAWDER: I want to move on to seniors clubs and seniors centres. Again, perhaps this may be different area to yours. Have you had any representations from seniors centres—whether in the city, Tuggeranong or Belconnen—about parking close to the centres and the need for more accessible parking for them?

Ms Davidson: The main issue that people have brought to my attention in relation to things like seniors centres and community hubs is actually that there are just not enough of them in Canberra for the number of groups that want to hold a meeting or a book club get-together or a wellbeing class, whatever it might be. Having places like seniors centres and community centres is critically important, particularly for those smaller, informal groups who are looking for a space to hold those events. It is something that members of the Ministerial Advisory Council on Ageing have talked to me about. It is not restricted just to what is happening for older Canberrans; there are a lot of groups in the community who are looking for more space to be able to do the things that they are doing. Our entire city is growing at a very rapid pace and needs space for a lot of people, including housing.

THE CHAIR: On behalf of the committee, I thank the minister and officials for your attendance today. If you have taken any questions on notice, please provide your answers to the committee secretary within five business days of receiving the uncorrected proof Hansard. If a member wishes to ask questions on notice, please upload them to the parliament portal as soon as practicable, but no later than five business days after the hearing. This meeting is now adjourned. Thank you.

The committee adjourned at 11.39 am.