



**LEGISLATIVE ASSEMBLY FOR THE
AUSTRALIAN CAPITAL TERRITORY**

**STANDING COMMITTEE ON HEALTH
AND COMMUNITY WELLBEING**

(Reference: [Inquiry into Raising Children in the ACT](#))

Members:

**MS J CLAY (Chair)
MR J MILLIGAN (Deputy Chair)
MR M PETTERSSON**

TRANSCRIPT OF EVIDENCE

CANBERRA

TUESDAY, 18 JUNE 2024

**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.

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Amended 20 May 2013

The committee met at 3.20 pm.

MAYER, MS KATE ELIZABETH, Private citizen

THE CHAIR: Good afternoon, and welcome to the public hearings of the health and community wellbeing committee for our inquiry into raising children in the ACT. Today we will hear from a range of witnesses who made submissions to our inquiry. 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 this city and this region. We would also like to acknowledge and welcome any other Aboriginal and Torres Strait Islander people who may be attending today's event or who may be watching.

We are recording and transcribing our proceedings today, and they will be published in *Hansard*, and they will also be broadcast and webstreamed live. If you take a question on notice, just say, "I'll take that question on notice." But, Kate, we do not usually ask questions on notice, except to ministers; that one is probably not going to happen.

Some of the issues raised in this inquiry are sensitive. We have support information on hand for any witnesses who find this difficult or for anybody who is watching or attending. So please speak up and ask for help if you would like to. Topics can be sensitive, so if you find the hearing difficult, please let us know and we can take a break.

I am really pleased to welcome Kate Mayer. Kate, I am hoping we gave you a pink privilege statement, which has some rights and responsibilities. Did you read that statement and are you happy to comply with that?

Ms Mayer: I did read that statement, and I am happy to comply.

THE CHAIR: Excellent. So, Kate, we might kick off. Did you want to make an opening statement? Is there anything you want to start by talking us through?

Ms Mayer: No.

THE CHAIR: That is okay. First, thank you so much for your time and thank you for streaming for us. I was really pleased. We have had a lot of excellent submissions to this inquiry. We have had a really big range of voices, which is great. I was struck by a problem that I am not familiar with because I have not been a shift worker: can you run me through the problems we are going to have with parents who are shift workers?

Ms Mayer: I work at Canberra Hospital, where nursing shift works are broken into three primary types. Your morning shift starts at 7 am and ends at 3.30 pm. Your evening shift starts at 1 pm and ends at 9.30 pm, and your night duty starts at 9 pm and ends at 7.30 am the next day. There are obviously other shifts around, but that is manager- and department-dependent.

THE CHAIR: How has that impacted you? You have a child and you have had to try to find day care.

Ms Mayer: Yes; I have a two-year-old. I would have been four to six weeks pregnant, and I applied to go to the hospital day care. It is one of the only two in Canberra that opens at 6.30 am. Both Canberra Hospital and North Canberra Hospital have those two day cares, and I was originally rejected. Scarlet would have been eight months old. I was like, “Okay; this is going to be awkward going back to work.” Then they called me the next week and offered me two days. So, I could only return to work from a full-time rotating roster to two days morning shifts.

THE CHAIR: We are in such a healthcare crisis—such a shortage. Yes, it really surprised me. I would imagine that we have a lot of women and parents working in this field.

Ms Mayer: Yes, especially because we moved here from Melbourne seven years ago. We were brought here because of the job prospects. There was just this massive thing—it was called the SPIRE, when we first moved here, and now it is Building 5. We have people coming from overseas—from New Zealand, from England—and if the same thing happens to them five or six years down the track, and they want to have a family, it is really competitive trying to come back to work and find a day care. I am incredibly privileged, I know—I managed to get a spot. But I am one of the lucky ones.

THE CHAIR: I am really pleased to speak to you, but it worries me for the people that do shift work, and you pointed this out too—cleaners and other people that may not have access to a hospital day care.

Ms Mayer: Yes. The cleaners start before me. They can do it overnight. Sometimes they are there at 6 am just doing a round, so it is hard. The only day cares near my suburb all open at 7.30 am in the morning, so I would not have been able to go back to work had I not gotten into this day care.

THE CHAIR: When I was looking for day care, it never occurred to me that they were all opening at seven or eight in the morning.

Ms Mayer: Yes, and unfortunately my partner was a nurse at the time—and is now a paramedic, so there is a bit more flexibility—but even if your partner is a tradie, what time do they start—6.00, 6.30?

THE CHAIR: Yes, pretty early.

Ms Mayer: Those people who are trying to build, because Canberra is doing a great job—it is doing all this infrastructure and absolutely having more jobs and attracting new people—but there are no resources post settling in.

THE CHAIR: That is true. I am going to hand over to my colleague.

MR MILLIGAN: I will probably just stick to that line of questioning. Obviously, it

is very difficult for single parents, particularly working those night shifts, of course. Are there any recommendations you could put forward in terms of what the government could do to attract private industry or to work with our healthcare professionals to provide some sort of service for those single parents that might be doing those late shifts where they could have their kids looked after, either through the hospital or maybe through private industry?

Ms Mayer: We have definitely all made jokes that our managers should just have a day care in their office because of the demand for shift work. Unfortunately, most of us just go to family, friends, nannies. I am not entirely sure about our small cohort. I do not know what our percentage is. Is the demand actually there? It is for our cohort. As healthcare workers and shift workers, we need it, but I am not sure what percentage of Canberra that is, to get private industry interested.

But if that was offered to us—if you put out a survey—I am pretty sure most of us would be ticking, “Yes, please; we would be interested,” if a company was to open and do extended hours and things, or if Tuggeranong Community Centre said things like “Drop your kids off, we can bus them to the daycare; we can pick them up afterwards.” I know some day cares have that kind of system with primary schools, when those kids are going through preschool. It is like a shuttle system where they will take the kids to the preschool, but they come back to the campus where the day care is.

Maybe if there was a system like that you could tap into those resources as you needed it because you feel comfortable. You would know it is run by the community centre near your house, in your zone. That is what my parents had when we grew up in Melbourne. They just liaised with the local church to help take care of us. But Melbourne’s a different place.

THE CHAIR: Do you know, through your networks: are there any of our cities in Australia that are providing these services at the moment?

Ms Mayer: No. We all just talk about a village, and a lot of us are pretty dependent on mum and dad being close or using your neighbour. I, thankfully, have a neighbour who wants to earn money for Europe, so I get her to babysit occasionally. I am just saying, I think it is across the board; it is across Australia.

THE CHAIR: I imagine that Canberra’s likely to run into some problems that we do not want to have because we have quite a transient population and we are trying to attract skilled workers, particularly in the medical field, but also a lot of skilled shift workers, and if we cannot, those people will come without their family supports.

Ms Mayer: Yes. In the hospital itself, in our own department, we create units and villages ourselves to help each other out, and you become that unit instead. You have friends, and you take one kid one day, and they will do the same for you.

THE CHAIR: Good on you. Good grief, you must have the most organised, logistically planned life, and hats off to you with a two-year-old and shift work.

Ms Mayer: Currently planned to September; yes.

THE CHAIR: I am impressed.

This is a really good problem. I do not know what recommendation we will come up with, but I suspect we will certainly direct the government to this issue, and I quite like the idea you have raised that you do not necessarily need one at every suburb. You could have this sort of facility somewhere, and people from around Canberra could use it. Are there any other particular difficulties? We have not come into this inquiry with any judgment. We do not want people to have children or not have children; we just want to know how Canberra, and our government, is making those choices harder or easier to make. Are there any other issues that you want to raise with us?

Ms Mayer: Cost of living is just a general one, but—I am probably going to use the wrong language—extended accesses for new parents. When I became a new parent Tuggeranong Health sent me an invitation to a new parents group. My partner and I completely misunderstood that, and I called them and said, “Are new dads welcome?” and they said, “No, it’s just for mums. We are using inclusive language on the invite.” Then what does my partner have? He has nothing. He was at home with me. He was very lucky; he had seven weeks of annual leave.

I guess that ties into a further point—that there are no new resources for dads. Also, he had to organise annual leave. He was only entitled to two weeks of paternity leave. I know the government is definitely extending it, and I believe we are going up to 26 weeks by 2026 for birth leave, but I think new dads, as well, 100 per cent deserve that. That would help.

In raising children, they say that the first five years are the most formative years of a child’s life. If you had extended paternity and maternity leave available, that would definitely help you organise your life. You could plan for a lot more things. You would not be so rushed as you return to work, and then planning day care and community services. And either relocating or having mum and dad come up to live with you for a bit, I think, would just be integral. It would make you feel more like a family unit, because when my partner went back to work it was just me with this brand new baby, and if you feel pretty isolated and alone, you want them there.

THE CHAIR: I certainly remember that. My partner was fortunate enough to stay home for six weeks, and I do not think I left the house by myself until five weeks and six days, just because there is a lot to organise to be able to even work out how to do it.

Ms Mayer: That was pretty much me. The day before, I thought, “I’m going to go out on my own. I have actually never done this.” And I had a caesarean section, so I could not drive; I could not push a pram. I was incredibly lucky he had just organised the leave. Obviously, I know that I come from a place of privilege in that it happened that way, but I can imagine women whose husbands cannot do that because there is no leave for them to access, and they have had a caesarean as well. That must be incredibly hard.

I would advocate for that. Knowing those services were there to access for a longer period of time would make the prospect of having children look less scary, because

when you share with your friends that have not had kids, “Yep, I was alone after having a baby. My husband had to go back to work. He needed sleep. He is a shift worker. He drives an ambulance. He is working in resus,”—whatever the concept—you can accidentally deter your friends, because all they think is, “I will be alone for eight weeks after having a baby.” That is a cycle. That is a whole other problem of women probably sharing the wrong things, because you talk.

But, yes, I think we could increase that. When I told my partner I was doing this, he said, “Please tell them to increase paternity leave,” because it is the one thing he wanted. He wanted to be at home so much more with our baby, and he was missing out.

THE CHAIR: Thank you.

MR MILLIGAN: You raised a valid point about shift workers, so I think I am pretty keen to see what we can come up with in terms of recommendations, because if we can provide some sort of support for those single parents out there who do shift work, we might be able to attract more people to nursing, let us say, as the example in your case—not being a single parent, but working in that profession.

Ms Mayer: One hundred per cent; yes. There are some great people overseas that I know we are attracting. We would hate to see them go because they just could not raise a family here.

THE CHAIR: Thank you. Thank you also for support for new dads, which is also support for the entire family, in effect.

Ms Mayer: Yes.

THE CHAIR: Yes; it assists by all means. Is there anything else? I reckon you have given us excellent material for a couple of good recommendations. Is there anything else, while you have us, that you want us to pursue government on?

Ms Mayer: No, I think that is it. I am really glad you guys are doing this and being open to us everyday people who are living in it.

THE CHAIR: Thank you so much. Thank you for sharing your experience. It is delightful to chat to somebody who is in the thick of it. It is a really fun time, but it is a really busy time, isn't it?

Ms Mayer: Thank you so much.

Short suspension.

VAUGHAN, MR SIMON, Principal, Canberra College
JOHNSON, MS SUSAN, Executive Teacher, CCCares @ Canberra College
HUXLEY, MR MARK, Executive Group Manager, School Improvement, ACT
Education Directorate

THE CHAIR: I am pleased to now welcome witnesses from CCCares @ Canberra College and the ACT government. I believe we have sent you a privilege statement which sets out some rights and responsibilities. Have each of you had a chance to read that and do you agree with the information?

Mr Vaughan: Yes.

Ms Johnson: Yes.

Mr Huxley: Yes; I have read the privilege statement and understand it.

THE CHAIR: That is excellent. Would you like to make an opening statement?

Mr Vaughan: Would you like an idea about CCCares itself in that opening statement? Would that be helpful?

THE CHAIR: Yes; that would be good. Tell us a little about yourselves.

Mr Vaughan: I will go to a general overview of Canberra College. CCCares is a very important part of our college. I will hand over to Susan for a bit more of the dynamics and representation of the program itself. Canberra College currently has around 1,200 students. We have upward of 100 students attending the CCCares program. It has been onsite at this part of Canberra College for 15 years or so.

Ms Johnson: Not that long.

Mr Vaughan: Not that long—about 10 years. But it has been in existence for longer than that. We were amalgamated with Phillip and Stirling colleges. The program developed around 25 years ago. The purpose-built building that is on this site was finalised as I was leading for the first time. We are a quite integrated campus. It is not different to college for other Canberra College students, except in some minor regard for the “little people”, as I will call them. I hope that is understandable to you. We make sure that they are secure and they are safe in a different way to, perhaps, the mainstream campus. Susan.

Ms Johnson: The CCCares program meets the needs of young parents: pregnant and parenting. Mums and dads can enrol in the program. They have a flexible learning program. All our work is online. A lot of our young people work at home when it is convenient for them, when they are looking after sick children or whatever. When they come, there are four teaching staff who can work one on one or in a small group. It is all very tailored to their needs and it is all very individual. Each young person comes to us with a variety of needs, whether that is educational or social, and we provide a wraparound service. We offer transport. We pick them up, bring them to school and take them home every day. We have onsite partnerships with ACT Health. We have MACH nurses every week and a GP that comes once a fortnight. We have a

lot of other health services, including dental. Everything they need is there. We also offer support with emergency food, clothing and referral to services. We have a lot of community partnerships that help us make it a successful program.

We graduate about 15 students a year. In terms of Australia, we have a flagship program. A lot of programs in other states are lucky to have 15 enrolments, so the fact that we are graduating 15 people here is a pretty big deal. There are 497 young parents in education in Australia, and we have 105 of those enrolled here in our program. We are really meeting the needs of those people in the community.

THE CHAIR: That is a sensational level of support. I had a quick look at your website. You are working with parents and pregnant people aged 14 to 25, and they are coming out with useful skills and are getting all the support they need along the way. Is that how the model works?

Ms Johnson: Success depends on the individual. Not every student that leaves us graduates. They might have got a full-time job or it might be that they got married and wanted to continue growing their family. Whatever success is to the young person is what we focus on. It is about their goals. We are there to support them in achieving those goals and to reach out to whichever services they need to do that.

THE CHAIR: Awesome. Have you seen the need for change over time? You have been operating this for a while now. We are certainly seeing a lot of cost-of-living and housing concerns. Have you seen different needs appearing over time?

Ms Johnson: Absolutely. I have seen that the types of services we need to reach out to change as well. It comes and goes as their funding changes. The cost of living is affecting everyone, but the core barrier for the current cohort is being able to access health services. The waitlist for paediatricians is really high. Everyone is in a housing crisis, so of course that is going to affect young parents. There is their mental health. It has been in the media a lot, but domestic and family violence obviously affects our cohort as well, so we reach out to services for that when it is needed.

THE CHAIR: How do you trigger that? Is it when people ask you or do you have support services that are aware of what is going on? How does that work?

Ms Johnson: Referrals to our program come from the community or self-referral. Often midwives will bring people in when they have presented at a hospital pregnant. Other services or schools reach out to us and say, "We have a student that has disclosed to us that they are pregnant. Is your program an appropriate place for them?" We service all of Canberra but also the Queanbeyan region. We also have some remote students that have been moved to Goulburn, for whatever reason, and they are still working online to try to finish their education.

THE CHAIR: That is awesome. Thank you. I will hand over to James.

MR MILLIGAN: Thank you, Chair. Can you talk a little bit about the programs that you offer, the benefits that the students receive and the outcomes of the programs?

Ms Johnson: Sure. Specifically, onsite we offer a cert III in hospitality, a cert III in

business management, and, obviously, the senior secondary certificate. We have a beauty course, and they get modules towards that. If they want to participate in any of those certificate qualifications, they can. Otherwise, we connect them with external apprenticeships and whatever course they want to study. We organise a lot of work experience for the students. On top of that, we have parenting support. Circle of Security come and do workshops. It is about looking at their educational outcomes, but it is also about looking at support and the learning that they want around being a young parent.

Mr Huxley: James, just to clarify your question: were you referring to domestic violence services, MACH nurses and that kind of thing, or specifically school programs?

MR MILLIGAN: School programs. I see it is very difficult at times to raise children and also get some sort of qualification to build for the future. You were established in 2005, as I understand it. How has demand been since the establishment of CCCares over the years?

Ms Johnson: It follows young people. The trend in the under-25s is declining, but our enrolments have been consistent, certainly through my time. The program grew from when it first started 25 years ago. Certainly since being on this campus, it has been consistent. As I said, we will graduate at least 15 students a year, but those enrolments come back. Our enrolments happen throughout the whole year because people get pregnant throughout the whole year. They will engage with us any time.

Mr Huxley: We are trying to enforce a program where they get pregnant on 26 January, but it just does not seem to work!

MR MILLIGAN: Funny that!

Mr Huxley: There is an atypical length of time for students to get their year 12 certificate, if that is what they are aiming for. They have extended latitude around how long they can be with us, because the ultimate goal is success for an individual student. So, if it takes—

Mr Johnson: Most of our students join an abridged program. It might also mean that we will not unenroll someone unless they are completely unengaged and we cannot contact them. People will study with us and attend and then will need to stop and have a baby. They might spend months at home caring for that child before returning to school to continue with their education where they left off.

Mr Vaughan: As you can imagine, the pressures on anybody to raise children are pretty huge, but often you do not have to go to school or do a training program as well as raise a child. It is more common for the younger folk.

Ms Johnson: We also offer white card training, the RSA and a barista course. We do a lot of those, as well as first aid training. That is all done on campus as well.

MR MILLIGAN: You obviously partner with the CIT and independent RTOs. Who else do you partner with, and what other supports do you offer?

Mr Vaughan: Training-wise, the Australian Training Company has an external arrangement to deal with us. Sorry—what was the second part of the question, James?

MR MILLIGAN: Other service providers that you partner with to provide support.

Ms Johnson: In terms of social support, there is the MACH nurse. They organise the GP and all that sort of stuff. We have links with Rotary. I cannot remember them all. How long is my arm? How many services are there? There is Barnardos for anyone who is involved with children and families. We have connections with them.

THE CHAIR: You talk a lot about remote learning. People come to your campus as well, obviously, so it is a bit of a blend.

Ms Johnson: Yes. It is a flexible learning space. There are no classrooms, bells, timetables or anything like that. They come in when they can. We have adjunct child care where they can take their kids. We have qualified early educators looking after the children. The parents can come and go to see their kids or help out in the rooms. Then they just find a desk, sit down and start on their work. If they need support, they find a teacher who can sit with them and go through it. That is how the learning environment works daily.

THE CHAIR: That sounds great. Do the people who enrol with you come from a pretty big range of backgrounds or are you seeing certain patterns?

Mr Vaughan: Every part of the spectrum you could imagine.

Ms Johnson: Pregnancy does not discriminate.

Mr Vaughan: We have had embassy kids, single mums and parents together. We have had single dads. We have had every spectrum of—

Ms Johnson: Some people are homeless and some have very large supportive families. It is for anyone in society that you can imagine.

THE CHAIR: That is awesome. Do you ever get to check in with your graduates and see how they are doing? Do you have any—

Ms Johnson: We do hear from some of them. That is on their terms. We do not impose ourselves on them, but we reach out to them and have networks that they can reach out to. Some of the students keep in touch with each other and we hear things.

THE CHAIR: It is nice if they get some peer support. I imagine that a lot of what you lose at that time of life is peer milestones. How do you get funding? You do not turn people away. Do you have enough funding to provide services for the people who come to you?

Mr Vaughan: Yes. It is all managed within the school's means. If I were completely honest, everybody wants more money all the time, but we manage. We are okay, thank you.

THE CHAIR: Goodness. That is the best news I have heard all day.

MR MILLIGAN: We do not hear that often.

THE CHAIR: No. That is really excellent.

Ms Vaughan: Our students can get a lot of community grants as well, so we support students in applying for community funding as individual projects.

THE CHAIR: I would imagine that the funding need would be from some of your students who maybe need housing or something else. If they access their education with you, it might be that they actually need other community services.

Ms Johnson: That is part of the referral process and letting them know what they are entitled to.

THE CHAIR: I like a lot of this. This strikes me as excellent screening and support for mental health, drugs and alcohol, domestic violence and a lot of issues that can become more acute when you are pregnant or when you are raising children. Do you have a full referral network to help people with any of those other issues as well?

Ms Johnson: Absolutely. For whatever issue or goal they identify they need support with, we reach out to the community.

Mr Vaughan: We also have social workers that work with the college.

Ms Johnson: I have training in community service, youth work and that kind of stuff as well.

THE CHAIR: That is absolutely ideal. Are there any unmet needs that you can see for your students? It may not be unmet needs with you; it may be other unmet needs.

Ms Johnson: We need paediatricians and we need psychiatrists.

THE CHAIR: The psychiatrists are for the children or for the parents of the children?

Ms Johnson: Paediatricians for the children and psychiatrists for both, to diagnose and for early intervention, and for parents managing their own mental health.

Mr Vaughan: Generically across communities, housing would be another one.

Ms Johnson: The housing waitlist is too long.

THE CHAIR: The housing waitlist is too long—yes.

Mr Vaughan: Not to profile our students, but, like any section of the population, there are issues around intimate partner violence and being able to give people emergency accommodation. That happens within the cohort, and that becomes another thing for you if you have that magic bucket of money that you just referred to.

THE CHAIR: We do not have that magic bucket of money, but we are pretty keen on telling the story as it is. That is pretty important.

Mr Vaughan: Yes. That is okay. That would be one thing outside of the school, definitely.

Ms Johnson: There is some inconsistency in responses, depending on who you are referring to. Sometimes things happen quickly; sometimes things happen really slowly.

THE CHAIR: Which areas are responding really well? What is working?

Ms Johnson: Getting stuff, if that makes sense. There are donations. We get a lot of donations. It is easy for us to nominate furniture or clothes. Roundabout is absolutely amazing—

THE CHAIR: Yes; they are great.

Ms Johnson: with what they offer, and I can pick it up the next day. MACH is working. Our on-site health services are working. The fact that we have a GP on site that bulk-bills and is free to the students and their children is working. The flexibility of the program is working—their ability to access it.

Mr Vaughan: To give a behind-the-scenes nod to people who do not normally get a shout-out, BSSS works really well with us to provide flexibility and accreditation. They are really good with our needs and they help us get on with it.

THE CHAIR: What was that one?

Mr Vaughan: The Board of Senior Secondary Studies.

Ms Johnson: They are pretty flexible with how long it takes students to graduate and things like that—having the abridged program.

MR MILLIGAN: I am making some notes now. It is good use of information.

THE CHAIR: That was enormously helpful. Before we finish, is there anything else that you want to tell us while you have us here that we might pass on to government?

Ms Johnson: Young parents are just like any other parents. They should not be seen as something to be scared of or hidden away. Their struggles are the same as any parent's struggles.

Mr Vaughan: We also very much take the view that they are students just like every other student when they are with us. That is another thing to add. If we were going to add anything into the mix, we would probably like to know that we are meeting the needs of every young pregnant and parenting person in the ACT that needs an education. I am not sure that we are, to be honest. If that were more than we could handle, then there would need to be a second or third site for delivery.

Ms Johnson: It is about 81 per cent for us. Nationally, we are definitely at the forefront. We had a conference for all pregnant parenting programs in Australia in Melbourne last year. For example, Queensland has about 1,200 young pregnant and parenting people, and they are only able to access about 10 of those through online education programs, so that is not quite meeting the need. Here in the ACT, we are reaching about 80 per cent of our young pregnant and parenting people.

THE CHAIR: That is enormously uplifting and probably the happiest news we have heard during this whole inquiry. Thank you very much for your work and thank you for your time. It is enormously useful for a parliamentary inquiry to get this on-the-ground information. We will wrap up, but please let us know if there is anything that we have not got to and we will see how we go.

Mr Vaughan: Just to say that we are very proud of the work they do here.

Mr Huxley: If you need anything further, email us and we will see if we are able to get it. If there is any data that you might require, we will get that back to you if we can.

THE CHAIR: Thank you so much.

MR MILLIGAN: Thank you.

Short suspension.

ESGUERRA, MS INDRA, ACT Campaign and Advocacy Coordinator, Justice Reform Initiative

HUMPHRIES, MR GARY, ACT Patron, Justice Reform Initiative

THE CHAIR: I am very pleased to welcome witnesses from the Justice Reform Initiative. I think you have before you—and we have hopefully sent it to you beforehand—the privilege statement. Have you both read the rights and obligations in that statement and are you happy to comply with them?

Ms Esguerra: Yes.

Mr Humphries: Yes.

THE CHAIR: Excellent. Would you like to make a brief opening statement or do you want us to jump into questions?

Mr Humphries: We will make a brief opening statement, if that is alright, just to say a couple of things. In a sense, the submission that we have given to the committee is a bit of special pleading. There are obviously many problems affecting families in the ACT and elsewhere in Australia. The measures that this committee might recommend can assist generally with the problems faced by families. They will be a tide that lifts all boats, and that is very important, but we are making a particular point about the problems faced by families affected by intersections with the criminal justice system.

While other issues, like cost-of-living increases and issues with social media use by children and so on, are serious problems, when a family ends up in court and in the criminal justice system the level of dysfunction is acute and the ripple effect throughout that family, the people that they know and the rest of the community can be very severe. Investments in dealing with those problems are really important, we think. We are talking, in many cases, about a relatively small number of families in the ACT. The police will tell you that they can very often identify where the problem families are and where the children are at risk and where problems emerge. Addressing resources at those levels is often, I think, a very valuable use of limited resources to deal with those sorts of problems.

We have made a number of recommendations in our submission about things that might be done. All of them are worthwhile, and none of them are experimental. They are all problems which have worked in other contexts and will work, I think, in the ACT, if they are not already operating in the ACT. Generally, resourcing the sector to address problems at their source, rather than waiting for them to manifest themselves as full-blown interactions with the criminal justice system, is obviously very important.

I want to make one more point, and that is about Indigenous people interacting with the system. We have an alarmingly high level of Indigenous people being incarcerated in the ACT, and that includes children. In fact, the rate of incarceration of children is the same as for Indigenous adults in the ACT, which is disturbing. Our publication on the rates of children's imprisonment in Australia, which is available on our website, lists a number of stats, one of which is quite alarming. In the last 10 years or so, the rate of detention of Indigenous children in Australia has fallen by about 20 per cent—

and, over that period, has fallen by around 11 per cent in the ACT—but in the last four years the rate in the ACT has increased by 67 per cent. It has doubled in the last four years. We are talking about small numbers of children, but it is a very disturbing problem, given that we have already got a high rate of Indigenous incarceration. I think there is some justification in looking at that problem in isolation, as well as looking at the broader picture.

THE CHAIR: I pulled some of the stats from your submission, but I do not have those ones. You were just talking about First Nations children in the ACT.

Ms Esguerra: Twenty-seven per cent of the children in Bimberi are Indigenous.

THE CHAIR: Yes, and it is hard because it is such small numbers. Statistical analysis is a bit tricky.

Mr Humphries: Potentially, yes.

THE CHAIR: But it does not look to you like we are moving in the right direction.

Ms Esguerra: Overall, I would say youth detention numbers are decreasing, but what is happening is that the Indigenous ratio is increasing. It has now hit the same as the adult population in the AMC, which is also about 27 per cent.

THE CHAIR: Does that mean we do not have the right programs and that we need more specialised programs if we are assisting some cohorts and not others?

Ms Esguerra: For the purpose of *Hansard*, we are all nodding.

THE CHAIR: Yes; okay. What do we need? What are the programs that we need that we do not have, or what are the programs that we need more of that we do not have enough of?

Ms Esguerra: A lot of this work was done while looking into all the supports, systems and services that were being set up for the raising the age process and legislation. The ACT took two years longer than a lot of people wanted to get around to legislating it because it went to a lot of trouble to ask that exact question. The ACT did some very good work in identifying that. It focused on children aged 10 to 12, but by next year we are going to be at that age of 14, the age of criminal responsibility.

By next year it will be a system where, for anyone aged 10 to 14 who gets picked up, what might have taken you into youth detention will now put you through the therapeutic support panel, which means you will have a caregiver, with the child's consent. Obviously, that will not happen if there are child protection orders or some sort of difficult situation, but otherwise there will be a caregiver, teachers, any counsellors involved or any other people in the community that have been involved in services for that person. They put a whole support panel around them, and they make a plan with those children to help them through a program that will prevent them from doing those same behaviours again to take them back into the justice system.

It is a lot of those services. It is wraparound services. As Gary said, we know that

there are very, very few children. We are talking about percentages. If we are talking about 27 per cent of people in Bimberi, when we know there are only 10 to 20 kids in there at a time, then we are talking about five Indigenous kids at a time. The ACT government can afford to run a program that puts supports around those children and their families.

That is, I think, what we are trying to say in the submission. You nailed it with the title of the inquiry, which is about raising children. It takes more than the child to raise the child. We need to have the systems, supports, for the families, for the parents. We need to have screenings in schools. A lot of it is the support services that the community sector already know how to run but that are funded for such a small amount.

THE CHAIR: So it is just more people. It is more money, more people.

Ms Esguerra: It is really just more money in the community sector, where they already understand what needs to be done, but also to interact and intersect with the government system. In a lot of cases, the gap is the case management. You end up with kids and adults bouncing around. Often a lot of people who have been caught in the system have very low literacy and then they have to navigate 10 different government agencies who all want something different at different times, and it is a lot.

People can relate to this. It is like when you are starting a business. You need a bit of advice, such as: where do I get my ABN, how do I get insurance and what insurance do I even need? But when you fall into these sorts of systems there are not people to help you navigate your way through them. You have to find yourself a counsellor and find a counsellor that the government is going to be able to help you fund—all those sorts of things. It is very difficult.

You have to get to be a real problem child until you get to the point where you get that support. By that time, we have already lost the momentum of that child's life going on the right track, probably. We know that it is, unfortunately, connected. The lineage of a child in the out of home care system or in foster care then ending up in youth detention is very high. Once you are in the youth justice system, it is almost 100 per cent likely that you will end up in the adult justice system.

Something very brave that the ACT government is trying to do is to figure out how to treat those children differently. I think the ACT did it very differently to the Northern Territory, where they just raised the age of criminal responsibility but did not put any of the systems around it that were going to make the trajectory different. Surprise! There are a lot of problems in the Northern Territory at the moment. There are things that governments can do and a lot of it is just having some community support services that help children find their place of safety and security.

THE CHAIR: Thank you. We prefer sensible to brave. Better advice for government.

MR MILLIGAN: Just while we are on Indigenous affairs or Aboriginal and Torres Strait Islander people here in the territory, yes, we do have a high incarceration rate both in the adult prison but also in Bimberi. What could the government be doing, and

do you know of any programs or supports that are currently out there to help support parents or the single parent that is at home, raising their child, because their partner is in prison? What programs are currently available? How can we support that parent? We do not want to see that child end up in Bimberi either. The environment that they may be in may not be as supportive as it could be, so they could be at risk of committing crimes and other forms of activities. We do not want them to end up in the justice system either.

Mr Humphries: We published a report fairly recently, *Alternatives to Incarceration*, which itemises all of the programs which we think have been effective. Some of them are in the ACT, with others applying elsewhere in Australia and other places in the world, all of which have been demonstrated to make a difference. Of those specifically, I do not know that any fit the criteria you have just mentioned, but we can go away and check that to see if there is any particular program, unless you can think of any?

Ms Esguerra: I cannot think of any. If Gary's co-chair, Lorana Bartels, were here she would be able to answer that, as she is on the Bimberi education board. Frankly, I have never heard of a system that supports the parents of the children, but that is exactly what you would want. Having said that, there is the Yarrabi Bamirr program, which has now been tendered out to, I think, Winnunga, and there is Yeddung Mura. There used to also be Tjillari, but I think they are not operating at the moment. So there are two bodies that run those programs. They are wraparound supports for Indigenous families—the kids and the adults. I guess you could say they are for them. They are not focused particularly on the children in Bimberi, but they would capture quite a lot of them. They were initially funded to look after 10 families. I know the funding got increased, but I am not sure how many families they are able to deal with at the moment.

MR MILLIGAN: Through conversations I have had with the community, it is very hard for single parents who have a partner who is in prison to then raise their child and ensure that they go to school, get an education and stay out of trouble. I think that is potentially an area that government is not addressing appropriately. Potentially, there could be something in that space to give support to those single parents out there that are raising the kids.

Mr Humphries: There are all sorts of problems which multiply in those circumstances. We do not talk much about the social stigma associated with being in jail or being on remand. In a very middle-class community like this, when you have a kid whose parent is in jail, it is a big deal. It is hard to not have those things known. They are the sorts of things which a single parent is very likely to have to deal with. We need to bring those factors into play.

One comment that I would make about looking at individual services to deal with individual things is that we have tended to look at this as a kind of supply-side problem. You know: here is a service that deals with that issue; here is another service that deals with that issue. If a family has a problem, you might be lucky and have capacity in certain services to deal with certain problems, but very often there are a suite of issues. In our submission we talk about the social determinants of justice. There are a suite of issues.

If you have a service which can address one of those social determinants but there is another one that is not addressed, then you have got a problem. What would be ideal would be to look at it from the demand side of the equation. What does this family need? ABCD are the problems; let us make sure all four of those issues are addressed so that you do not fix up the mental health issue and the drug addiction but homelessness is still dangling and the family is still without a home. It is not much good fixing those problems if you have not fixed that problem as well. It is a change of mindset, but dealing with everything, rather than doing it in a piecemeal way, is really important.

MR MILLIGAN: More of a wraparound service.

Mr Humphries: Yes.

Ms Esguerra: I agree wholeheartedly. The child protection system seems to not be linked to the rest of the support systems. There is a really high unsubstantiation rate for out of home care—children being taken away from their families. They always do that in an emergency situation first and then they review it. There is a very high rate in the ACT of them not getting it right; they took children away when they should not have done.

That is going to be completely traumatic for children and families. It would be really nice to know how that could be changed and what parts of the processes could be changed. More and more people have been looking into these social determinants of justice. All the traumatic things that happen to children in the early stages of their lives are setting them on a trajectory to end up in jail. We are not trying to say that all the kids are going to end up in jail, but there are so many things you could do, and it is frustrating to watch it not happen.

THE CHAIR: I saw that high unsubstantiation rate. That is particularly acute with First Nations kids.

Ms Esguerra: Yes, which is, I think, a bit of a cultural issue. It would be really nice to know how many Indigenous people were included in the workers going out and making those assessments, because I think there are different standards, such as how many people might sleep in the same room or what time of day they eat dinner. Not being Indigenous, I do not know exactly what they are. I feel like there must be a cultural disconnect going on that says, “Oh, those kids are not safe there,” and they are judging it by a standard that is not correct. Why are they not being substantiated? I do not know; that is not my specialty.

THE CHAIR: Have we looked at that issue before: the unsubstantiation rate of removals?

Ms Esguerra: I think there was an inquiry in either the last Assembly or the one before that Giulia Jones was around for. I do not know what happened to it. It was a very long-running inquiry.

THE CHAIR: I wanted to test you both on this one. I noticed you highlighted a need

for better screenings for lots of different things. In Bimberi, one of them was screening for fetal alcohol spectrum disorder. Do we have good screenings for that? I have heard reports of high rates of FASD, but is that an easy thing to screen for and we are not doing it?

Ms Esguerra: Screening for cognitive disability generally is not really done at those points, as far as I know. The Disability Justice Strategy did talk about doing that in the adult jail. I am not sure whether they were going to do that in Bimberi as well.

THE CHAIR: You would imagine that you would need to do this. It would be as useful in Bimberi as it is AMC, I would have thought.

Ms Esguerra: Agreed. You would have to ask the justice health services what stage they are at with that.

THE CHAIR: Yes. We might follow up on that thread. We have come to the end of our time.

Ms Esguerra: Got any other 30-second questions?

THE CHAIR: Is there anything else that we did not get to? Thank you for your submission. We read it and it was excellent.

Ms Esguerra: I would only highlight that the social determinants of justice are relatively new, so we are starting to get our heads around them. It feels to me like a bit of the answer to how we can start stopping the pipeline of people who end up in jail. It is not a cheap answer, but I think that is probably the best long-term answer that any government could get.

THE CHAIR: There are also not a lot of people.

Ms Esguerra: No; we are lucky.

THE CHAIR: It is not a huge population we are dealing with.

Ms Esguerra: No, it is not.

THE CHAIR: Thank you so much for your time today. We are really, really grateful for your time, your expertise and your work. I am pleased that there is some movement in this area, after a long wait. We will do our best to make some useful recommendations to get some further outcomes. We will suspend for a short break.

Short suspension.

THOMAS, MS NATALEE, Private citizen

THE CHAIR: We now welcome Natalee Thomas. Thank you so much for your submission and for coming in to join us today. Natalee, in what capacity are you appearing before us?

Ms Thomas: I am appearing in a personal capacity today.

THE CHAIR: Natalee, did you manage to read the privilege statement, which contains some rights and responsibilities? Are you happy to agree to abide by those rights and responsibilities?

Ms Thomas: Yes; I agree to abide by those responsibilities.

THE CHAIR: Thank you, Natalee. These hearings can be sensitive. Please let us know if you need to take a break or if you need any support.

Ms Thomas: Thank you.

THE CHAIR: We have your submission; thank you so much for sharing that. Do you want to start by making an opening statement?

Ms Thomas: Yes. My opening statement would be to reiterate what I said in my submission. Basically, I have a two-year-old toddler and I am also a full-time wheelchair user. As you can imagine, that comes with its own unique set of challenges.

Before I became pregnant, and then became a mother, I was very aware of the inequities when it came to being disabled and living within society. But since becoming a mother, those inequities have been completely brought to light again. They are a lot more visible to me. They are something that I notice a lot more because now they do not just impact me; they impact my child.

There are a lot of things that I was able to ignore and tune out before I had a child, but now I cannot do that, because, as I said, it is not just me who is disadvantaged; it is my two-year-old. As a family, it is a lot harder for us to do things. Most families probably do not even have to think about it, but there are places we cannot go, and there are things we cannot do together.

I have had experiences with trying to reach out to ministers within the ACT to address some of these issues. For example, there was the multi-million-dollar playground put in, in Wright, a few years back. I asked Minister Yvette Berry whether she could highlight what made it all-inclusive, because that was the wording she chose to use. She said that, because it had one accessible parking space—which I need to note is unusable—and one swing that wheelchairs could use, it was accessible. That does not equate to accessibility. She told me to email her with my concerns as a parent, and as a disabled person. I did not hear back from her, but I heard back from Chris Steel, who told me that I should be grateful that the ACT has four accessible playgrounds, because that meets the current statistics for disabled people living in the ACT.

When we think of access, it should not just be for wheelchair users, whether it is the child who is disabled or a parent. It should be for people who use prams, which is the majority of parents in the ACT, people who use bikes, and people who have young children riding bikes, scooters et cetera. We are a community that tries to push green energy, utilising things like bikes. But if we do not have the facilities that let us do that, it makes it incredibly challenging.

THE CHAIR: I am really sorry, Natalee, that you had that reception and that experience. Can you run me through, at the Wright playground, perhaps, or somewhere else, the issue with the parking spot? There is one parking spot that is meant to be disability accessible.

Ms Thomas: Yes.

THE CHAIR: Can you tell me the limitations with that? What is the problem?

Ms Thomas: With the way you park, it is side to kerb, so you have to reverse in, to park. It does not account for someone who is driving a vehicle and happens to use a mobility aid, because, with the kerb parks, to get up onto the path, they would then be blocked by the car. If I was driving—and I do drive—and I parked there, unless I were to illegally park and drive around, I could not actually access the kerbside. It is the only kerb park there that you can safely use, given how narrow the streets are.

THE CHAIR: I have done a fair bit of work on it, and our path network is not great, frankly. You have made exactly the right point. If you make it right for anybody, you can make it right for everybody. If you make it wide, with good lips and good inclines, that helps people pushing prams and those on bikes; it helps a whole range of users. I would say Canberra's network is not up to scratch.

Ms Thomas: No. The excuse that a lot of mobility users get is, "You should be grateful for what's there." In reality, we have a city that is filled with footpaths that are so uneven that they are tripping hazards. That is a liability. It is not just about people who use mobility aids; as you said, there are prams, bikes and scooters. Also, people with limited mobility are more likely to fall over.

We should just get it right for everyone, and take that into consideration, rather than say that disabled people are asking for too much, which is often what we are told. We would be making the city accessible for everyone. That should be the goal, as a city, especially one that claims to be inclusive and welcoming for everyone. If we want people to enjoy what we have to offer, we have to allow them to do so.

THE CHAIR: You are making some excellent points, particularly at playgrounds that are meant to be accessible, but across the board it would be much better if we did that better. You mentioned that we have four disability-accessible playgrounds. I know of the one called Boundless.

Ms Thomas: I thought Chris Steel said we had. I disagree that we have four. We have Boundless, but because there is such limited parking, it eliminates the ability for a lot of people to get to it. If you do need accessible parking spaces, and they are all in use,

it is at the top of a hill, so you cannot easily get to it, whether you are pushing someone or using your own mobility aid. On weekends, especially in winter, you do not want to be at a playground that is completely packed with other people. It is just not a great experience. We do not actually have four, in my opinion, and I am speaking as someone who does access audits and consultation. I know about standards and best practice. I would not say we have four.

MR MILLIGAN: It is interesting that we only have four alleged playgrounds suitable for people with disability or mobility issues. I could not imagine anything worse than having your child in a playground and they have an accident, and you cannot get to that child because the surface of the playground is not suitable. It must be nerve-racking, potentially, in that situation, if it did occur. I think that the government needs to look at those surfaces to ensure that they are suitable for people that have mobility issues, use a wheelchair or have other forms of mobility issues, in order to get access to the playground itself, in case their child has a bit of an accident.

You mentioned in your submission that cost of living is a big contributing factor with raising your child. What government supports do you think would be suitable to help you in this situation with cost of living? I am not sure whether you are working or not, or whether you work full time. Obviously, that would contribute to the difficulties. What could a government do to help you, in your situation, with raising a child?

Ms Thomas: I do work full time, and my husband works full time, too. You will have all heard about the gender pay gap. Think about the pay gap with disability. That is not talked about at all. I have no choice but to have private health insurance. That alone costs an exorbitant amount of money. You then have medication costs and the cost of specialist doctors. It is 18 June, and I have already seen three doctors this month who are specialists and cost over \$200 each for an appointment. That adds up, and it adds up fast. I understand that it is a personal medical cost, but it is one that I did not ask for. It is one that just comes with being disabled.

When it comes to having a child, I know that all parents face this; it is a question of: is it serious enough to take my child to the GP? That will cost \$150-plus, with a very small rebate from Medicare. I do not know what doctors can do, honestly, because we have been asking for a long time to reduce the cost of GPs. We have great GPs here and they can barely afford to keep their practices open, so something has to give at some point. We cannot keep paying through the roof, especially within winter, with respect to the current prices we have to pay. People will say, “Just go to a walk-in centre et cetera.” That is still about \$100 for each visit, and a lot of people cannot afford that. I do not know how to answer that question, apart from reducing the need for things like private health insurance. Fix the Canberra Hospital, and fix the systems and supports that are available.

As someone who knows the health system too well, it is failing, terribly. It is really failing. Maybe do an inquiry into ACT Health and the public hospital. I would be happy to tell you all about that, but I do not think it is appropriate today.

THE CHAIR: This is a tripartisan parliamentary inquiry, so we cannot get political. A few of us have launched some things to try and help with the costs of health care. Certainly, the cost of basic health care is a problem raised by many people in many

different situations in this town. It is a major problem.

Natalee, you have raised a few issues that are experienced by a few people, and you have also raised a few issues that are experienced by many people, and cost was one of them. You also mentioned climate and environmental concerns. Can you run me through those?

Ms Thomas: It is really interesting, because the government is pushing to reduce emissions and that kind of thing, but I do not have the choice to hop on a bus. I do not have footpaths in my suburb—I am in Holder—and that means I cannot get to the bus stop. Until, I believe, this year there was a fifty-fifty chance of getting one of the buses that still was not accessible.

We hear a lot about mobility aid, but there is not really much opportunity to ride-share, because you do not know if the ride-share company will actually pick you up. I have booked a taxi or a ride-share, they have shown up and then they have just left because they see a wheelchair. I love the idea. I am really big on reducing emissions; also, I take a lot of personal responsibility. We did everything we could. We use cloth nappies and second-hand clothes—a whole bunch of different things. But, in a city like Canberra, when you do not have the infrastructure to support everyone to try and reduce emissions, it feels really redundant. You do feel a bit excluded, especially when it comes to electric car charging stations. Have you ever seen an accessible one?

THE CHAIR: I was on a different committee that looked at EVs. John Smith came in and explained to us exactly how badly we were building our EV charging stations. I think we have since responded, and some of them are now accessible to people in a wheelchair, but they were not in the first round. We have spent a bit of time on the bus fleet, which should have been changed over to disability-compliant buses, and that fleet has not yet transitioned properly. On transport issues, we are not performing as well as we should, and sometimes we are not performing to the legislated standard, frankly.

Ms Thomas: My daughter loves trains, trams and buses, and I would love to take her on one, but physically getting to one is really tricky. We could go to the bus stop, but will there be an accessible bus? We are in one of the suburbs where they still send out the older buses. We were promised they would be changed over in, I believe, 2020 or 2021, and it has not happened.

THE CHAIR: They ran past the deadline, and we are not meeting legal obligations now. It should not have happened and it did. Let us all assume that we will be in a world soon that has compliant buses. Let us assume that will be a true story. We are pushing hard to fix paths and footpaths, but you know where we are at.

Ms Thomas: Yes.

THE CHAIR: With EV chargers, disability-accessible EV chargers will soon be advertised. I think that problem is getting fixed over time. What is the solution for transport? Transport is a huge one for independence, and social and professional inclusion. Do we need some specialised services or do we need to make our mainstream services work better?

Ms Thomas: Both. The key thing, and I do not believe that the ACT does it well, is community consultation. Rather than thinking about a grand scheme or project, getting halfway through and realising that you have not done any consultation with the people it directly affects or that it could negatively impact, do that from the start. As soon as you have the idea, and sit down to have a consultation, actually consult with the people who will be using the services.

It is something that has kind of started. You see that with the redevelopment of the Canberra Hospital. There was some consultation there. It happened too late, once again. There are a lot of things that we could get right if we just planned them properly. It is about talking to parents, talking to disabled people and talking to people whose background is that they are not from Canberra. They might be from other countries, and they are not too sure. They are integrating themselves into this space, and their first language is not English.

Speak to people who have a wide range of different experiences and see what they need. What is the deficit and what could be improved? This means that, while you are designing something, you are actually including the community in that process. Take that park, for example. The consultation happened with the people who are living there, and that is why there are no bathrooms and the parking was so atrocious for such a long time, because the suburb did not want that park to have a toilet or parking there, and now they have people weeing in the bushes. It is not the best solution to consult only with one group of people. I think a lot of the issues we have are because there has been a lack of consultation on the consultation.

The introduction of the NDIS has also caused issues because, with a lot of the community services we used to have, they have disappeared completely. They have been replaced by really expensive providers who rort the system—I am calling it for what it is—and the community-based services we used to have just do not exist.

We need specialised services to be reintroduced into the ACT that are accessible for all—not just physically accessible but accessible for parents with disabled kids, parents who are disabled, people who are on low or no income, and that kind of thing. It is not just a matter of looking at it and saying, “They can get into the back with their wheelchair.” It needs to encompass multiple factors.

THE CHAIR: Thank you, Natalee; that is excellent advice. That is a huge amount of really detailed feedback. With respect to the need for proper consultation early enough so that it can actually impact planning outcomes, that would be excellent.

Ms Thomas: It would solve a lot of issues.

THE CHAIR: It would head off a lot of problems and it would not cost more; it would just be about spending the money better. Natalee, is there anything that we did not get to that you would like to tell us?

Ms Thomas: The only other thing is that, when I was pregnant, a lot of the medical facilities were not up to scratch for people with limited mobility, which is ironic, given that, in the late stage of pregnancy, most people have limited mobility. I am

talking about not having accessible bathrooms at ultrasound places. That is always fun, when you have just had an ultrasound at the end of pregnancy.

THE CHAIR: I am laughing because that is a problem for everybody in pregnancy. That is not smart.

Ms Thomas: And not having height-adjustable beds. I thought that was a compliance thing, but there are still places that get around it. The other issue within the ACT is that there are no rules around accessible parking bays. There is no need to have a bollard for most of them, unfortunately, or the hatch lines, to let people in and out. That completely limits the way you can and cannot go. We talk about standards here, but no-one is actually enforcing or implementing them.

THE CHAIR: There is a difference with having an accessible park that has enough room beside it in order to get mobility aids in and out.

Ms Thomas: Or so you do not get parked in. That happens a lot, and there is no-one really enforcing it, so it is very hit and miss.

THE CHAIR: Thank you, Natalee, for coming in. Thank you for your time and sharing your experiences. Thank you for telling the truth as it is. We genuinely appreciate that, and I am sorry for some of the experiences that you have had here. You have not taken any questions on notice. Thank you very much for assisting our inquiry. Thank you, Broadcasting and Hansard, who are recording and displaying this.

If members want to ask any questions on notice, we will lodge them within five business days. We probably will not lodge any questions on notice with you, Natalee. I think we have had an excellent session; thank you for sharing. We are now adjourned.

The committee adjourned at 5.00 pm.