

ELECTORAL MATTERS COMMITTEE

Inquiry into Voting Centre Accessibility

Melbourne – Monday 23 March 2026

MEMBERS

Dylan Wight – Chair

Chris Crewther – Deputy Chair

Jacinta Ermacora

David Ettershank

Emma Kealy

Nathan Lambert

Sarah Mansfield

Evan Mulholland

Lee Tarlamis

WITNESSES

Judith Abbott, Chief Executive Officer, and

Lorraine Langley, Acting General Manager, Communications, Policy and Partnerships, Carers Victoria.

The CHAIR: I declare open this public hearing for the Electoral Matters Committee's Inquiry into Voting Centre Accessibility. All mobile phones should now be turned to silent.

I would like to begin this hearing by respectfully acknowledging the Aboriginal peoples, the traditional custodians of the various lands each of us is gathered on today, and paying my respects to their ancestors, elders and families. I particularly welcome any elders or community members who are here today to impart their knowledge of this issue to the committee or who are watching the broadcast of these proceedings.

I am Dylan Wight, the Member for Tarneit and the committee Chair. I have got Christopher Crewther, the Member for Mornington and the Deputy Chair; Jacinta Ermacora, Member for Western Victoria; Nathan Lambert, Member for Preston; and also Sarah Mansfield, who is also a Member for Western Victoria.

In front of us at the moment we have got Judith Abbott, who is the Chief Executive Officer of Carers Victoria, and Lorraine Langley, who is the Acting General Manager, Communications, Policy and Partnerships.

All evidence taken by this committee is protected by parliamentary privilege. Therefore you are protected against any action for what you say here today, but if you go outside and repeat the same things, including on social media, you may not be protected by the same privilege. The committee does not require witnesses to be sworn, but questions must be answered fully, accurately and truthfully. Witnesses found to be giving false or misleading evidence may be in contempt of Parliament and subject to penalty.

All evidence given today is being recorded by Hansard and is broadcast live on the Parliament's website. The broadcast includes automated captioning. Members and witnesses should be aware that all microphones are live during hearings and that anything said may be picked up and captioned, even if said quietly. You will be provided with a proof version of the transcript to check as soon as available. Verified transcripts, PowerPoint presentations and handouts will be placed on the committee's website as soon as possible.

I invite you now to give a brief 5-minute opening statement, which will be followed by some questions from committee members until about a quarter to 1.

Judith ABBOTT: Thank you, Chair. I might kick off with a brief statement. I would like to start by also paying our respects to the traditional owners of the lands on which we are meeting today. So many people in our First Peoples communities are in care relationships. It is fundamental to community, and we want to recognise what they do in their communities to support their broader communities every day.

We are really pleased to be here today. Thank you for inviting us to speak. Carers Victoria is an organisation that exists to assist, walk alongside and raise awareness of unpaid carers, and those are, as per our submission, the family members, the friends, the supporters, the kin and the others in our community who are providing assistance to people who may be living with mental illness, with disability, with health conditions, with aged care concerns or with multiple of the above. We often start our statements by making that point, because increasingly we see them getting confused with paid carers in disability and aged care and the like. You will all know one, need one or be one at some point in your lives. I know, for a number of you, you have already been subject to my enthusiasm on the subject, so I will pause there.

We are really pleased to have the opportunity to submit to this inquiry and to give evidence, because often what we find is the way conversations about disability run is with this idea that people who are in care relationships with people with disability, in doing so, are taking away their choice and control. But from where we sit, in the large majority of circumstances those people exist, in effect, in an ecosystem. They support each other. Between them, they make things work, and often those carers contribute to the ability of someone living with disability to live the greatest life they can.

I noted with interest some of the observations from the vision-impaired community. As Chris Crewther knows, I actually come out of the eye care and health sector, so I know quite a bit about some of the challenges in there.

We were really thrilled that you were interested in understanding specifically what it is like for the people in care relationships and what are some of the challenges they experience and what they see for others in their care relationships. Listening to the Endeavour Foundation, I did want to recognise that a lot of the themes raised in the evidence given there are what our carers tell us about what they experience when they go to a voter centre with the person they are caring for – an experience of overwhelm, of wait, of not being able to easily see where to go or what to do. A very strong focus – we did a survey of our carers to understand more about what they were seeing and experiencing. There is certainly a focus on making sure that people at a voting centre understand that people can have what are often termed invisible disabilities. I know that one of our colleague organisations within the carer sector, Different Journeys, talked about the value of the sunflower lanyard or other ways of being able to identify and put in place arrangements at a voter centre that would allow people to be recognised as having a disability when it might not be evident just physically looking at them.

For carers themselves, they often find it challenging to understand if they can assist their person or the person they are supporting into a booth. What can they do or not do? How do they get people to where they need to be and what are the disability-appropriate ways of getting them there? Access is often an issue, as previously flagged. I know in my own experience – I was the carer for my elderly mother in a state of cognitive decline – it was actually quite challenging to figure out whether she needed to vote. Was she still eligible to vote? What were the barriers? That is for me, sitting in this particular place of privilege. Some of our carers said it is often challenging to know what is the point at which someone no longer needs to vote, even to understand whether you need to get them to the centre or not. For carers themselves, over 60 per cent of primary carers are providing 60 hours or more of assistance a week, so it is often challenging for them to even get to a centre. We did have a few comments where carers said with changing Australia Post benchmarks it would be great for postal voting to provide a bit more time to actually get your postal vote in, recognising that the benchmarks are kind of becoming less frequent so it is a bit harder to participate that way.

Certainly, when we looked at the scope of the inquiry, we did want to recognise that making sure that people at a voting centre, whether that is VEC staff or whether it is people on the campaign trail, understand and respect the role of carers and what they might be doing to make it a positive experience for the people that they are supporting is critical, quite similar to what the Endeavour Foundation was saying before about being recognised and being supported. And experiences, people spoke very positively of when they were identified in a queue where they were supported, taken out of the queue and given priority access – what a different experience that made, which I thought was very positive feedback that should be shared with the inquiry also. Did I miss anything, Lorraine?

Lorraine LANGLEY: No, I think that is a really good summary of it, and I think it was really useful to be able to get the carer perspective. We adapted the survey questions of the inquiry and put those out to people, and it was great to get their direct input as well, which is in our submission.

The CHAIR: Brilliant. Thank you very much. We will open it up to questions now. I might start with the Deputy Chair Christopher Crewther.

Chris CREWTER: Firstly, thank you for your evidence and good to see some familiar faces as well. Thank you for your submission provided to us all too. My question firstly relates to your submission. You talk about the insight from the ACT's dedicated low-sensory voting location. Would you see that we might have the possibility to develop something similar here in Victoria? Noting that the ACT is a very small location whereas we are spread out across 88 seats in Victoria, would you see that each electorate should have such a centre or each region could have such a centre? How would you see it working in Victoria?

Lorraine LANGLEY: We are very conscious that it is a much smaller setting up there, Chris, so that is obviously a relevant issue. We wanted to highlight this because I know that the inquiry was interested in other examples in other jurisdictions. Even if we were not in a position to have a low-sensory centre in every electorate, even though that would be fantastic, some of the other things are around the training of staff. I think what they did was decide to actually recruit people into those centres rather than simply equipping the people that would normally be there – actually bringing in people who had worked specifically with some of the other groups, such as neurodiverse voters and obviously in our case the carers that are supporting those people. They had good carer input into that as well. I think that is a really important learning, which is something that we want to share with the group. There are still some elements of that, even if it was not something which you lifted up and tried to replicate, that you could still think about in terms of the accessibility of the venue and the

fact that those venues are advertised well in advance. To take Judith's point, many carers are very time-poor, so having as much information as possible in advance of where there will be a centre nearby to them which has that kind of facility would be terrific.

Judith ABBOTT: I am a bit cheekier than Lorraine, Chris, so I would love to see us at least trial them the next cycle in some large metro and regional centres, because I think there is real power in people feeling included in that way. The power of that is not only is it a more positive experience of participating in democracy, but it also is that sense of inclusion, so you get a social outcome from that. Even if it were a kind of trial, it would be fantastic to at least see it in some regional centres as well as some metro centres. Aim high.

Chris CREWETHER: It is always good to aim high. For my next question, I am just reading from your submission here. You talked about some survey respondents saying, 'I chose a location with activities for children, such as a playground onsite,' and another person said, 'I couldn't leave the person I care for alone for too long. I previously worked and voted in the city, but I am now at home in the suburbs.' Do you think in existing voting centres, pre-poll and on election day, there might be more opportunities to provide a dedicated playroom for children that may not be provided already or a dedicated room that could be utilised by someone being cared for with at least one person there to support whoever might be utilising that room so that the person who is doing the caring can have that time, with less stress, to go and vote during that time, so a dedicated room or rooms to provide for both carers and those being cared for a lot more than currently?

Lorraine LANGLEY: The answer would be yes. I think that the evidence is pretty clear that for many people it is very difficult to have to get in a queue, line up and then be able to support their children as well as the person they are trying to support at the same time. Anything that is like a breakout space where children could be safely playing I think would be a terrific idea. I think also we are really keen to see opportunities where a person – a bit similar to the person that was speaking earlier from his own lived experience – just has an opportunity where it is easy to get themselves through the system rather than being clogged and having to wait for a long time. A couple of the people that commented in our survey responses said that made a huge difference to them and they really appreciated that, but it was not systematised. I think anything that you can do in terms of thinking about a systematised approach rather than just having to strike a kind-hearted person at the booth or having dedicated spaces where people can be, including their children, would be terrific.

Judith ABBOTT: Could I just add a couple of pieces of data that really make that writ large. This is a committee whose findings will also shape future elections. We are going to see a lot of growth in older people living with cognitive impairment, and that is one of the circumstances where it becomes very difficult to leave people at home. Currently only about a third of people who are supporting older people do so with formal supports, so that means about 70 per cent of Victorians would find themselves in a circumstance where they may be caring for an older person, someone with cognitive decline, and they do not have a formal backup, so they have to find a way of voting and making these things accessible. We also now see over 30 per cent of carers are supporting two or more people. The committee will have seen conversations about the sandwich generation. As you think about future design, those things are going to become more important because more people are going to have more pressures on their time and be balancing some of the things, some of the conditions and some of the care responsibilities that make it harder for them to leave the people they are caring for. There are just some really practical changes we are seeing in the data that are going to shape the future. It is a really important thing to be thinking about now because in the future there is just going to be more demand for it.

Chris CREWETHER: Thank you.

The CHAIR: Thank you, Chris. We might go to Sarah Mansfield now.

Sarah MANSFIELD: Thank you. Thanks so much for appearing and for your submission. You have mentioned the need for staff working at voting centres to potentially be a bit more proactive in offering assistance not just when it is asked for or assume that assistance will be asked for and perhaps to offer it more broadly rather than making assumptions about whether someone needs assistance based on a particular sort of identifiable characteristic, given that, as we know, a lot of disabilities are not necessarily apparent from someone's physical appearance or other obviously identifiable characteristics. Can you explain what that might look like? Some proactive assistance?

Lorraine LANGLEY: I think it is as simple as probably just having something quite clearly marked at the physical voting centre saying ‘For accessibility, if you would like some additional assistance, please go to here.’ Or somebody coming through and just saying, with some kind of identification on them, ‘If you would like some assistance, let me know if you need it.’ So yes, totally agree that with some people it is going to be difficult necessarily to identify and people need to have agency about whether or not they want to ask for assistance as well of course. But I think that is really important. So I think that proactive side is really helpful to people, and it means that carers do not have to kind of try and navigate what is already quite a difficult space for them if they are also trying to support the person that they care for.

Sarah MANSFIELD: Yes.

Judith ABBOTT: And to a degree, there is a bit of a parallel. I am mindful of your background in health. It is a similar challenge, isn’t it? Often when you are treating the person before you, you are focused on them, but there is a support system around them. So how do you get that balance between respecting the right of the individual and yet recognising that sometimes the people around them are the people that are actually mission critical to getting where you need to go? So there is nuance in there, and I think that is where the challenge lies. But you are right about not assuming that everyone all the time is a single person, that sometimes those are empowering, so finding a way of being able to manage that – not easy, but important.

Sarah MANSFIELD: Do you think it is well understood that people do have a right to have a support person when they are voting? I mean, that was some feedback we had earlier about some of the mobile voting centres that go out to residential aged care facilities, for example, about rights not necessarily being well understood in those contexts. What are your reflections on that?

Judith ABBOTT: I think you have hit the nail on the head, which is no, it is not well understood. The care relationship is not understood in most parts of society. I think there are pockets where the current arrangements work very well, but it often depends on individuals with lived or living experience to understand it. It is not well understood, and often it is only when someone has been in the circumstance that that shapes the change in thinking.

Sarah MANSFIELD: Yes.

Judith ABBOTT: And we know that just generally, despite the fact that we have got a carer recognition Act both state and federally, one of the most common things carers tell us across pretty much every domain of life is that they just do not feel recognised or included – they feel invisible. So it is not surprising you are getting that feedback. It probably does echo the broader experience.

Sarah MANSFIELD: Thank you. I will pass back to the Chair because I am conscious others might have questions.

The CHAIR: Thanks, Sarah. We are going to go to Nathan Lambert.

Nathan LAMBERT: Thank you, Chair. Thank you, Judith and Lorraine, for joining us. I want to pick up where the Deputy Chair was asking some questions, and that is around the low-sensory voting trials. And if you had been tuning in earlier this morning, you may have heard I have asked this question of a few of the witnesses. You mentioned in your submission obviously about the ACT and their version of these trials. I think you specifically pick up on the fact that they had staff who were not just trained to support people but in fact, I think, were community service workers themselves who they had brought in. I suppose two questions. The first is, do you think ‘low-sensory voting’ is the right term there for what we are trying to achieve? Or would you rename those sessions to something else?

Judith ABBOTT: I would rename them because lower sensory just does not sound very attractive, to be quite frank, but it is hard to get the language right, isn’t it? I guess if you anchored it off something like the sunflower concept or something that still identified it for what they were – it is not a very attractive label, but it is an important point of difference.

Lorraine LANGLEY: Yes. I think it needs to be recognisable to the community that uses that sort of language, because we talk about low-sensory spaces available at places like the MCG, for example, or Marvel

Stadium. I think it needs to be something which people will understand what it means. That would be my feedback. I think I would use a term that is pretty recognisable.

Judith ABBOTT: I would ask the community, Nathan, if you went there. I would actually ask them what would work for them.

Lorraine LANGLEY: Yes, I agree.

Nathan LAMBERT: I agree.

Judith ABBOTT: It sounds like you are.

Nathan LAMBERT: I was about to say – yes, exactly, because I think something that has really come through this morning is the way in which, exactly as you have said, it is actually the staff, not only the change in their training and who they are but the change in their behaviour, that is critical. So I think perhaps the low-sensory title is not capturing fully what it is we have heard from people, both in this inquiry and previous inquiries, about the benefits of that trial. But then I suppose a follow-up question that I have asked others, which is that you have not just got staff, you have got candidates and campaigners. Do you think we have to ban candidates and campaigners from those sessions for them to fully achieve their objectives?

Lorraine LANGLEY: I am not quite sure what you mean. From which session, sorry?

Judith ABBOTT: So they would not be able to enter the low-sensory voting space?

Nathan LAMBERT: Exactly. We have heard from a number of people that the low-sensory changes are made within the polling place, but in order to get there you have to run the gamut, the tradition that we have in this country of a lot of campaigners thrusting – you know, it is loud, it is visual, it is cluttered and so forth. So my question is: do you need to clean up that entrance by not having the campaigners or candidates there?

Judith ABBOTT: Or a separate entrance – some of our carers said a separate entrance would be a fantastic thing so it was not overwhelming before you already get there. Listening to Nicolas speak just before us, that was quite striking – that sense of the experience as one of sensory overwhelm before you make it in the gate.

Lorraine LANGLEY: I would just add that from a democratic perspective obviously we want anybody using whichever type of service or whichever type of entrance to have the same opportunity to have the same information available to them when they go to cast their votes. So I think it would be, from my perspective, more about perhaps training those people a little bit about accessibility and making sure that it is really front and centre for them that they are going to have lots of different people coming through and to make sure that everybody can exercise their democratic right in a way that is comfortable and inclusive, they need to be on the page as well.

Nathan LAMBERT: Yes, totally. That is exactly what I am wondering – whether it is guidelines, whether it is something mandatory for the campaigners or whether they are not there at all. Chair, I had a question on another topic, but I am conscious we might run out of time.

The CHAIR: Fire away. We have got heaps of time.

Nathan LAMBERT: Great. Thank you. Picking up then on something we were discussing, if you heard, with Joshua from the Endeavour Foundation, and that is the current process by which people are removed from the roll or have the opportunity to be removed from the roll in circumstances of cognitive decline – and obviously you have touched on this as well – there is a real question about how to do that better. I know carers are, as it currently stands, often involved. Do you have a view on how it could be done better?

Judith ABBOTT: I would be happy to speak in the first instance from my personal experience, if that would be helpful, which was it was really hard to find information. My desire was for my mother to fully participate in everything she wanted to and was able to, but I could not even tell whether she had to or not. It was really difficult to find information, and that is for me, an ex-bureaucrat with lots of access to resources. So that made it really difficult to know whether she had a choice or not. To me, particularly as people get older or their cognitive functions may be impaired, preserving that right of choice and control becomes harder when you cannot find the information. So I think that bit is eminently fixable, but it was really surprisingly difficult to do.

I have got a lawyer in the house and he could not do it either, so we felt like we had failed on the first step. So I think there is that piece. It is, in this country, such a big thing to take away that right. From my personal experience, I understood it being a high bar. I did, however, recognise for someone who was ninety-something experiencing cognitive decline, who was exhausted, that it did not feel like a celebration of democratic joy, it felt like a task that was actually quite hard. And it was done via mobile voting, so it was done when I was not there. And that was okay, because I could not do it during business hours, but with significant hearing impairment and other things, I am not sure she would have had a great experience or necessarily known. So that is just a vignette talking to my own personal experience about how I think we can make it easier to understand. It is another outworking of choice and control, isn't it, which is: is there a point at which you could choose to opt out? And I absolutely agree with Joshua's articulation of the complexities of that. I just felt it very personally, because I watched this experience of someone who was obliged at a point where it was no longer easy or particularly valid or particularly desirous of her, and yet that was where we were at. I took that to a place you were not expecting, Nathan – I apologise. Lorraine, would you like to posit a Carers Victoria position, since I have gone rogue?

Lorraine LANGLEY: No, look, I think your lived experience in that example is really positive and is not that different to what I would probably add. I mean, I think it is about choice and control, and it is not about pitching one against the other. It is really about making sure that everybody has the right information and the right time as well in terms of being able to know when you would need to action this, if you were going to suggest to someone or talk to them about being on the electoral roll. So I think it is making sure that there is plenty of information out there and it is really clear and really clear about roles and responsibilities – you know, where is the line there in terms of roles and responsibilities – and trying to give carers as much information as possible to support them with that.

Nathan LAMBERT: The current process, as I understand it – it is not something I have been through personally – is that a carer usually initiates a family member, there is a medical certification requirement, and then there is an opportunity for the voter themselves to object. I think the VEC writes to them. It is a difficult one. Do you think that the certification requirement should be maintained?

Judith ABBOTT: It is an important safeguard until society makes a different choice about at what point you would not be obliged to participate in the democratic process. Let me put that in actual human speak. I think there is a live question as people live a long time with cognitive impairment. Our current policy settings in this nation are that you have a democratic obligation to vote until such time as you meet a very high standard, and that is completely acceptable. But until such point as that changes, you are going to have to have those safeguards. In my own experience – N equals one – it was just too hard to go through all those steps, and so she did participate in the voting process, but ironically, her choice would have been to opt out after ninety-something years. It is a different concept of choice and control, isn't it, because actually the kind of live future question is: is there a point where someone should have the option to exercise their choice to opt out after time served? That is not where we are at at the moment. So while we are where we are at, you are going to have to have it, but it is a significant barrier and a high barrier, and it probably should be while that is such an obligation upon all of us in this country.

Nathan LAMBERT: Thank you. Back to you, Chair, I think, because we are on time.

The CHAIR: Yes, no worries. Thank you. We have run out of time, unfortunately. Thank you, Judith and Lorraine, both for the submission from Carers Victoria but also for appearing today. If you would like to add anything more to the inquiry, feel free to send it through via email.

Witnesses withdrew.