

# **LEGISLATIVE COUNCIL ENVIRONMENT AND PLANNING COMMITTEE**

## **Inquiry into Community Consultation Practices**

Melbourne – Friday 5 September 2025

### **MEMBERS**

Ryan Batchelor – Chair

David Ettershank – Deputy Chair

Melina Bath

Gaelle Broad

Jacinta Ermacora

Wendy Lovell

Sarah Mansfield

Rikkie-Lee Tyrrell

Sheena Watt

**WITNESSES**

Judith Abbott, Chief Executive Officer, and

Lorraine Langley, Senior Manager, Policy and Insights, Carers Victoria; and

Julie Phillips, Chairperson, Disability Advocacy Victoria.

**The CHAIR:** Welcome back to the proceedings of the Legislative Council Environment and Planning Committee's Inquiry into Community Consultation Practices, and welcome to representatives from Carers Victoria and Disability Advocacy Victoria.

Before I begin I will just let you know that all evidence that we take is protected by parliamentary privilege that is provided by the *Constitution Act 1975* and the provisions of the Legislative Council standing orders. Therefore the information you provide during the hearing is protected by law. You are protected against any action for what you say during the hearing, but if you go elsewhere and repeat the same things, those comments may not be protected by this privilege. Any deliberately false evidence or misleading of the committee may be considered a contempt of the Parliament.

All evidence is being recorded, and you will be provided with a proof version of the transcript. Following the hearings, the transcript will ultimately made public and posted on the committee's website.

Welcome. My name is Ryan Batchelor. I am the Chair of the committee and a Member for Southern Metropolitan Region. I will ask committee members to introduce themselves.

**Rikkie-Lee TYRRELL:** Hello. I am Rikkie-Lee Tyrrell, Member for Northern Victoria Region.

**Wendy LOVELL:** I am Wendy Lovell. I am also a Member for Northern Victoria Region.

**Gaelle BROAD:** Snap. Gaelle Broad, Member for Northern Victoria Region.

**The CHAIR:** And online –

**Sarah MANSFIELD:** Sarah Mansfield, Member for Western Victoria Region.

**The CHAIR:** I think that is it online, unless David is back? No. Okay. He might join us.

Today we will invite you to make an opening statement and then go into questions. Before we begin, though, could each of you just state your name and the organisation you are appearing on behalf of for the benefit of Hansard. I might start with you, Julie.

**Julie PHILLIPS:** Yes. Julie Phillips, Disability Advocacy Victoria.

**Judith ABBOTT:** Judith Abbott, Carers Victoria.

**Lorraine LANGLEY:** Lorraine Langley, Carers Victoria.

**The CHAIR:** Wonderful. I might invite you to make an opening statement, whoever wishes to begin.

**Judith ABBOTT:** Do you want to go first?

**Julie PHILLIPS:** Sure, thank you. I should also say that I am a member of the collective Disabled People's Organisations Victoria, so obviously with these two organisations I am keen on discussing people with disability and how they are not consulted with. In fact I would say that the disability community in Victoria is exceptionally not consulted with but at the same time claimed to be consulted with by government, which is very vexing. I would just like to give a quick example, and that is the decision to have the new social services regulator take over the disability-specific regulators, which was not discussed with the disability community at all. It was not discussed with the disability advocacy sector. Of course when we talk about consultation, we talk about the meaning of consultation which is set out in the Convention on the Rights of Persons with Disabilities, which is genuine consultation on a decision before it is made. What our experience is is the government makes

a decision, such as the merger and closure of disability-specific regulators, and then approaches some disability organisations – a couple of them – and says, ‘Do you want to give some input on how we should implement it?’ But our approach to that is that we will not consult on decisions that have already been made because that is in fact tokenism.

I just want to refer quickly to the state disability plan, in which the government has included terms such as ‘Nothing about us without us’ and talks about co-design. We do not find any evidence of that. We find a few advisory committees here and there where people have to sign non-disclosure agreements. They do not represent the disability community, and that is a constant source of frustration which is building within the disability movement with these decisions being made about us without our input, except at the end. And then having to read claims such as in the response to the disability royal commission recommendations, where it says we are going to be worked with closely – we have not been, and indeed the first recommendation that we know of which has been considered by government is to do with the social services regulator and contradicts the recommendations of the disability royal commission on that point. So we are struggling to see how the word ‘consultation’ applies to our sector at all. It is frustrating and it must change, and I will leave it there. Thank you.

**The CHAIR:** Thanks, Julie. Judith.

**Judith ABBOTT:** Thanks, Julie. I am probably going to take this in a little bit of a different direction, but there will be nice points of overlap between our two opening statements.

I am really pleased to be here and speak with the committee about unpaid carers and their experience of consultation. I just wanted to very quickly confirm we are talking about families, friends, neighbours and others in the community who are in care relationships with people who may have a disability, may have serious health issues, may have mental illness, may have aged care related conditions – so not paid staff but unpaid people in the community. There are estimated to be 758,000 of them across the state, so really for us at Carers Victoria, when we are thinking about designing consultation we are thinking about how you design things that fit the diversity of that very broad group – diversity in age, diversity in geography, diversity in needs, diversity in preferences, diversity in life experience.

When you think about what those people are doing, one of the things that is really striking that often gets missed is they are incredibly time-poor. Over a third of carers are doing more than 40 hours of care support a week, and you can imagine if you are balancing that against everything else in your universe, it does not leave you much time. That means things like advance notice that something is going to happen, flexibility around options for how you can participate and getting to them through connections that work for them are really important. If you do a general shout-out to the community, you can pretty much guarantee you are not going to get to those carers, because they are busy doing 87 other things. They have not got time to be servicing all those other things.

Another thing I wanted to mention is that we really know they want to have a say. Sometimes there is this real tension I think around consultation fatigue – you get asked 87 times about the same thing. But what has been interesting to us is in the last couple of years, we have seen the number of Victorian respondents to surveys double. Last year when we called for expressions of interest to participate in focus groups, we had 40 spaces; we got about 700 expressions of interest.

**The CHAIR:** Wow.

**Judith ABBOTT:** Yes, which is in some ways a really great thing but at the same time tells us that there is a gap between what is available and people wanting to be heard. We have some of the challenges in a different way to what Julie has described, which is often we come up against this idea that carers do not need to be part of an advisory group, that they do not need to be part of a consultation, that we have got something there and that is enough. Yet these are people who are often in the room, making the system work and doing a range of things to keep their care relationship working – and it is a relationship. The economic replacement value of unpaid care is \$18 billion a year in this state alone. So they are pretty big, they are pretty important, but they often feel invisible.

At Carers Victoria – because we really do try to spend a lot of time understanding what different carers are feeling, experiencing and needing – when we do consultations we also just do a little bit of check-in at the end

to get a sense of their experience and how we can improve those processes. I just wanted to mention this because I have to recognise I have been guilty of this as a past bureaucrat. I would want to get some information through a consultation to help me to the next step in my process to get something done. The really strong side benefit of careful design for consultation is that carers have told us in some of the processes they have been involved with they really had a sense of being recognised and heard for the first time. They felt like they belonged and they were not alone, and they also felt that sometimes they got new insights or new knowledge they did not have before. I just wanted to flag that with the committee, because often the focus is on how you can design it better for the purpose, but by designing it better you can also have some side benefits free of charge but delivering benefit for the community.

I also just wanted to mention that we really do think there needs to be change in the design of consultation processes. So 2024 national carer survey data told us that only 12 per cent of carers felt that government understood the role and they were recognised and valued, and that number has gone down from 16 per cent two years before. So we have got this thing where we have got all these people doing these things that are mission critical for community, and yet they just feel invisible.

I was not going to belabour the point of the details of our recommendations, but I would just like to reiterate some of the things that I know you have heard from various orgs: sufficient advance notice to allow arrangements to be put in place, a mix of times and channels and a safe environment. I was just thinking about some of Julie's comments. Some of the consultations take you to places where if you are talking to people with living and lived experience, it can be quite challenging. When we do this kind of work, we always make sure we have access to a trained counsellor or social worker, because you just never know when you are talking about your own experience, it might be something that brings things up for you – so having that there and making sure that things feel safe. Recognising the financial costs and designing for diversity are all really important things.

I notice the terms of the committee's reference talk about getting not-for-profits to do consultation work. We had the experience of doing that for government last year, and we think it worked pretty well because what we were able to do was work with eight of our organisations to reach out to different groups of carers, because what autistic carers need in terms of the design and delivery – small groups, individual one on one – is really different to what a group of young carers might need, what parents need to do and how it has happened. So we were able to coordinate a process where different organisations did those consultations, and then Carers Victoria was able to bring it together into something that was succinct yet nuanced and was able to draw out the commonalities and the differences. For us, we see that as being really valuable when you have got a diverse mix of people and you try to inform a strategy that is trying to talk to a very broad audience.

Then we also find that, in terms of our own consultations, things like leveraging existing networks are just mission critical, and we do that both ways. When we were looking to increase response rates for our National Carer Survey, we spoke to Victorian government about whether they could promote that survey through databases that they had, and that helped us double the response rate. In the delivery stage, it is so obvious but there is something fundamentally disrespectful about turning up at a consultation and asking people the same question you have asked them four times before, and yet that often feels like the starting premise. That approach of understanding what they have been told before and framing things with that as context is kind of basic respect. It also makes sure the people whose time you are drawing upon feel like you have actually taken the time to understand a bit about them. Then at the wrap-up stage another really obvious thing that can often get missed is to let people know what came out of it – really not that hard. It is remarkable how often that does not happen. As I mentioned earlier, that kind of evaluation piece does not have to be complicated, but we found it incredibly useful in shaping our practice and making it more effective. We think that is part of why we have those kinds of responses to calls for participation now, and that is good for everyone. I might stop there. Thank you.

**The CHAIR:** Thank you. Thanks so much, both of you, for that opening statement. We will just turn to questions. I might start with one of the things we are trying to get to. We have heard a lot over the course of the inquiry now. We have heard from a lot of different organisations and agencies. We have had a great series of round tables with some individuals as well. I am starting to turn my mind to what we do to make it better. We have heard quite a bit of critique of the problems with the system and examples of where governments have not been as effective as they could have been. Your submission talked about finding sector partners to be part of the consultation process. I am interested in your views on how we would make that work and how we would

overcome any concerns that people have about conflict of interest or co-option – I do not know if that is the word – a perception that if you are a partner in the consultation process, then you are almost acting as an agent of the –

**Judith ABBOTT:** ‘Complicit’ might be the language. That sounds a bit dramatic but let us go with it.

**The CHAIR:** But I can see how people may express that. I am just wondering how you think we might navigate that tension for third-sector organisations.

**Judith ABBOTT:** Our experience has been that if you are really clear about what you are doing the consultation for, who is getting the information and what its purpose is, and you are a trusted organisation with your constituency, those remain risk points, but we have not experienced them as being substantive in practice. If we at Carers Victoria tried to step into a space and do it for other parts where we were not the experts, that is where we would have no legitimacy to be there and so that is where those things, in my experience, start to rise. You are right; it is a tension. Carers Victoria is both a service provider and a peak body, so we are pretty careful about those tensions as well. But I think it goes to and it is kind of that piece that it has got to be the people who have the knowledge, who have the standing with the sector and are respected as understanding them and do that through not just words but practice. I think it is easier sometimes for Carers Victoria to have some of those conversations with carers and sector partners than it might be for the funder to have them directly.

**The CHAIR:** Yes.

**Judith ABBOTT:** That was a long answer, sorry.

**The CHAIR:** It was a good answer.

**Julie PHILLIPS:** I will just add – again recognising all my answers are to do with the disability community – when you have got organisations that are grounded in disability culture, they are the best people to consult with people with disabilities. Of course the community of people with disabilities is so absolutely varied and so different. There are so many things to take into consideration to make the process of consultation accessible for everybody, and who better to organise that and to understand that than people with disabilities themselves? I think, yes, if you are trusted and you act with honour and integrity, you can take on those two roles at the same time without being charged with being complicit or having a conflict.

**Judith ABBOTT:** May I riff off Julie’s response, because I realised it was dutifully written in my notes and I did not say it. That was: having people with lived experience in the facilitation role can be transformative for that kind of consultation, because having that kind of empathy, that understanding, is more powerful than you might expect, and it goes to your point.

**The CHAIR:** One of the other things that we have been conscious of in the conduct of the inquiry is the difference between having a great process and everyone agreeing on an outcome. You can have a great process and not everyone agrees on the outcome. In a way we are more focused on making sure that everyone – this inquiry is trying to make sure the process is as high quality, first class as it can be. People often confuse the two. How do you think we make sure that people understand that they can have had a good process and got a bad outcome?

**Judith ABBOTT:** That is our day to day, isn’t it, Lorraine? Do you want to answer that one, or would you like me to?

**Lorraine LANGLEY:** Yes. I think some of it as well is that it has got to be really clear at the outset that this process, as Judith was saying, is because of this purpose and what we want to gain. Particularly for government, I think it is important to explain that it is not as if it is going to be exactly morphed into an outcome here. There will be a whole lot of other considerations that come in, and even though that may not be necessarily what we may always think is the best approach in terms of outcome, it is important to be super, super clear and honest with the people taking part that that is what is going to happen, because it can lead to a situation where people feel quite let down. They feel that they acted in good faith, they felt that they did all of this, and what happened at the end? It is the ‘What happened at the end’ – I think it is okay to be a little bit that we do not know exactly what is going to happen yet, because it is an authentic process and we are going through it. But doubling back and making sure that people have felt heard and they will get another chance I think is another good practice –

to say 'This is where we've got to. This is our thinking. What do you think?' again, rather than 'Thanks for your time; here's the thing'. That would be one observation.

**Judith ABBOTT:** I was just thinking about your earlier comments, Julie, about being genuine. The worst thing you can do is set up a process when the decision is already made. Sometimes going into a process and being clear about looking for solutions but some of the parameters around them are likely to be X and Y – it has not traditionally necessarily been the way of government, but people value the honesty and transparency. It is approximately 15,000 times better than pretending it is not a lay-down misère, and if it is a lay-down misère, then perhaps consultation is not the place. It is not consultation; it is something a bit different.

**The CHAIR:** I might go to Dr Mansfield.

**Sarah MANSFIELD:** Thank you. And thank you so much for appearing today and for your submissions. I think you have highlighted how even on issues where I guess the subject matter of the consultation is very obviously and immediately relevant to the different groups you are representing here, it is often done poorly in those circumstances. Every issue we consult on is going to be of relevance and of interest to people who might be carers or people who are living with a disability. How can we make the sort of business-as-usual consultation that government does automatically inclusive, considering the needs of the different audiences that we should be engaging with, whether they are people living with a disability or carers?

**Julie PHILLIPS:** The first one – I would go back to say that you need to consult in relation to the consultation. In other words, you really should be having people with disabilities right in there from the word go, planning it, because they will give you the best outcome in terms of being able to get in touch with and understand people with disabilities and their views. I think also that it would be helpful to have the parameters advertised around what is actually really going to be the background for the decision-making in relation to these consultations, which touches on the last point: why can't we understand why, if we know that everybody recommended A, it was decided to have B? If it was explained very carefully why the outcome was not as planned, I think it would be accepted much better. But all I can say is community, community – that is how you are going to find the most accessible process in the end to get the information you need.

**Judith ABBOTT:** I would echo those things, absolutely. I think with people like carers, they will self-select into the things that matter most. So you are right – technically everything could be of interest, but these are time-poor people. They are going to choose how they use their time carefully. The challenge is how you get to them. I believe that government has access to all these networks – it funds organisations like Carers Victoria. We are happy to promote things, and that means you will reach them in ways that you might not reach them otherwise. So there is this question of how you reach them, and they will then self-select into what matters most to them, so the power sits where the power should. Then it is a bit about flexibility. If you genuinely want them involved, the options for how you do it have to provide some different times and different channels and the like.

**Sarah MANSFIELD:** Thanks. That is really useful feedback. What comes to mind is that there is often a lot of consultation done on things like planning matters, which might have a big impact on how a neighbourhood functions – the accessibility or livability of it – and those sorts of consultations might not be focused on the needs of different groups within our community. Those consultations are sometimes just open to everyone. So I am thinking about something like that: rather than just going through the standard processes, how do we make sure we are reaching all the different sorts of people who will be potentially living in a space like that? It is not necessarily the first thing that comes to mind to go, 'Okay, we need to reach out to carers to ask them about this planning decision.' I guess I am trying to get at: could we standardise some of those considerations in all sorts of consultation?

**Judith ABBOTT:** There is existing infrastructure in neighbourhood houses and community facilities that is really local. It is often working with folks who engage through relationships and local connections. We have done quite a lot of work with councils and neighbourhood houses to get their staff really good at identifying who is a carer and how you connect them. It is a segmented approach, isn't it? But for those things that are local and about livability, some of those platforms, once again through things like Neighbourhood Houses Victoria – you get quite wide and get that hyperlocal piece to sit alongside whatever other design bits there might be. It is about how you reach the humans where they are at, and often the processes assume that the internet is the only way – I say with all respect, sorry.

**Sarah MANSFIELD:** Do you have any examples of consultation that has been done that you think represents consultation done well?

**Julie PHILLIPS:** Well, I would love to be able to say yes, but in terms of the disability community – I mean, Disability Advocacy Victoria is a peak with no funds. DPO Victoria: we would not call ourselves a peak; we would say we are a collective, but we represent the disability community in Victoria – no funds. So it is really quite difficult to actually get government to realise that you are there and you are the people that actually are a representative voice and to use us, because, look, we all know that there are a hundred groups you are probably expected to deal with, and I guess we are selfishly plugging our own. But if you look at the statistics for people with disabilities as part of the population, it is pretty high.

**Sarah MANSFIELD:** Yes.

**The CHAIR:** All right. I might go to Ms Broad.

**Gaelle BROAD:** Thank you very much for your contribution to the inquiry. It gives us a different perspective; we have not really heard much from your areas before. You mentioned frustration when you have already provided that information and then you are being asked again. I remember sitting around the table with a number of local councils who were just talking about the huge number of submissions to different inquiries that they have been asked to contribute, and it is kind of an extra part of their work that is not part of their day-to-day work. How many submissions are you guys asked to do? Do you find yourselves contributing regularly? Is there any sort of fatigue in that space? What has been your experience?

**Judith ABBOTT:** I am just trying to think of how to answer that one.

**Julie PHILLIPS:** I will start, then you can contribute.

**Judith ABBOTT:** Fabulous.

**Julie PHILLIPS:** For sure there is fatigue, absolutely. And when you do not have the resources, because you can imagine how long submissions – I am doing one for the *Disability Discrimination Act* review at the moment, and it is hours and hours and hours. Particularly when these things come up regularly – I know it is federal, but every five years there is a review of the disability standards for education – we put the same thing in every single time and it is ignored, and we know that our submission is similar to everybody else's. So I feel that with these things, if government want us to contribute – and we do want to contribute – we should at least be resourced to do so, and we will do a much better job as well, because otherwise we are just all doing it voluntarily, trying to fit it in with our main roles.

**Judith ABBOTT:** And Carers Victoria is pretty judicious about what we spend our time on, so we are able to do pretty short, sharp submissions and we have gotten pretty good at doing that over time. Where we get concerned is if carers are being asked the same thing in several different forums. We have been pretty fortunate, to be honest, in recent times in that we have been able to work with government to say, 'This is happening over here, so let's pick up and understand what's come from there. And if you're designing something, let us explain to you what's already happened. What is it you're trying to understand?' They have been open to doing that at a departmental level. That has meant we have gone into places where the consultations are not just the same old thing. That is not so common in my experience in working with government, and we do value it, but it takes a pretty trusted relationship with government to be able to do it, and we do have the benefit of having some funding for a peak body function that allows us to do that. It also helps that when something like Carers Victoria or another organisation can do it, they understand what already exists out there, so you can target it in a different way.

**Gaelle BROAD:** I am just interested too – you mentioned neighbourhood houses earlier, and they seem to run on the smell of an oily rag and be a bit of a catch-all for lots of things. What are some of the challenges where government does lean on organisations to do some of that consultation? Do you see any sort of –

**Judith ABBOTT:** 'Too much love and not enough time' I believe is how you characterise that. I must confess, I sit on the board of a committee of management for a neighbourhood house, so alive to that. I think it is just that hard piece where you are trying to get your day job done, there is an increasing compliance burden and then, on top of that, there are all these asks which sometimes may not feel so voluntary in nature. So there

is this hard bit for government I think, because the way consultation is done, it is always very aligned to line agencies and the like: how might you think about a future approach to consultation that was a forward plan of what is coming up? A bit like what you do for inquiries, where you have a bit of a line of sight to what might be coming, because there may be ways to kind of bring things together so that they are not all different little bits and pieces. If you are wanting to benefit from people with lived experience in an area and there are three things that might be coming down the pipe, imagine if you could have one conversation about the three.

**Gaelle BROAD:** Oh, look, we have had state inquiries running at a very similar time –

**Judith ABBOTT:** Absolutely.

**Gaelle BROAD:** to federal inquiries, that I feel like people could be. Carers Victoria's submission states: 'reimburse carers for any out-of-pocket costs and provide meaningful compensation for their time and expertise'. We have not drawn that out, I do not think, but some of the submissions have included that reimbursement, and actually just earlier, the ethnic council I think were talking about vouchers for people if they came. What practice do you do, and what do you see perhaps working in other areas?

**Judith ABBOTT:** Actually, Lorraine can talk to this one – let us mix it up.

**Lorraine LANGLEY:** We think that is really important, as we said in the submission, and I think it is valuing people's time. We do have different ways that we do that, so it could be out-of-pocket expenses if it is a long way in terms of petrol et cetera to get to something, but most often it is a voucher, and it is a voucher that provides them with some financial support to be able to do something else that would be valuable to them, and that is a recognition of time in particular and expertise. I think it is a respectful approach, and people value that. We are also conscious in our group that we work with that there are a lot of people really finding it tough at the moment, so those vouchers are actually really welcome to many people. There is that element to it as well, but it is about that respectful relationship that we want to try and make sure that we are modelling in terms of working with the people that are providing their valuable time and expertise to us.

**The CHAIR:** You have got time for one more.

**Gaelle BROAD:** Okay, thank you. I am just interested – you talked earlier about diversity of age and geography and the needs and preferences. I guess I just feel there are so many different forms of media or ways to connect with people, but are there any particular methods that you have found really work with the people that you are here to represent?

**Julie PHILLIPS:** I think it depends on the subgroup. I think with people with disabilities, like any other community, there is a bit of a hierarchy, and you have got the most independent up here who are tech savvy, and then you have got other people who have severe to profound disabilities who maybe only can communicate through communication devices, that sort of thing, which is a different ball game whatsoever; it requires time and patience and a different way of consulting altogether. I have been involved in a lot of meetings lately where there have been a range of people with disabilities, and the types of accommodations that are made were even, some of them, foreign to me, because I just had not considered them before. So it is really quite challenging, and that is again why we go back to the people to best organise that and who would know those sorts of things in advance would be the community itself. So that is from my perspective.

**Judith ABBOTT:** We think a mixed-method approach is good. We try to leverage existing surveys rather than doing extra into the field, so we try and really lift the response rate to national surveys so that there is one source of data rather than people being asked twice. We find that focus groups can be really powerful because of the connection and belonging people experience, but we would never do a focus group that put a 16-year-old carer with a 70-year-old – we would be quite careful there. We recently did some for young carers, and we delineated between younger carers and older carers, because we wanted to kind of balance those issues out. So we find those two things are quite powerful. When we got our 700 responses, and we were going, 'Oh, goodness, what are we doing now,' we went back out to those 700 people to say, 'We would love to hear from you.' We did that via survey, and we got about 215 responses, and then there were about 160 people who actually did further focus groups. So that tells us that there are different – and often their circumstances will change quickly. We also get really high no-show rates, because you have a plan and then the universe shifts. So being alive to that, we overbook everything because people's lives get busy and complex, and good intent bounds up against reality.



**Gaelle BROAD:** Good point. Thank you.

**The CHAIR:** Ms Tyrrell.

**Rikkie-Lee TYRRELL:** Mrs Broad just took my question. So we have just covered it all. Look, because she has left me out in the lurch, is there anything that you think we have not covered that you would like to tell us on how we could improve our consultation processes? I am looking at you, Lorraine – looks like you have got a lot to say.

**Gaelle BROAD:** She is doing my work for me now. This is fantastic.

**Lorraine LANGLEY:** I do not know; I think we have covered all the things that are really important. I think that the authenticity is important and the trusted relationships and the fact that not everybody – I think sometimes there can be a risk and a challenge with and a problem with some government consultation processes that just treat everybody as if ‘Well, you’re all carers’ and not recognising that people have all got all different things going on – different ages, different backgrounds et cetera as Judith said at the start. That is really, really important, to kind of design for that at the start. So that would be an important thing, I think, to emphasise. I think also, from our experience, people really want to get involved, and they often cannot. So I think really practical things like making it different times of the day. We did some young carer consultations and we did them during school holidays – like, just kind of thinking about those things, because if you do not think like that, then unfortunately, without you realising it or wanting to do it deliberately, you are almost just cutting out a whole group from being able to take part. So I probably would emphasise that.

**Judith ABBOTT:** If I was to answer that in the negative – we thought you might ask this question of where you saw things not go very well at all. And another jurisdiction – so phew for all of us. In another jurisdiction, they said they wanted – it is kind of a variant of what you were talking about, Julia – to consult with people, but the way they did that was engaging a large firm with no lived experience or knowledge, giving people less than two weeks notice, trying to engage with First Nations people without understanding culture or protocol. It was kind of – you are sitting there going, ‘No, just stop.’ And so what they got was they got the people who were in paid roles in advocacy organisations who could attend, and what they missed was the very people they needed to reach, which are the people who are not accessing support or who actually need something to change for them to be able to do it. That is a bit negative, but I think you learn from those as well, because there is a real risk that you just have the usual suspects.

**Rikkie-Lee TYRRELL:** Thank you.

**Julie PHILLIPS:** And look, for example, Disability Advocacy Victoria should not be speaking on behalf of the disability community either. It should be speaking about disability advocacy issues, but it is not appropriate for it to be being consulted on other things that the disability community should have a say in. The only other thing I would say is about the length of time of the whole process. For example, in the current DDA review, I think we had two and a half months or three months. That might sound like a lot, but, for example, we have done a draft and then we have to consult with the community, because when I say ‘we’ – sorry, I also work for the Disability Discrimination Legal Service, so we have done a draft, but then we have got to go and do our own consultation sessions with the disability community, because it is their legislation. We have to work together because, with the legal terminology, who can understand it in the general community? If you put the consultation within the consultation process, if you want to do it properly, you do need quite a bit of time, and there is no way around that really.

**Rikkie-Lee TYRRELL:** Thank you very much.

**The CHAIR:** Ms Lovell.

**Wendy LOVELL:** Thank you very much for your presentation. We had heard this morning from COTA and also from Dementia Australia, so there is a bit of a theme coming through. We even heard at the other end of the scale from YACVic – the Youth Affairs Council – and they raised similar issues. I am just wondering, given that everyone says that there is some consultation but not enough consultation, I am interested in what the consultation is that is actually happening at the moment, but also given the confidentiality around people’s medical conditions and things like that, how do we actually reach the individuals in those communities when people’s medical, disability and dementia status is very confidential?

**Judith ABBOTT:** Do you want to kick off?

**Julie PHILLIPS:** I think the representative bodies, if you look at them, they fan out and they have their own members all over the place with different areas of focus – you know, women with disabilities, trans people with disabilities, First Nations people with disabilities – so you can really get to a lot of those communities just by the peak or the representative organisations, and they would have the expertise in how to reach these people. It is quite true that it is probably the same people within each different community who are speaking all the time, because they can, and that is kind of a shame. The people who need the benefit of whatever we are talking about are usually the people that are not contacted. That, again, goes to going through the peaks and representatives so you can take advantage of their networking. I mean, some of them – for example, women with disabilities – I think have thousands of members, obviously women with disability. That is just one example. And then if you go to the other groups, it just gets bigger and bigger, and they will be able to really be useful.

**Judith ABBOTT:** I took your question in a very literal way, actually. I was thinking about some of these consultations. I understood part of what you were getting to was how do you preserve an individual's right to confidentiality while learning from their stories.

**Wendy LOVELL:** But it is also about reaching them.

**Judith ABBOTT:** That is right.

**Wendy LOVELL:** We do not have access to those names and addresses.

**Judith ABBOTT:** No, and that is where often those kind of networks and local networks are just mission critical. So someone contacts us and says, 'We're really interested in understanding the insights of carers in this particular location,' and there are carer support groups, there are a range of mechanisms that can be leveraged to say, 'This is an opportunity. Would you be interested?' We are doing some work just trying to help out the Australian government at the moment, who are looking for particular people to participate in focus groups, so we are just making people aware of that. Balancing that, you have the power to choose, but different ways of trying to get to them that are not always about membership focus – you know, carer support groups, self-managing kinds of groups. We are also pushing out through some other places like health services, because someone may not identify as a carer or someone may not want to be connected to Carers Victoria because the person in their care relationship does not want to disclose their condition. So you end up in these places where you have got to just find your way through.

**Wendy LOVELL:** But therefore when we reach out to you because, you know, you are the peak body, Carers Victoria, or the peak body for disability, do you then reach out into these networks for the presentation today? If that is the case, we are probably getting the voice too.

**Judith ABBOTT:** Yes, sometimes. When we are asked for care reviews we will, and where we go and how we do it depends a bit on what it is that is being sought. For something like today, because we already had quite a lot of knowledge, and the carer sector, just kind of to one of your questions, has just come out of a period of a whole lot of love – a national carer strategy and state strategy updates, service surveys; it was an awful lot of love last year – we are in a place where there has been so much engagement and conversation that we feel like we have got that picture without having to go out again to be able to speak reliably to you today.

**Wendy LOVELL:** Okay. Thank you.

**The CHAIR:** Gaelle, you have the floor.

**Gaelle BROAD:** Is there anyone else?

**The CHAIR:** That is it.

**Gaelle BROAD:** No? Cool. I have just got a couple of quick questions. Because you are sort of statewide in a way, and I guess part of the terms of reference is to look at any groups or areas, but we represent – three on this panel – northern Victoria, so regional areas and quite remote areas, do you see any challenges there in engaging people because they live in the regions? What are your thoughts?

**Judith ABBOTT:** Absolutely. You know, the time and financial costs of participating are high, internet connectivity is sometimes low, informal support networks around you if you are in a care relationship with your partner on a farm 3 hours out of town, are non-existent. So for our space, where often you are talking about a relationship, you know, it is a relationship. It is not an individual person, it is a relationship. All of those things are live, and that gets really tricky because sometimes they are the people that need things most, and the traditional 'Let's do something online' is not realistic and funding does not let you drive for 3 hours either way to get to those people. But there is probably a way in if they are connected to things like aged care support or they are connected to disability support. It kind of gets a bit to your question, I think, is we do not always leverage those because often they get lost in the, 'Well, I can't do that because that's my patch, and that's your patch.' But often the way in for those more – I know it is not technically remote – but those more distant folk who are often more challenged in terms of accessing services, let alone being asked for a view, I think is going to be through some of those other relationships that exist through what else they might be receiving.

**The CHAIR:** Okay, that will be it for us. Thank you for coming. It has been really interesting perspectives, and the thought that you have put into both the submission and responses to the questions we really appreciate. We will provide you with a copy of the transcript in the course of the next week to review. The committee is due to report to the Parliament in February, and the government will have a response hopefully six months after that. Thanks very much for coming today. With that, the committee will take a short break.

**Witnesses withdrew.**