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 *(via videoconference)*

Marshida Kolthoff, Manager, Policy and Advocacy, Council on the Ageing Victoria; and

Dr Rose Capp, Policy Adviser, Dementia Australia.

The CHAIR: Welcome back to the Legislative Council Environment and Planning Committee's Inquiry into Community Consultation Practices here in Victoria. We have got representatives from COTA Victoria and Seniors Rights Victoria joining us via Zoom.

Before we start, I will just remind everyone that all evidence that we take is protected by parliamentary privilege as provided by the *Constitution Act 1975* and the provisions of the Legislative Council standing orders. Therefore the information that witnesses 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 Parliament.

All evidence is being recorded, and witnesses will be provided with a proof version of the transcript following the hearing. Those transcripts will ultimately be made public and posted on the committee's website.

Welcome. My name is Ryan Batchelor. I am the Chair of the committee and Member for the Southern Metropolitan Region. I will ask members of the committee to introduce themselves, starting with those here in the room.

Gaelle BROAD: Hi. I am Gaelle Broad, Member for Northern Victoria Region.

Wendy LOVELL: I am Wendy Lovell, Member for Northern Victoria Region.

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

The CHAIR: Online we have –

David ETTERSHANK: I am David Ettershank. I represent the Western Metropolitan Region.

Sarah MANSFIELD: Hi. Sarah Mansfield, Member for Western Victoria.

The CHAIR: I do not know if Jacinta is there – maybe not. Anyway, she will join us. If our witnesses could introduce themselves and the organisation you are appearing on behalf of, then we will get started. Rose?

Rose CAPP: Thanks very much. Good morning, everyone. I am Rose Capp. I am a Policy Adviser with Dementia Australia. Thanks for the opportunity to appear today.

The CHAIR: Fine. And Marshida?

Marshida KOLTHOFF: Thank you. It is wonderful to be here today. My name is Marshida. I am here on behalf of COTA Victoria, so Council on the Ageing Victoria, and Seniors Rights Victoria is a program of COTA Victoria, our community legal centre focused on elder abuse – so representing both organisations. I manage the policy and advocacy team for COTA.

The CHAIR: Wonderful. What I am going to ask is that each of you give us a short opening statement, and then we will go to questions. Marshida, I might start with you if that is okay.

Marshida KOLTHOFF: Absolutely. Thank you for having me here today. Before I begin, I would like to begin by acknowledging the traditional owners of the unceded land on which we work. I pay my respects to elders past, present and emerging. Typically I am based on the lands of the Wurundjeri people of the Kulin nation, but today I am calling in from Te Whanganui-a-Tara, Aotearoa, so the windy city of Wellington, New Zealand.

I am speaking on behalf of COTA Victoria. We are the peak body that represents older Victorians, and we are really excited about this Inquiry into Community Consultation Practices and see it as a vital opportunity to ensure that older people's voices are meaningfully heard in the decisions that affect their lives. As the peak representative of older Victorians, COTA brings both direct experience for our own engagement, so things like surveys, focus groups and community discussions, as well as the insights of our members and the broader stakeholder networks that we are a part of. Our purpose today is to advocate for consultation processes that are inclusive, accessible and respectful of the diversity of older people across the state.

Our submission highlighted a number of foundational questions that we believe any effective consultation process needs to address, so I will run through those quickly. The first was: are all older Victorians made aware that the consultation is happening and do they understand that their input is genuinely valued? The second question we posed is: are the materials and information used in consultations accessible and easy to understand by all older people? The third is: is the format and delivery of the consultation such that older people can participate confidently and easily? The fourth question we pose to you is: does the consultation environment actively promote emotional, cultural and psychological safety? These are questions that have arisen from real lived experiences; it is what we hear from the community. Consultations can feel tokenistic; materials are oftentimes dense or jargony; processes at times overlook barriers, such as low digital literacy, sensory impairments or cultural and language diversity; and even well-intentioned consultations can alienate older participants if accessibility and inclusion are not built in from the start. That is why consultations need to be designed not only to include older Victorians, especially those most marginalised, but also in genuine partnerships with older people, local communities and experts.

It is not just ethical; it improves the policy outcomes, strengthens services and ensures that older Victorians are genuinely heard. When they feel heard and seen, the quality and the relevance of feedback improves, and the subsequent policies are better informed and designed to meet the actual needs within the community. So embedding that accessibility, comprehension and safety into processes invites participation and empowers both meaningful and more constructive engagement.

I will close by saying that COTA Victoria urges this inquiry and government agencies more broadly to commit to consultation practices that build on four key principles. The first is around visibility, so be visible and proactively inform older people that their input matters. The second is be clear – provide materials that are accessible to all. The third is around inclusivity – create participatory environments that remove barriers. And finally, be safe – nurture emotionally and culturally respectful places. By building on these four principles we can make sure that our systems, infrastructure and services meet the needs of an increasingly diverse Victorian population while celebrating the knowledge, the skills and the contributions that this diversity brings. I will finish up there but thank you for the opportunity to contribute. We are looking forward to the changes that come out of this piece of work.

The CHAIR: Thanks very much, Marshida. I will hand over to you, Rose.

Rose CAPP: Thanks very much, and again, thanks for the opportunity to present on behalf of Dementia Australia today. Dementia Australia is the peak advocacy organisation, so today I am representing more than 400,000 people in Australia living with dementia and the more than a million and a half people who support them and are involved in their care. Of that 400,000 there are more than 110,000 people in Victoria living with dementia and of those, 4700 people living with younger onset dementia, so that is people under the age of 65. Now, that Victorian number is predicted to nearly double by 2054. Dementia is currently the second leading cause of death in Australia and is predicted to be the leading cause of death shortly, so it is one of the most urgent and significant public health issues facing this country. We really welcome this inquiry, along with my colleague from COTA, because we think it is really important that people living with dementia are fully engaged in consultation processes. Our submission noted that they had not been in the past, and we are really pleased to be able to contribute some strategies and thoughts about how that can be improved.

Victorian advocates were consulted for our written submission. We went out and surveyed Victorian advocates, and they are a large group of people who either are living with dementia or are their carers or former carers, so they are providing their lived experience and their perspectives in terms of assisting us in our advocacy work. We had a really good response to our survey for this submission, and we found it really interesting. We think that the group of Victorian advocates who responded actually represents the diversity of the Victorian population really accurately. About half of our respondents lived in a rural area, 23 per cent identified as coming from a CALD or culturally and linguistically diverse background, 12 per cent of our advocates identified as LGBTIA+ and 8 per cent identified as Aboriginal and Torres Strait Islander. So it was a very clearly representative group.

I would just make the comment that dementia, in terms of the context for our appearance today, is often regarded as an invisible disability, and that is because often, unlike a physical disability, the changes and the challenges that people living with dementia experience are not often apparent. People with dementia often tell us that other people will say to them, ‘Oh, you don’t look like you’ve got dementia.’ That is because often people do not speak or act or behave in a way that sort of fits with community assumptions about what dementia might be as a disability, but that also has some pretty profound consequences. The surveys that we have done on attitudes and knowledge about dementia on a regular basis, from Dementia Australia, show that Australians still have very limited understanding about what dementia is as a disability, and that can have a number of consequences, including the fact that people living with dementia often experience stigma, discrimination and exclusion, and this is in all kinds of settings, including healthcare settings, unfortunately. But it also means that people living with dementia are often unintentionally excluded from activities and sorts of things like community consultations, partly because people have assumptions about what they might be capable of doing and contributing but also because those consultations are not run in a way that empowers and enables people to fully participate.

So in this submission we argue that all consultations should be inclusive and supportive and responsive to the diverse needs of all Victorians. For people living with dementia, that means a real recognition of the kind of cognitive and communication challenges that people living with dementia experience and designing processes around that that mean that they will be able to fully participate. Our submission included a number of key recommendations, and I will not go through all those here in the opening statement, but hopefully we can explore these in the coming hour. But some of the key recommendations, and we are very much aligned with our colleagues at COTA here – we feel that there should be a range of options when consultation processes are being designed so they have to be inclusive. So for instance, we are, you know, often offering opportunities for consultation that are digital or online in some form. Now, many people living with dementia do not necessarily feel comfortable in that kind of setting, and so we recommend where possible an option for in-person consultations. We also suggest if in-person consultation opportunities are offered, that the venues are considered in terms of potentially being dementia friendly or otherwise. The physical environment can have a really significant impact on a person living with dementia. Aspects like lighting, wayfinding, navigation, signage, noise – all those kind of things can have an impact on someone living with dementia’s ability to concentrate, participate in a discussion, follow a conversation and make a contribution. That is a really important issue.

We also made a recommendation about how the process is conducted. We recommend that everyone involved in a consultation that involves a person living with dementia should have some degree of education and awareness about what dementia is and how to support someone living with dementia to be involved in a meaningful way in that consultation process.

Finally, as my colleague Marshida has emphasised, it is really important that information is provided in an appropriate format. People living with dementia have a number of different cognitive and communication challenges, and those can change over time, so their needs will also change. We recommend in providing information, in terms of promoting a consultation opportunity but also the consultation itself, that the information provided is provided in a range of different ways. Often documents, in electronic or hard copy form, can be very text dense. That is quite hard for someone living with dementia. So a variety of formats – audio, video, plain English or easy English and other options – would really make a difference for people living with dementia being able to participate fully.

I just want to conclude by quoting directly from one of our advocates who made a really significant contribution to our written submission. She was hoping to be here with me at the hearing but unfortunately was not able to do that. She is a woman living with younger onset dementia, and she lives in a rural area. I think her words spell out the challenges of being involved in community consultations much more clearly than anything I can say, so I am quoting verbatim here:

> Living with dementia, I often find it hard to take part in consultations because:
>
> - The language is too complex or confusing.
> - I need more time to understand the questions and give answers.

> - I don’t always feel confident speaking in groups or with people I don’t know.
> - Sometimes I don’t know when or where the consultation is happening.
> - If I’m tired or unwell, I can’t take part.
> - I don’t always feel like my voice will be heard or make a difference.

And finally:

> Making consultations calmer, simpler, and more flexible would help a lot.

The CHAIR: Thanks so much, Rose. They are very good words to end that presentation on. We will now go to some questions, which I will start.

Marshida, in your opening statement, you spoke of this first principle that one of the things that is important is that people understand that their input is genuinely valued. How do you think that those engaging in consultation programs can convey that genuineness when often, if we are to achieve a diversity of views, not everyone’s viewpoint is going to be able to be reflected in the final outcome? How do we balance that, and how do we demonstrate that input is being genuinely valued even if all the points that someone raises are not being agreed with?

Marshida KOLTHOFF: That is an excellent question. I do not think the idea is to give people the false perception that their feedback is going to instrumentally influence the outcome of that consultation, but it is about ensuring that they feel that their voice is of value. Whether or not that aligns with the final outcome, with the proposals that are recommended out of consultation, it is about ensuring that people feel that they have a right and that there is value in raising their opinion, sharing their lived experience. I think what we often have with older Victorians is there is such inherent ageism within our communities it can lead to a sense of feeling as though their voice is less relevant than that of younger people. When I talk about ensuring people feel that their input is valued, that they will influence outcomes, it is about creating an environment where, at the very minimum, they are heard and they understand how their voice can shape the process. It can be as simple as letting them know what timelines you are working to, what the proposed outcomes of the consultation are, whether it is the development of a strategy or a plan, legislative change or something more practical that they might see within their community so that they have a good understanding of what it is they are potentially influencing. It is quite a good one to pass to Rose there as well.

The CHAIR: Yes, please.

Marshida KOLTHOFF: I think we come across very similar challenges. What value can you deliver? There is so much. Older people make up around 22 per cent of the Victorian population at the moment. That is set to increase. I think by 2046 we are looking at 2.3 million people over the age of 65 – a huge group that are currently underrepresented in consultation. But I will pass over to Rose, if that is all right.

The CHAIR: Rose, do you have some reflections on that question?

Rose CAPP: Thanks, Ryan and Marshida. I think I would echo what Marshida has said. I think it is really important in the planning of these sorts of consultations to be really clear up-front about what it is that the consultation will involve, and that does include outcomes too. People with dementia have often told us that they feel a little disappointed when they have been involved in something, they have spent their time, they have shared really personal experiences, but they have not felt like that has made an impact. They have not perhaps heard about the outcomes too. So I think it is really important to be clear up-front what the consultation process is actually about, what is required, what is expected in terms of the contribution but also what is going to happen. The follow-up is really important. We got some quite strong feedback from our survey saying that follow-up is really important in terms of people living with dementia being supported if the consultation is actually dealing with something that is potentially stressful or distressing or if they are sharing personal experiences.

The other point about follow-up is that often there is just this absence of information after the consultation process. We got feedback saying it is really important to hear down the track what happened – were there outcomes, what was the impact of my contribution? I think that would really help in terms of engaging more people living with dementia too. If they understood what the impact of their contribution was, they would be encouraged to continue to engage or participate in community consultation.

The CHAIR: Thanks. I might go to Mrs Broad.

Gaelle BROAD: Thank you, Chair. Thank you both for your contribution today. Both of your submissions talked about Engage Victoria, and I was just interested in learning more. I think, COTA, your submission states:

> Another issue is that the platform does not currently serve as a consistent or comprehensive hub. Not all departments use it, and many consultations remain inaccessible to those who are not digitally engaged.

I wonder if you could both speak to the platform and, Marshida, what improvements could be made to make it more effective?

Marshida KOLTHOFF: Yes, I am happy to kick off on this one. I think the first thing is to note that not everyone is online. The Australian Digital Inclusion Index tracks Australians who are online and what those patterns of digital inclusion are. In 2021 they found that the proportion of people who are highly excluded rises sharply. Twelve per cent of adults 55 to 64 are highly excluded, and of those who are 75+, 42 per cent consider themselves highly excluded. That is a huge number. We also saw that in 2018 there was an online survey that classified 13 per cent of respondents over 80 as ‘seldom surfers’. They can use digital comms to some extent, but they do not feel confident doing so. We have also done some research within COTA Victoria, and what we found there is that many people who do use digital platforms report that the tools are not intuitive or accessible, so they might find that online surveys are lengthy, they are open-ended, they are unclear on purpose, and all of this goes on to deter engagement.

The one other point there, before I step into the next part of my response, is that digital disengagement is not just a lack of digital competence. There are many people who have an email address, for example, but do not go on to use it actively. What we see with Engage Victoria is that it prioritises those who are digitally connected, which automatically provides a disadvantage for older Victorians. Putting that aside, we see that the language used within many of these surveys is complex. It suits those who have some experience in government engagement or policy. It is not always written in easy English. There are not always translations available. The translations that are available, say, via Google Translate, often have inconsistencies, and at times the plain English version is not available in other languages. So again, there are some barriers that are automatically in place for those from CALD backgrounds or who perhaps have dementia or another disability that requires more accessible language to participate.

Engage Victoria is a great initiative, but it is never going to work for everyone. I think it is important to recognise that there are opportunities to improve it to ensure that the language is accessible, that the surveys are clear – what information they are looking to obtain and what the timelines are, what the outputs are – and whether there is opportunity for significant change based on responses or not. But it is also about complementing Engage Victoria with community place-based opportunities for consultation. We know that for many older people, they prefer to engage face to face. That preference is usually within their own community. So we speak briefly to the role of NGOs and other place-based organisations who have those relationships of trust with local people that they can draw on. It does need to go hand in hand; it cannot be one or the other. Engage Victoria – for those who are able to use it and who do use it, it would be great if we could see all government departments using it consistently so that those who are interested in participating in government consultations can go there and know that if a consultation is underway they will be able to find it at that address. It is really that consistency paired with approaches that support those who are not interested in engaging via digital means but do want to help and provide their lived experience, their insights into these processes.

The CHAIR: Thanks so much. I might go to Mr Ettershank.

David ETTERSHANK: Thank you, Chair. Thank you both for your presentations. My question is to both of you. In terms of what you raised, Marshida, I thought the four points you raised at the end were really useful. I am looking at that one about being visible, about people being aware of inquiries. For both the incredible diversity of older Victorians and in terms of the particular issues associated with neurodegenerative conditions and the impact that has on folks and the digital divide, I guess my question is in terms of being visible. If we take on board that digital divide, what does that mean in terms of good practice and reaching out to your constituencies, to the people you represent? Maybe we could start with Rose.

Rose CAPP: Sure. Thanks for the question, David. I have got a few sobering statistics here, which we included in our submission. When we asked people in our survey whether they felt they were represented in government and service provider consultation processes, only 5 per cent of people responded yes. So that is a fairly disheartening statistic. The other interesting stat around Engage Victoria is that more than 80 per cent had either not heard of it or not used it. That goes to the point about it being a useful platform, I guess. But it depends on who you are. As policy advisers and people working in the policy area, of course, we would be very aware of it. But most of the people living with dementia and carers would not know that is there. Also, without wishing to be flippant, Engage Victoria is not particularly engaging in terms of the line and appeal to members of the general public. Again, it is sort of fairly text-based, and I think there are some things that could be done in terms of the way it is actually designed to make it more appealing to the general public and more easily navigable.

In terms of visibility– again, I think it is really important, and it goes to sort of one of the central points that we made in our submission – people living with dementia and carers and supporters really want to be part of consultation processes. But as one of our advocates who lives with dementia pointed out, people living with dementia are often hard to find, as they put it. So people have to be really encouraged and offered the opportunity. That means that not only do we use platforms like Engage Victoria, but we have those sort of in-person, face-to-face options as well and a variety of other options for consultation. I think Marshida mentioned surveys – our advocates are very used to filling in surveys. But I think in terms of making sure that people living with dementia and the people that support them are included and visible, it is about being flexible and responsive about how they are engaged in a consultation and offering a range of options for them to be able to do that, to be comfortable participating.

Marshida KOLTHOFF: Thanks, Rose. Yes, very happy to echo those points. In terms of visibility and how people become aware of these opportunities, I think it is a really interesting question, and there is a whole lot of opportunity for innovation in that space as well. Surveys are a great first step, and you reach a pretty good crosscut of Victoria. For those who have access to digital technologies, there are fewer barriers than there are for in-person participation. In saying that, surveys often invite shorter answers – you do not get the same insight that you tend to get when you are meeting with a person face to face and you build up a bit of trust, you have a conversation that gets them sharing information that they might not have otherwise. So it is about: how do we connect with people through the infrastructure we already have in place? And one of those options is NGOs.

As Rose and I have mentioned, we are well connected in with community. COTA Victoria is a membership organisation, and we connect with older Victorians through social media, through our COTA Connects newsletter, through focus groups, through peer advocacy, through education and training sessions. It means that we are reaching those who are out in the community who are speaking with others, who then go on to share this with their wider networks as well, so it is a great way to sort of draw on that word-of-mouth process. There are so many ways of reaching people outside of digital technologies, whether it is putting up flyers in supermarkets and at GP clinics. It might be that you share this information with pharmacists, who see a good number of older people come in for medications and their services and who might be able to pass on that information. We have libraries, there are cafes. So it is about getting a feel for where people are connecting in with their community and drawing on those systems and services that are already in place.

I think a good first step is connecting with organisations like Dementia Victoria, COTA Victoria, to understand where we know of community connecting in and what some of the opportunities might be to get broader community participation in consultations. But visibility takes so many forms, so it is not just putting it out there as ‘We have this consultation process happening,’ but it is inviting their lived experience and their insights, and it is making it very clear that they have value to add, that you are wanting to hear the perspective of older Victorians – who, again, make up 22 per cent of the population in the under-represented – so incentivising them to participate, making it clear that their voice matters.

The CHAIR: All right. I might go to Ms Ermacora.

Jacinta ERMACORA: Thanks for your contribution. I have just enjoyed listening, and I am happy to cede my time to other members of the committee if you like. Thanks for the work that you do.

The CHAIR: There we go. Mrs Tyrrell.

Rikkie-Lee TYRRELL: Thank you, Chair. Look, I know the ageing population is fantastic at word of mouth, especially those in rural areas, where I live. What are other ways that we can best communicate with them to get the word out there that community consultation is about to happen? What are the best ways that you have found that they react to – what methods? Is it snail mail, phone calls, doorknocking? How should we approach it?

Marshida KOLTHOFF: Please, go for it.

Rose CAPP: I am just going to jump in there. I just want to echo what Marshida said in terms of a lot of the feedback we got from Victorian advocates was that traditional means of promoting consultation opportunities were really important, so all the things that Marshida listed, you know, community libraries, going to residential aged-care facilities – those populations are often neglected in this context. Old-school flyers, legacy media, the radio – a lot of older people listen to the radio – television, you know, those kind of traditional forms I think of promoting consultation opportunities are really important. And also, yes, local healthcare providers, GP clinics, all those kind of avenues, good old-style leafleting in local communities, and as Marshida said, too, using trusted local networks I think is a really good way of getting the message out about what is available.

Rikkie-Lee TYRRELL: Thank you.

Marshida KOLTHOFF: Trust is really critical. I think where you are cold calling people and trying to get their input – that will work for some; it will not work for everyone. It does need to be a multifaceted approach. But where it is done within communities of trust, within organisations that have those trusted relationships, you are going to get more valuable input from community, because people are conscious about the information that they share, particularly over the phone and online. There are a huge number of scams out there. It can be hard to identify what is a scam and what is genuine if it is not done within organisations that they are aware of and that they understand are advocating on their behalf, are working in their best interests. So I think, you know, as you say, snail mail, cold calling, leaflets – all of it works, but one option is not enough on its own. It does need to be done within a broader system of, yes, good consultation practice that does not exclude. Engage Victoria, again, is a really fantastic platform. There is room for innovation and for it to become more engaging, as Rose says, so that it is not just catering towards those who feel confident in that government speak as such. But yes, there are so many opportunities out there. People want to participate, so it is making sure that they are aware that it is taking place.

Rikkie-Lee TYRRELL: Thank you. Was Rose going to say something?

Rose CAPP: I also just want to emphasise the point that both Marshida and I have made about using really accessible language – you know, plain English – in terms of any of the sort of promotional material and the comms around consultation opportunities. Providing that in easy-to-understand, accessible language will be really important in terms of actually recruiting people to be part of these consultation processes.

Rikkie-Lee TYRRELL: Thank you. Now, in the actual consultation itself, the last several I have been to have been large community ones where everybody is packed into the local hall. Now, I know that is not going to work for our ageing population, because of physical barriers and just, let us say, transportation even. What are the best techniques that you have found that they have responded to for consultation?

Marshida KOLTHOFF: It is much like the broader population, and these busy environments are going to pose issues across all age cohorts. It is not an older person issue as such; it is around how we maintain accessibility and community consultation from a more holistic perspective. For older people we do see that there is an increased percentage of those who have disability – I think it sits around the 25 per cent mark – so it is important to be conscious of that and to respond to the barriers that that might pose. People have different preferences, and that does not change as you get older. For some, engaging online is the perfect option because it can be done from anywhere and there is not that pressure to come up with a response quickly or to speak in a group. Others enjoy the smaller focus group sessions where they can bounce ideas off one another and speak to their experiences rather than answering a very specific question and they can bring it back to their lived experience more easily.

There is the point that Rose raised earlier in that when we are talking about town hall-style consultation, hearing loss can make that incredibly challenging. If you struggle to access public transport or there is limited parking available, all of those things pose additional barriers. Again, they tend to be more common within older populations, but they are certainly not unique to older Victorians.

The CHAIR: Thank you. Ms Lovell.

Wendy LOVELL: Thank you. Thanks for your presentation. It has been really interesting hearing the perspective of older Victorians and particularly those living with dementia. Rose, I think it was you that said that in your survey 80 per cent of people had never even heard of Engage Victoria, and it would be a much smaller percentage that are actually going on there regularly and looking to see what consultations are happening. Even with our own inquiries here at Parliament House, I am quite sure that although we are sitting here doing online with you and having other people in person, we are sitting here in Parliament House – I am sure that if in our lunch break we went down to the mall with clipboards and asked people how many of them knew there was an inquiry going on into consultation, the percentage would be a lot higher than 80 per cent that did not know it was happening. I am interested in going back a step before the question of how we can better consult, to asking how we can better inform people of the fact that consultation is happening?

Rose CAPP: Look, I think that goes back to earlier points about contacting people in a variety of ways. People who live with dementia often experience increased social exclusion and isolation because of the cognitive challenges that they deal with, but often also it is societally imposed. Most of the surveys that we have done more recently show that people who live with dementia – and carers – experience less connection with the community and more social isolation. By definition they are possibly a cohort that is harder to reach anyway. But in terms of promoting opportunities or promoting awareness about consultation opportunities, again I think it gets back to that idea about using a variety of means of communication in order to make them aware of the opportunities. As Marshida has emphasised in terms of older people, people who live with dementia are not a homogenous population. Every person living with dementia has a different experience of it, and people will have different preferences in terms of communication abilities and also what they would choose to participate in, in terms of a consultation process.

For example, many advocates that work with our organisation are very digitally savvy and very used to engaging online and so on, but others are not. It is about reaching all those under-represented groups, including people living with dementia, and particularly people living with dementia for instance in rural and regional areas. Some of our advocates said that they had never heard of Engage Victoria and they had never had an opportunity to be involved in any kind of government consultation at all, which was, as I said a bit earlier, sobering to hear. We have a number of suggestions about how to improve that, and part of that is going out into those communities and contacting people through a lot of those processes we talked about earlier – for instance, using trusted local networks, organisations, healthcare providers and so on – and getting the message out in that way.

Wendy LOVELL: Thank you. Time is up?

The CHAIR: Yes. Dr Mansfield.

Sarah MANSFIELD: Thank you. Thank you so much for your presentations and for appearing today. Rose, I am interested in whether you have any examples of good consultation with people living with dementia that perhaps could highlight some of those factors that you mentioned before that can lead to better consultation. I know that in some of my sort of pre-Parliament experience in working with people living with dementia, it is often assumed that as soon as people receive a diagnosis they lack capacity to make decisions about anything really, let alone be considered to engage in consultation. What are examples where that has not been the case and good consultation has occurred?

Rose CAPP: The ideas of our own organisation are the best example of that, and particularly our advocate program, which I have referred to in terms of how we drew information for our submissions. We have a large group of advocates – more than 600 people – who, as I said, either live with dementia or care for someone living with dementia or are a former carer, and they share their perspectives and experience with us. That informs our policy and advocacy at all levels. That is a really good example of working with people and genuinely consulting with them.

Sarah MANSFIELD: Are you aware of any examples of government consultation where people living with dementia have actually been considered and consulted with?

Rose CAPP: A really good example is the *National Dementia Action Plan*. People living with dementia and carers were consulted at a number of stages of the development of the draft of that plan, including advocates who work with Dementia Australia but also a number of people living in the community, and their input shaped that action plan in quite significant ways and changed it over time. That is a really good example of the impact of genuine consultation with people living with dementia.

Sarah MANSFIELD: Either of you can answer this one, but I think in the examples you provided the subject matter is very relevant – immediately relevant and obviously relevant – because it is going to directly impact people living with dementia. But in terms of a lot of other consultation that is done, maybe it is around some urban design or a community facility, are those sorts of consultations ones where you would commonly see people living with dementia or older people engaged, or do you feel that that is overlooked?

Rose CAPP: Sorry, Marshida, is it okay if I just jump in quickly? This goes back to my central point. Like, people living with dementia and carers are really keen to be involved in a range of different consultation options, not necessarily just on issues that directly involve people living with their conditions. For instance, a recent example is advocates from Dementia Australia were involved in a La Trobe research project that was giving feedback about autonomous vehicles, which was a really interesting project. It was really beneficial to hear the perspectives of people living with various disabilities about how they felt about – I cannot remember the details – particularly autonomous vehicles. But it was really important, and the researchers were really interested in having the feedback from people with cognitive disabilities.

Marshida KOLTHOFF: Very, very broadly speaking, as you get older your life does not become your age, so we would like to see older Victorians involved in all sorts of consultations. We know that they have unique needs and unique preferences to other age cohorts, as each age group has, so it is really critical that they do feel that their voice is valued and that there are meaningful opportunities to contribute to consultation on all manner of topics; that reflects a lifetime of experience as well that you can bring and share as part of that consultation process. What we do see is that the involvement of older people in government consultation is often limited across all manner of topics, not just those that relate to ageing specifically or to topics that are deemed to be ageing issues. So it is about how we can ensure that all consultations do their best to appeal to the wider Victorian population and that they are accessible to those who are currently under-represented: that is older people; people with a disability, both cognitive and physical; CALD –culturally and linguistically diverse – communities; and Aboriginal and Torres Strait Islanders. It is across the board, so it is looking at what some of the most common forms of marginalisation are within Victoria and how we can ensure that the consultation processes that we are developing actively go to mitigate those barriers that might otherwise be in place. This is just another cohort that has been at the wrong end of the stick, and they have not been as actively considered as they perhaps should have been in the development of these consultation processes.

The CHAIR: All right, thank you. I might go to Ms Watt.

Sheena WATT: Thank you, Chair. Hello and thank you to both the representatives from the peak organisations that presented today. I was particularly interested in hearing about the dementia-friendly venues and dementia-friendly spaces, because in so much of our inquiry here I think there is an opportunity to look at actual place and space and how to make that most appropriate to community consultation and the aspirations of groups. So do you have any further information about that? Is there a guidance protocol or anything that we as a committee could be considering in a very substantial way about how to make venues much more dementia friendly?

Rose CAPP: Yes, thanks for that question. I included in our submission a really fantastic guide called *Making It Dementia Friendly*. It is written by Dennis Frost, who is a man who lives with dementia, who researched and put that guide together, and it has got some really specific suggestions and guidelines. It is specifically, actually, for choosing a venue for meeting and consultation, so it is particularly relevant. The link is included in the submission. But the broader point I make too would be that finding a venue that is dementia friendly – that has got good lighting, clear signage, colour contrasts and reduced noise – is good for everyone; that will make for a really productive consultation. So it is not just for people living with dementia that it is going to be a good venue; it is actually going to make for a really constructive consultation process because it will benefit everyone.

Sheena WATT: I can appreciate that because what I am hearing from some is a bit more of a push to go back to the old days of giant town halls and let us fill them up with 500 people and that is how we do community consultation, right, and that we have lost our way with online. I am just interested to sort of explore that as a preferred concept because I know for some communities that is very much the worst possible method of community consultation. Yet others have gone for mass engagement – one stop, one shot, one instance. But what we are trying to do through Engage Victoria is have an online portal, if you will, and then there are other methods of community consultation that might be particular to, I do not know, peak bodies or organisations such as yours. I am interested to explore that for a particular issue government may use four or five different methods to hear from communities. I just feel like we are missing that in a little bit of what I have heard throughout this inquiry.

Rose CAPP: Look, a large town hall meeting would probably not be helpful for most people living with dementia because it would be noisy. It might be really difficult for people to concentrate on what is being said and to process that and so on, so that may not be the most beneficial environment. But to your point, and to the point that Marshida and I both made today, it is about providing a range of options, I think. People living with dementia have a range of different abilities and preferences in terms of how they are involved in consultation processes, so I think providing choice is really essential. Some people might be happy to attend with a spouse a larger town hall meeting; other people would find that really intimidating and would just decline that opportunity. But if offered a smaller group consultation in a local venue that had dementia-friendly features and they were familiar with the building, that may well be the difference between them participating or not. So it is about choice and flexible options.

Sheena WATT: Thank you so much. Thank you for your time.

The CHAIR: All right. The time for this session has concluded. Marshida and Rose, thank you so much for the contributions you have made today and for taking the time to both make submissions to and appear before our inquiry. You will both be provided with a copy of the transcript of today’s proceedings for review in the coming weeks. With that, the committee will take a short break.

Witnesses withdrew.