REPORT ON PROCEEDINGS BEFORE

COMMITTEE ON AGEING AND DISABILITY

REVIEW OF THE 2024-2025 ANNUAL REPORTS OF THE AGEING AND DISABILITY COMMISSION

At Jubilee Room, Parliament House, Sydney, on Friday 15 May 2026

The Committee met at 15:15.

PRESENT

The Hon. Cameron Murphy (Chair)

PRESENT VIA VIDEOCONFERENCE

Legislative Council

Ms Abigail Boyd

Legislative Assembly

Mr Nathan Hagarty (Deputy Chair)
Ms Sonia Hornery
Mr Geoff Provest
Mr Tri Vo

The CHAIR: Before the hearing commences, I acknowledge the Gadigal people of the Eora nation, the traditional custodians of the lands on which we are meeting today at the New South Wales Parliament. I also acknowledge the traditional custodians of the various lands on which our virtual members are appearing. I pay my respects to Elders past and present, and extend that respect to other Aboriginal and Torres Strait Islander people who may be present or viewing proceedings online.

Today we are conducting the public hearing for the Committee on Ageing and Disability review of the 2024-2025 annual reports of the Ageing and Disability Commission. I am Cameron Murphy, Chair of the Committee. I am joined online by fellow Committee members Mr Nathan Hagarty, Deputy Chair and member for Leppington; the Hon. Sonia Hornery, member for Wallsend; Ms Abigail Boyd, member of the Legislative Council; Mr Geoff Provest, member for Tweed; and Mr Tri Vo, member for Cabramatta. I thank the Commissioner and senior staff of the Ageing and Disability Commission for appearing before the Committee today. The Committee appreciates your input into its review.

Commissioner JEFF SMITH, Ageing and Disability Commissioner, NSW Ageing and Disability Commission, affirmed and examined

KATHRYN McKENZIE, Director, Operations, NSW Ageing and Disability Commission, affirmed and examined

ANNA GAUCI, Manager, Communications and Engagement, NSW Ageing and Disability Commission, affirmed and examined

CECILIA COX, Manager, Community Supports and Investigations, NSW Ageing and Disability Commission, affirmed and examined

The CHAIR: I welcome our witnesses from the Commission. Thank you for appearing before the Committee today to give evidence. Please note that Committee staff may take photos and videos during the hearing for the Legislative Assembly's social media pages. Please inform Committee staff if you object to that. Would one of you like to make an opening statement on behalf of the commission?

JEFF SMITH: Thank you for the opportunity to appear before you today and to make this opening statement. The Ageing and Disability Commission [ADC] appreciates the considered and constructive approach of the Committee in its inaugural review and the opportunity to respond to the recommendations and findings. We also value the Committee's commendations regarding the agency's dedication and commitment, and the findings and recommendations aimed at supporting the important work we do. The ADC has been identified as a model of safeguarding across Australia. Our reason for being is centred on keeping people safe, and we have a very strong track record of doing it well.

The strength of the work that we do lies in the fact that being person-centred is not just a value we subscribe to, but a legislative underpinning from top to bottom. Our legislation requires us to have regard to the wishes of the adult with disability or older person when exercising a function under our legislation, while consent is central to investigations, the exercise of a search warrant and referrals to police. We have provided our response to the Committee on their nine findings and six recommendations. We agree with the findings of the Committee regarding the resource challenge we face, the drivers underpinning it and the potential implications of that, as well as the findings regarding engagement with Aboriginal and multicultural communities. We also agree with many of the recommendations in full or in part. I look forward to talking today as part of an ongoing and productive relationship with the Committee on matters relating to ageing and disability and the work of the ADC.

The CHAIR: Thank you, Commissioner. Before we begin with questions, I inform you that you may take a question on notice, which means that you can provide the Committee with an answer in writing at a later date. We ask that all witnesses return answers within two weeks after receiving a written copy of the questions. We'll now move to questions from the Committee. I might ask one to start about some of the recent projects that the Commission has been involved in. I wonder if you can provide more detail to this Committee about the operational impact of the Serious Neglect Protocol, including any measurable outcomes or resulting interagency collaborations. How's that going?

KATHRYN McKENZIE: The Serious Neglect Protocol, Cecilia is probably best placed to talk about the operational impact of that and the work that we do with other agencies. We're also doing substantial work in relation to neglect with our neglect research project, which obviously relates. Cecilia, can you talk to—

CECILIA COX: Sure. The Serious Neglect Protocol is to support and assist our staff to make timely and responsive decisions in relation to serious neglect, which is generally where people are at risk of dying or actively dying from neglect—usually they're presented in hospital at that time. I don't have the data to hand to speak to the specific outcomes, but I know from my personal experience of implementing the protocol and overseeing the staff that implement the protocol, that that's resulted in more referrals to the police in relation to criminal neglect. That's failure to provide the necessity of life or grievous bodily harm as a result of neglect. We have worked closely with police to support them in their investigations in relation to that. There have been some further outcomes, although no convictions in relation to those offences.[1]

More importantly, I think, it has also assisted us to communicate clearly with hospitals in relation to the concerns about the circumstances of people presenting to hospital with serious neglect and the need for safe and careful discharge planning, wherever that patient's discharge destination is, as well as advice to hospitals in

[1] The Committee received correspondence from Cecilia Cox, providing clarification on this statement, which is published on the Committee's webpage.

relation to referring matters to the Coroner where the death of an adult with disability or an older person may be as a result of serious neglect and multiple referrals have occurred as a result of those engagements. But focusing on the outcomes for the person, if that person is going to have a discharge destination from the hospital, it's about ensuring their safety and wellbeing and that their right to live with dignity, even in the final days of their life, is upheld. That's the purpose of the protocol.

The CHAIR: Have you received any feedback from those other agencies about the protocol?

CECILIA COX: Anecdotally, I would say that we've had—I should have said also that we've used it in our training and education and support to police. When we do police information sessions, we talk about serious neglect as an offence and the specific characteristics that we see presenting. When we do the detectives training with police, we use case examples of the serious neglect and talk about the indicators of serious neglect and the types of evidence that can be obtained by police, even when a person is unconscious, to support their investigation into that. As a result of that, we've had police proactively reaching out to us when they've come across examples of serious neglect. We have hospital social workers, ED nurses and ambulance officers regularly contacting the Commission to report concerns about serious neglect, and then also seek the assistance of the Commission in making decisions around the hospitalisation of that person and what to do if there's a discharge against medical advice, for example. Informally, it's building those pathways for people to feel that we're a place that they can reach out for advice when they're dealing with these very difficult conversations.

The CHAIR: It's about giving them the skills so they know what to look out for?

CECILIA COX: Yes. Unfortunately, usually by the time we're activating this protocol, that serious neglect has allegedly occurred. It's about making sure that that person is not put at risk again. Serious neglect can occur for a whole range of reasons. It can be intentional or unintentional neglect. It's also about unpacking why that neglect is occurring. Is it a health literacy issue for the family? Are the carers themselves experiencing extreme carer stress and they're not able to cope? The solutions and the answers to responding to that are going to be dependent on the factors behind the perpetration of that alleged serious neglect.

Mr NATHAN HAGARTY: This is something I brought up previously in conversations with the Commission, in terms of staff wellbeing. What are some of the trends and the issues that are that are coming up? Obviously, you do some fantastic work, but it's obviously difficult work and that will have an impact on staff. Are there any trends coming up, or have there been any insights over the past year?

JEFF SMITH: Yes, it is an area where the work that we do is difficult. A lot of the work we do is that frontline work. The insights, if I can start with those—we have handed our plan up to the Committee, and the work status update on where we are with the plan. I think that people are clearly on board and engaged in this process. We did recognise that we had some issues that came out of the review. At the same time, the review also recognised that people really valued working at the Commission, they valued the peer relationships and they brought a great deal of passion to the work that we do. We're trying to harness those elements, if you like, of the work that we do, because we can't change the nature of the work that's coming through, the reports that we're hearing about or the calls that we're getting. There are only so many levers we can take, so I think we have made significant progress against our plan.

We haven't formally or even informally evaluated it at this point. I personally have been holding consultations with the various teams, which have been about identifying some of the things—how the plan is going, how we might be able to do things differently and what's working well. Anecdotally, that all seems to be going fine. We've also done some fairly major pieces of training across the office around dignity and respect, which we've done with an external consultant, who has taken us through a couple of sessions where we've talked about the way that we engage with each other as a team. That's been really beneficial. But, again, no formal—we're just at the start of many of these outcomes. We're just putting into place what is quite a structured plan with all sorts of elements to it. We have allocated significant resources to that process to give it time as a resource but also significant financial resources.

Nothing that we've picked up in that process causes me any trouble. We are absolutely committed to the wellbeing work. We do know from the People Matter Survey that we are tracking well. I don't think we can, in a data or research analytical sense, track the wellbeing plan and the activities that we have either commenced or fulfilled directly to the outcomes in the People Matter Survey. But there is some comfort that can be taken from that. It is pointing in the right direction. Certainly, compared to our parent agency and the public service more generally, the outcomes that we are getting out of the People Matter Survey in a quantitative sense and a numerative sense are tracking above both our parent agency and the public service more generally.

I'm not sure there's anything more I can say beyond that at this stage. As I say, we have provided the plan to the Committee and we are working hard on it and will continue to do so. As part of the plan, it does contemplate

two things—firstly, that we do put in place some settings to check in, formally and informally. The process of me talking to all the teams is part of that. There are some ideas that have come out of those consultation sessions around that as well—around the way that we can get a more interactive structure to our staff meetings, for example. We can build in feedback, confidential and otherwise, into that structure. Then, also, the plan does contemplate in 12 to 24 months that we will do a more formal assessment of where we stand and what's working and what needs to change. I hope that answers your question.

Mr TRI VO: I know resources are quite limited, but where would additional resources for the commission have the biggest impact?

JEFF SMITH: Where would additional resources for the commission have the biggest impact? We have put in a budget bid for the next four years, where we have identified some fairly urgent need for additional funding, because all the data is tracking that there will be increased demand for our services over the next four years, if not the next decade. The budget bid contemplates four aspects of the work that we do: firstly, to maintain frontline service levels in the work of the commission in relation to abuse, neglect and exploitation; secondly, to assure the efficacy and credibility of the Official Community Visitors scheme by supporting an allocation rate of 70 per cent of visitable services—this year, in the year that we are discussing, we achieved a level of 62 per cent across the 12 months.

The third aspect is to build in resilience into our budget in a fairly modest way, as I indicated before, because we're only asking for $7.2 million over the four years, but to try to track that increase that is expected over the four years so that by the fourth year we have more staff than we would take on in the first year; and then, fourthly, building on having greater capacity at the front line and to do the work that we do, to enhance our rural and regional presence, which we have discussed before. The majority of the calls, matters and reports that we're aware of come from rural and regional New South Wales, notwithstanding the population difference between rural and metro New South Wales. So that would be our priority, consistent with the recent budget bid we put in.

Mr TRI VO: How does the Commission evaluate the effectiveness of its outreach officer positions in Aboriginal and culturally and linguistically diverse communities?

JEFF SMITH: I know it was a recommendation from the Committee, which we would support and welcome, that we have outreach officers across New South Wales from First Nations and CALD communities, or from those backgrounds. We do have one First Nations officer at the Commission but there's no formal evaluation. If I can answer the question more generally, we have a range of ways that we do evaluate our work—a range of ways in the communications and engagement space where we will survey people. We have a rich source of data which comes into the Commission that helps us track the way we're going. There's a range of ways we evaluate our work, but we only have one outreach officer at the Commission, which is a First Nations position.

Mr TRI VO: How does the Commission ensure that its consultation with Aboriginal communities is respectful and does not place undue demands on those communities?

JEFF SMITH: I'm happy to start the answer to that. It is something that is foremost in our thinking around our engagement with First Nations communities. As you rightly have identified, there is a high tendency towards people and government agencies over-consulting with particular communities in a way that leads to that consultation fatigue. At the moment we have a draft plan which contemplates doing four things: firstly, establishing—and we haven't done this, just to be clear; it's a draft plan that's for my consideration. We plan to go out to our advisory board and our suite of stakeholders around how we do this properly and contemplate setting up the Working Group in the terms that were contemplated by the Committee—happy to come back to why we haven't done that in a moment.

Second is to strengthen the trust that we have with First Nations communities, essentially by keeping doing the work that we were doing but working with intermediaries and working with those communities on terms that are acceptable to them. We are completely conscious of the question that you've asked. We don't want to impose our standards on the way that we move forward but engage with communities on ways that work with them.

We did some work last year with Murdi Paaki Regional Assembly exactly on that basis. We waited until we were asked to be present at their annual meeting—I think it was their annual meeting—with a view to talking about the work of the Commission rather than demanding that we have that role. The third thing that we seek to do by doing it on an ongoing basis is to increase community awareness and accessibility to the work of the Commission. That is still a work in progress with First Nations communities, but we are absolutely committed to that process. Fourthly, it is to build our internal capacity and capability around those issues.

Ms ABIGAIL BOYD: A couple of things that I noted in the information statement would be good to chat further about. One of them was the Domestic Family and Sexual Violence Project. The Commission was working with the Women's Safety Commissioner. I understand that was working on building the capability of frontline

workers in relation to older women and women with disability, which is another area that me and my office have spent a lot of time looking at. I understand that the training resources and guidance that were produced were really excellent and well respected. How is the impact of this particular project being monitored over time, and are there any ideas of extending it out any further?

ANNA GAUCI: The tracking is in a few different ways—tracking through feedback from our stakeholders. We are trying to continually promote and deliver training that connects to those resources. It's a constant part of our community education. Every chance we can get we are sharing that with people and telling them about it and also, as much as possible as well, sharing the content—not just saying "here is a resource" and "there is a link", but really giving them the essence of the messaging within that.

We are able to track how many people have come through our website to do the training. It's actually being shared by lots of other partners, which is really a positive thing but it does make it challenging for us to measure the impact and the use of that. The feedback we have got really is from our stakeholders and partners and also members of the advisory group. It reflects what you said. It's been very positive. That promotion and raising awareness about those resources has not stopped. Sorry, I don't think I've answered the question. Can you remind me what the question was?

Ms ABIGAIL BOYD: No, that was really good. The question was in relation to how you monitor the effectiveness of the program. As you were saying, part of its beauty is that it's available to everybody, but then it becomes hard to monitor how effective it is. Which department or agency gave the funding for that? How much funding was allocated to it?

ANNA GAUCI: I'm not sure of the actual amount. It was the Office of the Women's Safety Commissioner. The amount we may have to take on notice.

KATHRYN McKENZIE: No, I can provide that. We received $200,000 to deliver that project over 12 months, which primarily was the consultation piece; the delivery of that suite of resources, modules, fact sheets, et cetera; the reflective learning resource and other resources informed by an expert reference group; and also people with lived experience having formed the development of those resources.

Ms ABIGAIL BOYD: The other one that piqued my interest was the video that was done for the New South Wales police mandatory coercive control training. I understand the Commission has been on the implementation taskforce for coercive control for some time. There has been criticism of the short nature of the training for police. There's never enough in terms of training police up, when you come from a domestic and family violence perspective, and I understand that. One of the issues has been not monitoring well how much of the information is then absorbed by the police. Do you have any reflections on how well they're monitoring that part of the video that you did or any other—whether that sort of training is having an impact on changing views, attitudes and approaches?

KATHRYN McKENZIE: It's a really good question. New South Wales police developed that video and had a number of stakeholders have input and appear in that video. Our focus in relation to coercive control with police and with others has very much been about trying to adequately convey what does coercive control look like in relation to the cohorts that we are working with—because, while they do have many of the common features of coercive control among the broader population, and more broadly women, there are some additional and different elements that apply—and what we see in relation to older people, older women in particular, and women with disability. So we fed in, and that was very much our focus—trying to convey to police that this is what it can look like when you're responding to a job. These are some of the things to consider. These are some of the questions that we would seek for police to be asking to take into account to follow up.

We also, though, deliver our regular part of the training for police in relation to their detectives program and in relation to their crime prevention officers, and we also talk about coercive control in those forums. I can't talk to what police are doing to track how well that's being taken on board by police. From our end, we definitely are able to see the response of police to the matters that come before them in relation to coercive control, appreciating that it's only a relatively much smaller proportion of the coercive control matters that we deal with that would fit the criteria of the coercive control offence involving intimate partners, but obviously they do fit that broader category of domestic abuse under the legislation. We are in regular contact with police and bringing relevant matters to their attention in relation to coercive control. I don't know whether, Cecilia, you're able to comment on anything that we might be seeing or tracking in relation to any change from police.

CECILIA COX: I think it's just on an attitudinal basis. I've been with the Commission for seven years, and I definitely say, from when we first started having these conversations—and even the approach of making sure that the victim-survivor is interviewed alone, and us connecting with appropriate supports to wrap around the

victim-survivor to be able to communicate with police—there has been a change over time. But much work still to do, I would say.

Ms ABIGAIL BOYD: I think there are a couple of things in that response that are really useful. I agree there's a need for that very specific approach. Even though we have patterns of coercive control, the way it plays out in different cohorts is understood to be quite different. It makes perfect sense that there would be parts of that training dedicated to what coercive control looks like in the context of a relationship where there is an older woman or a woman with disability—or a man with disability or an older man. I think that's really useful.

Then there's that second piece you're talking about. Many of us have advocated for coercive control in the legislation to extend to all domestic relationships and not just intimate partners. I would hope they're identifying coercive control in other types of relationships now and perhaps acting on that in some way, but are you getting any feedback at this point from police about those broader forms of coercive control that may be useful to push for that definition to be expanded?

KATHRYN McKENZIE: I don't know. The only feedback that we would be getting in relation to those is certainly not at a systemic level; it would be in relation to individual matters. But on that point around the potential expansion of the coercive control offence to pick up broader domestic relationships, we certainly argued for that ahead the finalisation of the legislation. We maintain our position. We've been consistent, along with a range of other parties. As you say, we have been part of one of the reference groups for the coercive control taskforce for an extended period and have attended a range of stakeholder forums bringing together the reference groups that have informed that taskforce.

We have been really heartened to see increasing numbers of representatives and stakeholders arguing for the same thing: for the expansion of that scope of the offence to pick up broader domestic relationships. So it's not just us or the Older Women's Network alongside us asking for that; it's coming from a wide range of stakeholders, including representatives from the Aboriginal reference group and lived-experience reference group. It's been really heartening to see that.

We know that the New South Wales Government is about to commence the statutory review of that coercive control offence. Part of our work at the moment is to make sure our data is as thorough as possible and we have as much rigour as possible in the information that we will be providing to government to inform that review. We know the scope of the offence is part of the mandatory aspects that need to be considered as part of that statutory review, so we'll be feeding in as part of that. I know that's different from the question that you asked, which is about police feedback, but that's probably all we can provide.

Ms ABIGAIL BOYD: It's an excellent answer and very useful. Thank you very much.

Mr GEOFF PROVEST: I want to briefly touch on the OCV scheme. Could you explain the benefits to the OCV scheme of moving away from regular visits to one-off and group visits? How is this service coverage being monitored? Have you received feedback from individuals who have been visited in the one-off and group visits? Is feedback being collected, assessed and responded to when necessary?

KATHRYN McKENZIE: Thank you for that, frankly, multi-part question. I'll try and remember all of the parts of it. I appreciate the question about the OCV scheme, the Official Community Visitors scheme. The benefit of the introduction and, really, necessity, of the introduction of the one-off visits was for us to be able to increase the number of visitable services and the number of people living in residential care who have the benefit of being able to see a visitor. Our traditional model of visiting is still the majority of the allocated visits. That traditional model of having regular visits over a more extended period—certainly for disability, that's two in a year; for out-of-home care, that's at least four times a year, for allocated services—is incredibly useful, but it doesn't enable us to be able to allocate what we would consider to be a reasonable proportion of visitable services.

That has been increasingly challenging over at least the last decade, with the continuing growth in the number of visitable services across all three visitable sectors that we have. There's the growth in the number of those services against not commensurate growth, growth in the budget that's allocated to the community visitor scheme, so we really have explored and done a lot of work to look at what levers we have. Within existing resources and within the legislation, what levers can we pull to be able to increase the number or proportion of visitable services and residents that are visited by a community visitor? One of the only levers, really, that we have is to play with the number of visits that a service gets.

Disability services are primarily the ones that get one-off visits, although we have also done it with some of the other out-of-home-care services. Our view is that one visit is not ideal, but it's better than no visit at all. Where the visitor is going out—usually experienced visitors that are able to pick up issues really effectively—where they are identifying real concerns and they are flagging with us that they're worried about that service or the residents in there, then we look at whether we have capacity to allocate that service for further visits. The main

feedback that we've had has been from visitors themselves. To the credit of the community visitors, they were open. Everyone wants to be able to visit as many services as possible and for us to increase the number of services that have the benefit of a community visitor. There was some resistance initially, when we introduced that, against what we know is the benefit of the more regular visits, where visitors are able to establish more rapport and they are able to build that trust with residents, with some reluctance or pushback initially.

I have to say the feedback from visitors that have been doing the one-off visits has been very positive. They have been identifying some significant issues from those one-off visits. We've altered our model to be able to suit some of those one-off visits so that, where visitors are identifying major or concerning issues, we are making referrals across to the relevant body—generally the NDIS Commission—at an earlier point. That is the main feedback. We'd done a lot of communication with providers ahead of the introduction of one-off visits. We haven't had a lot of feedback. There certainly hasn't been any negative feedback in relation to the one-off visits. That's the reason that we've introduced them and the reason why we made the decision 18 months or two years ago to continue to have that as a feature of the scheme moving forward.

The CHAIR: I might just ask about an issue that was raised earlier. You talked about the budget submission you made for $7.2 million over four years because of the increased demand that you expect over that time. What is driving that increased demand? Is it just an ageing population? Is it changes to the way the NDIS is funded? Do you know what the underlying factors are that are driving that? Is it your success, for example, in highlighting the work that the agency does?

JEFF SMITH: I'm happy to start the answer to that. The way that conceptually I think it's useful to talk about it is—you've already flagged it—that some of that increase in demand has come from the fact that we're a young agency. We started in 2019. And so, obviously, in that initial phase, we were going out there and talking about the work that we do and trying to drum up, if you like, that demand. Obviously, that is a healthy thing to go out and do—raise awareness about the work we do and channel people towards us. So there's definitely an aspect around that of where we have deliberately gone out and sought that demand.

Just to complete that part of the equation, we've now reached a point where we've moved away from just talking about the fact that we exist and the services that we provide to a more nuanced engagement model where we talk, on our website but also in the awareness-raising and comms and engagement work that we do more generally, about "If you have problem X, then we are the Commission for you. If it looks like something else, then you might need to go to the NDIS commission or the Aged Care Quality and Safety Commission," so that, from our point of view, we're not double handling. But also, from the point of view of the people who are seeking some kind of solution to a problem, they're not going through that process of someone on the end of the phone telling them that they've called the wrong place.

So there's definitely an engagement piece around that. But on the other hand—so that's the intentional work that we do, and some of the work that we've done that has driven that demand. But there clearly are those external drivers around an ageing population which are fuelling a lot of the abuse that we see around inheritance—impatience and inheritance conservation. I did see in our latest quarterly report, which is not a trend at all, that the most common category of older people that we get calls in relation to has consistently been 80- to 84-year-olds. In the last quarter it was 85 to 89. Now, again, I don't know whether that's a trend or not; it may well be. But there's definitely an issue around ageing population and the things that flow from that, and some of the things that relate to that are around cost of living and the housing crisis and so on. I think they're some of the external drivers of an increased demand. I think, with the NDIS, I know there's a lot happening at that high level, but none of it is really starting to hit the ground now, apart from—

The CHAIR: Do you expect it to make a difference in the future, or you just have to wait and see?

JEFF SMITH: I would think so, absolutely, in the same way that the reforms to the Support at Home program originally—we're talking about co-contributions and so on. Then all indications were that that would drive abuse, neglect and exploitation. I would have thought if they're moving people out of the NDIS scheme, then we, amongst others—because, obviously, it's a national scheme—would be seeing some of the repercussions of that further down the track, when those changes start to hit.

The CHAIR: Thank you very much for appearing before the Committee today. You'll be provided with a copy of the transcript of today's proceedings for corrections. Committee staff will also email you any questions taken on notice from today and any supplementary questions from the Committee. We ask that you return answers to questions taken on notice and supplementary questions within two weeks of the date on which questions are sent to you. That concludes our public hearing for today. I'd again like to extend my thanks to the witnesses. It's the second time you've appeared today, in two different inquiries. I'd also like to thank my fellow Committee members, Committee staff, Hansard, AVB and staff of the Department of Parliamentary Services for their assistance in the conduct of today's hearing.

(The witnesses withdrew.)

The Committee adjourned at 16:05.