

REPORT ON PROCEEDINGS BEFORE

PORTFOLIO COMMITTEE NO. 8 - CUSTOMER SERVICE

PUBLIC TOILETS

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At Macquarie Room, Parliament House, Sydney, on Monday 31 March 2025

The Committee met at 9:15.

PRESENT

Dr Amanda Cohn (Chair)

The Hon. Anthony D'Adam
The Hon. Stephen Lawrence
The Hon. Peter Primrose

PRESENT VIA VIDEOCONFERENCE

Ms Abigail Boyd
The Hon. Aileen MacDonald (Deputy Chair)

* Please note:

[inaudible] is used when audio words cannot be deciphered.

[audio malfunction] is used when words are lost due to a technical malfunction.

[disorder] is used when members or witnesses speak over one another.

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The CHAIR: Welcome to the second hearing of the Committee's inquiry into public toilets. I acknowledge the Gadigal people of the Eora nation, the traditional custodians of the lands on which we are meeting today. I pay my respect to Elders, past and present, and celebrate the diversity of Aboriginal peoples and their ongoing cultures and connections to the lands and waters of New South Wales. I also acknowledge and pay my respect to any Aboriginal and Torres Strait Islander people joining us today. My name is Dr Amanda Cohn and I am the Chair of the inquiry.

I ask everyone in the room to please turn their mobile phones to silent. Parliamentary privilege applies to witnesses in relation to the evidence they give today. However, it does not apply to what witnesses say outside of the hearing. I urge witnesses to be careful about making comments to the media or to others after completing their evidence. In addition, the Legislative Council has adopted rules to provide procedural fairness for inquiry participants. I encourage Committee members and witnesses to be mindful of these procedures.

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Mx MEGAN SPINDLER-SMITH, Deputy Chief Executive Officer, People with Disability Australia, affirmed and examined

Mr JULIAN LAURENS, Senior Policy Officer, People with Disability Australia, affirmed and examined

The CHAIR: Welcome, and thank you for making the time to give evidence today. Would you like to start by making an opening statement?

JULIAN LAURENS: We hadn't particularly prepared one, considering the amount of time, but if you would like to jump in?

MEGAN SPINDLER-SMITH: I'm happy to. Public toilets and any form of access to places like Changing Places are an extremely important need for many people with disability, and that includes people with both apparent and non-apparent disabilities. The reason that this is so important is that not only is it access to a basic human right, but it's also access to being able to engage in supports or being able to deal with any disability needs that are limited when these are not available. We know of many situations where people with disability have been limited access because either the actual space is not accessible, or the entrance or the way to get to the public bathroom is not accessible.

But in addition to that, we find that many places that would be deemed as public, including shopping centres and other sporting spaces, do actually lock a lot of their accessible bathrooms. They may not do that with other bathrooms, but they will have shortened timelines for accessible bathrooms. Not only does this impact people with disability, but it does actually impact parents and people with any form of child needs. In addition, we do know that children with disability are not necessarily considered as part of this process. We are here to recommend the introduction of either new or expanded legislation that actually provides New South Wales residents with the right to access to public toilets that are fit for purpose, safe and clean.

The CHAIR: Thank you for your excellent written submission. You've talked about accessible toilets that are placed in areas which are difficult to access in the first instance and the location itself not being accessible. Could you explain that in more detail?

MEGAN SPINDLER-SMITH: Absolutely. We have had circumstances where public toilets are placed in the middle of parks, where the only way to get to them is via stairs or you have to take an excessively circuitous route to get there. A lot of the time, what we have seen is that the pathways are then also blocked by public works or other areas with no alternate route provided. In addition, what we have seen is that the actual way into the bathroom requires stairs, or the actual pathway in is not wheelchair accessible or accessible for those like myself with mobility needs.

The CHAIR: You also mentioned in your opening statement the issue of the accessible toilet being locked when other toilets aren't locked. What's your understanding of why that's done?

MEGAN SPINDLER-SMITH: We can give you an example of a recent case—Warriewood Square on the northern beaches. They are currently closing their bathrooms after 4.30 p.m., Monday to Friday, and 4.00 p.m. on weekends. That's only their accessible bathrooms, not their other bathrooms. The reasoning that they have provided is due to fears of damage or people creating conditional problems. This also means that they're worried about youths congregating—and I'm using exact wording—and vandalising of the accessible toilets and parents rooms. Due to that, they have created a policy that says that from 4.30 p.m. on Monday to Friday and 4.00 p.m. on weekends, the accessible bathrooms are locked. The only way to access those is through security. However, security are not generally onsite after those timings, so it is almost impossible, if not impossible, to access those bathrooms. This is just a single example of a very common practice where accessible bathrooms are locked.

Another example is at train stations. Generally, train stations will close their bathrooms or place their bathrooms on automated locks at certain times. The issue is that for many people with disability, if they do need to use the bathroom at, say, seven o'clock—or, for me, six o'clock this morning, when I was getting on the train—the actual accessible bathroom is locked and you then have to try and find someone at that train station. If you are in a rural or regional area—and Clarendon station is an example of that, where it does lock at certain times and you have to request—if there is no-one onsite then you are not able to access these bathrooms if you need them before getting on and off trains, where trains themselves obviously don't have bathrooms because they are not rural trains.

The CHAIR: Thank you, those are extremely helpful examples.

JULIAN LAURENS: Could I just add to that?

The CHAIR: Yes, please.

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JULIAN LAURENS: We were just chatting before, as well, about how one of the issues we have with the National Public Toilet Map and the various apps you can get is that it may indicate where there might be an accessible toilet, but it doesn't necessarily always indicate whether it's open or in working order. It's the same issue of going along and hoping you get to one, and you get there and it's just locked completely. This is a common thing that comes up and an issue with the app, as well, and how it's presented.

The CHAIR: What's your understanding of the regulatory framework of all this? If you've got toilets that are locked or where public works have blocked access, are people then obligated to provide that access? Where does this fit in terms of regulation?

JULIAN LAURENS: This is an interesting part of the whole inquiry, about how regulation is going to work in this space, because the reality is, up until now, there's realistically—and I was, again, looking at it—very little regulation around this. There's no legislation, overall, governing how these things operate. The other issue here is that there are actually two levels of public toilets. You have the ones that are on public space and are run by local governments, but you also have the ones that are in businesses, shopping centres and so on. Do they come under the same regulations? We don't quite know. Technically, they do. Obviously, things like the DDA are meant to apply across the board, but it's a grey area how these places are meant to be regulated.

We have regulations for fire escapes: You can't put things in front of it, but people do all the time. Who's there supervising that? It's the same situation we find with accessible toilets. It's really interesting to see some of the studies coming out of the United States, for example, saying there's meant to be an accessible toilet in this restaurant, and you go there and it's literally just a storeroom. But there's no oversight of that. My answer to that question would be that this is a grey area. Who is regulating that? Who is ensuring that that public accessible toilet is actually accessible at all times? I know the railways have, for example, tried to work around that. When it's accepted that works on a station, for example, have impacted access to a toilet, they've tried to come up with solutions. I haven't always seen those solutions being the best solution, unfortunately. But that's, I guess, the issue.

MEGAN SPINDLER-SMITH: To give a specific example with regards to Warriewood Square, this one was actually raised to Anti-Discrimination NSW. But because of the lack of legislative oomph behind their ability to do more than just advocate or push or determine that this is an accessibility issue, no changes were able to be implemented because of the fact that, though technically a public bathroom, it is on what would be deemed as private property, and therefore cannot be legislated against or pushed from, say, an Anti-Discrimination NSW perspective. We know that they tried an absolute best, but because of the lack of teeth—I guess is the best way to put it, from a legislative perspective—no changes were able to be made.

The CHAIR: This gap is going to be an important piece of work for this Committee to try to address. Are you aware of any other jurisdiction that's done some of this work? Is access to toilets protected anywhere else?

JULIAN LAURENS: In Australia?

The CHAIR: In another State or overseas?

JULIAN LAURENS: I'll go back one step just quickly and I'll come back. The issue as well with the system at the moment is it's complaints-driven, so if people aren't making complaints, we don't know the extent of the problem. In terms of other jurisdictions, I do want to caution on over-reliance too much on other jurisdictions. The reason for that is not that the issue about public toilets is not a universal issue; it actually is, and it's extraordinary how, in the UK, with the decline of public toilets by 50 per cent over the last 10 years or something, and the extensive problems it's caused. It's simply because there's different ways of doing things. There's different legislative regimes and so forth. An example of that would be India, which is actually fascinating as a case study on how they're dealing with, number one, recognising that public toilets are actually a standalone fundamental human right and how that's enforced, but that's because they have a particular way of interpreting their Constitution, and successive high courts have done that.

In light of our international obligations, I'm not particularly aware. I mean, the United States, I'm afraid, is a desert. I've looked at a number of, and I say jurisdictions, in the United States because it's so much state-based over there as well, and a lot of the moves over there by the activist groups—I'll use that term in the general sense, not in a derogatory way, of course—really are trying to focus on states to get things done because the federal level is really, really difficult. No, not particularly. I think there's struggles everywhere in terms of that, and getting that balance right between the private aspect—i.e. in a supermarket versus the public aspect as well. I could keep looking. I'm happy to come back and do some work for the Committee if they need me to. It's not a problem at all. But I'm not overly aware of anything that would go to that, apart from the UK. The UK has made some effort to regulate and have some oversight about this, in a limited sense.

MEGAN SPINDLER-SMITH: Sadly, when it comes to this, there is no good practice that you could follow with regard to accessible public bathrooms. Definitely standard public bathrooms, there are some

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requirements that can be followed, but not for accessible bathrooms. They are not currently deemed as something that has a single effective legislative approach that we have seen.

JULIAN LAURENS: I know the Committee will be familiar with the work of Katherine Webber now, and it's fantastic that they're doing the work they're doing. I know that Katherine does actually look at some other jurisdictions in her work—Singapore, for example, and so forth—and tries to use them as examples of how to do things. I think she does it to good effect in some of the work she does, and it gives us some ideas. I think she comes up against the same problems, though.

The Hon. STEPHEN LAWRENCE: Thanks, witnesses, both of you, for the submission. That's really helpful. Firstly, on page 3, in the second paragraph you talk a bit about the Convention on the Rights of Persons with Disabilities. I'm wondering if you could just explain to us a bit about universal design, the place that it finds in that convention and the relevance of that to this question of public toilets?

MEGAN SPINDLER-SMITH: Yes, absolutely. Universal design, especially when it comes to the Convention on the Rights of Persons with Disabilities, is talking about this concept called the curb-cut effect. Ostensibly what that is, if you design for people with disability, you actually design for all because what we know is that if you create a Changing Places, as an example, which is a specific type of expanded accessible bathroom, you also then create space for families to be able to go in and utilise those spaces because Changing Places, as an example, have a bed. It does have an ability to lift and lower. Therefore a parent with, say, a child that requires support with changing, you can either utilise a changing space or you can use the Changing Places bed. The aim of universal design is to determine that.

In addition to that, all accessible bathrooms are universal when it comes to gender access, and so they do not have a singular gender requirement. Because of that, it means that for those that require that sort of access, it is also useful. It means that they are not put in a situation that is uncomfortable or unsafe, and they are able to utilise a bathroom like that. The last note when it comes to this as well is relating to anyone with a medical need. Many people with medical needs—let's take diabetes as a really strong example of that—may be required to inject insulin. An accessible bathroom is a much safer space because there are surfaces that are safe, that can be cleaned and can be kept hygienic and accessible for people with diabetic needs to be able to test their blood, to be able to inject their insulin and then be able to safely dispose of that, when built well. The Design for Dignity guidelines are a really good example of how that can be done in a way that is fully accessible. The aim is if you design for people with disability, you create access for everyone.

The Hon. STEPHEN LAWRENCE: Just on that international convention, have you got any real doubt that Australia is in breach of its international obligations in respect of the way that we deal with public toilets? In saying that, I assume that we are signatory to that convention?

MEGAN SPINDLER-SMITH: We are both a signatory and we have ratified the convention. We're actually in the process of starting a reporting process due. Currently, when it comes to public bathrooms, we are not meeting the convention requirements.

JULIAN LAURENS: I guess the point of what we're saying there as well is that there is that growing awareness—a growing movement, I guess, or whatever you want to call it—for the provision of accessible public toilets, based on universal design principles, which are also outlined in Article 2 of the CRPD. They talk about universal design there as well and try to define it further. What we're really saying is this should be a standalone fundamental human right. It's starting to be recognised as such and distinct from other rights. I can go through that process for you, how they've done that.

I guess what I would say is, in terms of our obligations, we could look at Article 9 of the CRPD. Article 9 expands on some of the things in Article 4, and I probably should have mentioned it in our submission, to be quite honest. Article 9 talks about an obligation on governments to provide access to the physical environment and other facilities. I'm kind of ad-libbing a little bit on that one. But, generally, Article 9 talks about people with disability must be able to access the environment on an equal basis with everybody else—the physical environment. It's a bit like Article 12 about access to justice. Like Article 12, we drill down into that and we say, "What does it actually mean? How do you enable access to justice?" The same thing with enabling a physical environment. What we're saying is, "If you drill down, what does that mean?"

What we would say is one of those things is public toilets. To actually be able to engage in the physical environment, people with disability would need access to public toilets. So we're drilling that down and saying, "That's actually an enabler of those other rights." Therefore, we would potentially say, as Megan has noted, that if we're not doing that, if we're not providing the very means which enable the access to that environment on an equal basis, as Article 9 says, then we would be in breach of our obligations.

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The Hon. STEPHEN LAWRENCE: That's really helpful. So applying universal design principles to this question of public toilets, would that generally translate to a requirement to build single-use cubicles, accessible from public space, that have a door, that fits a wheelchair and then is designed internally in certain ways? There's obviously questions of space and cost depending on where we're talking about, but as a general principle, would you say that public institutions and private providers who administer public space should generally be building single-use cubicles accessible from public space?

MEGAN SPINDLER-SMITH: Correct. We would absolutely encourage and also require and request that. The other thing to also consider is that there is the potential to add what are called ambulatory toilets within a standard stall set-up. Not only would you have the accessible bathroom that is wheelchair-accessible, for those that do not require the full gamut of these single-use or individual-use bathrooms, if you ensure that at least one toilet is ambulatory-accessible, that will also make a huge difference.

The Hon. STEPHEN LAWRENCE: Your submission says that the availability of public toilets is declining. Is that in respect of the true public toilet that's on public land or property in public space, or is that all categories, which would obviously include toilets available for the use of the public in private facilities?

MEGAN SPINDLER-SMITH: It's under both, actually. We are seeing definitely a decline in the more private spaces because of the fact that for many of those, they are placed behind locked barriers and therefore require support to access. For many people with disability, they may not be able to request that access, whether it be verbal, hearing or visual requirements, to navigate that. But also from a physical requirement, if there is a door that requires turning, for me, as an example, I will absolutely always struggle on my bad days. I will struggle to physically open a door and have to have someone else open and close the bathroom. As somebody who has been locked in a public bathroom because of that factor, without the sliding door capacity, absolutely.

JULIAN LAURENS: I think it's a really insidious one, how it creeps up. Number one, it's really hard to get figures on how many public toilets there actually are. You can get an overview. I've been looking. It's very hard to actually get accurate figures on that. An example of how this works is—and I'll just do my own example. I lived in Randwick for 30 years. In Alison Park, there used to be an old classic block of toilets. Inside, there was three men's, and the other side was three ladies', and so forth. They knocked that block down, for whatever reason—a number of reasons were given at the time. But in place of that they just put one toilet. It was one of the metal ones with the self-cleaning, which was always broken and terrible to use. You'd get locked inside it—terrible floor. It was absolutely horrible. The council said, "There's still a public toilet," but what you've actually done is reduced that. What we're seeing from our members who have mentioned this is that's what we're seeing in a lot of places, this reduction in amount, and on the books, it still looks like there's a public toilet available.

The Hon. STEPHEN LAWRENCE: Just turning lastly to the recommendations that you've made, you make a recommendation that there should be new legislation, or an amendment to existing legislation, to provide that New South Wales residents have a right to accessible public toilets that are fit for purpose. Are you proposing that the State Government should take responsibility for the construction and design? Or are you just suggesting that, for example, there should be certain minimum standards that might then require local government to do certain things, or private owners, I suppose, in that latter category?

MEGAN SPINDLER-SMITH: We are absolutely not stating that the Government needs to take on the financial or fiscal responsibility of this, but we do need to have are standard minimum requirements that meet things like the Design for Dignity requirements to ensure that people have access, especially in all areas of the community.

JULIAN LAURENS: Yes. I think it's just a corollary to the idea. It's recognised in international law that we have an actual right to fair sanitation, we have a right to water, and the right to public toilets is grown out of that. It used to be just one. It's now linked to the right to sanitation, which used to be linked to the right to water, and that was split and how things develop over time. Number one, we'd be saying New South Wales residents absolutely have a right to accessible sanitation services, such as public toilets, as anything else. But I agree, what's needed is that oversight body. What's needed is, for want of a better term, some kind of coordinating or support authority that is able to coordinate such a vital human right as sanitation and public health, which I'll put this under. People say, "Isn't the NSW Department of Health meant to be looking after this stuff?" Again, I've spent all this time looking at it, going, "I can't see any requirement that NSW Health is meant to be supervising the cleanliness of public toilets." It's a bit of a misnomer. They've got a policy directive saying, "We internally have a policy on how we're meant to maintain public toilets in New South Wales public health buildings," but it doesn't actually extend to anyone else, so who's looking after this stuff?

The Hon. STEPHEN LAWRENCE: Just on that, you make a recommendation that there should be an oversight body.

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JULIAN LAURENS: I think that's what we're getting to.

The Hon. STEPHEN LAWRENCE: The last question I have is—and feel free to take this on notice—is there an existing body who you think could play that role, or do you think it necessarily has to be a new specific body, charged with that purpose?

MEGAN SPINDLER-SMITH: We would suggest NSW Health could. I would suggest that Anti-Discrimination NSW is very well placed, but they would need additional resourcing. They are not resourced to be able to support this at this current time.

JULIAN LAURENS: I'll add to that another one, because the relevant local council association could be a relevant consideration as well. Again, the point would be that we'd have to work with all those other agencies as well. It would be that coordinating agency. So it may well be that it works across—what's the word?—a multi-dimensional kind of a body. Perhaps a representative body with multiple organisations. But there is a local council authority organisation, so that could be a start as well.

Ms ABIGAIL BOYD: Good morning to all of you. Good to see you again. Sometimes I feel like we're sort of begging for crumbs whenever it comes to anything to do with people with disability. Should we just be legislating a positive duty on both public and private entities to provide accessible public toilets?

MEGAN SPINDLER-SMITH: We would be extremely supportive of that. Our reasoning behind that is at a public level, obviously we are looking at the fact that many people with disability do need to access public spaces. Being able to do that in a dignified and safe way is extremely important, so legislating for that would be great. With regard to private spaces, absolutely. For many people with disability, it is not necessary that they will have access to accessible bathrooms or accessible spaces within their workplace or within the private business as well as within a shopping centre. We know that many people with disability do work within, but they also access, shopping centres or other forms of commercial entities, so legislation that requires that from a positive duty perspective would absolutely make a huge difference for many people with disability—in fact, probably all of us.

Ms ABIGAIL BOYD: When we're talking about the really poor situation that occurs whenever there's an accessible toilet that is closed—and we have had this with Transport for NSW and the train stations. We had the issue at Strathfield train station with people having to go to other stations on the train and then come back in order to go to the toilet. If we had more easily accessible toilets in private spaces, that would then take the pressure off of that situation, wouldn't it?

MEGAN SPINDLER-SMITH: Yes, absolutely. I think if there was a way to recognise that though those are private spaces, ensuring access for people with disability or people with additional needs with regard to this—that could be medical needs or so forth. Being able to easily access those as well as part of the positive duty—that would be a very important addition. I can give a very simple example from a personal experience. In Victoria—not in New South Wales; I will be very specific—I had used the app that Julian mentioned earlier with a close friend of mine who is a full-time wheelchair user. I'm a part-time wheelchair user. Sadly, once we got there, the bathroom was not only locked, it was completely vandalised and not able to be got into in any way, shape or form. We ended up having to go to a local university—it was a weekend—to request that their housing space let us in. It was quite a circuitous thing, but they were very supportive of letting us in. That is not the case that we normally see. Normally, we have to do a lot of begging at multiple businesses to see if we can be able to use their bathroom, and a lot of the time it is not actually accessible to do so.

Ms ABIGAIL BOYD: We talk a lot about physical disability needs. I think it is easier for people without a disability to imagine what that would be like and what might be needed. But when it comes to psycho-social or cognitive disabilities, what sort of requirements are we looking at that people might need for an accessible toilet?

MEGAN SPINDLER-SMITH: One of the most important is sound and light reduction capacity. For many people with any form of sensory requirements, the ability to reduce the lighting—as a person who is neurodivergent myself, this lighting in this room is very overwhelming. This will be a very exhausting experience for me, and I will need to leave and go into a dark room. That is very common in many bathrooms: the lighting. Or in many accessible bathrooms that are also having alternate requirements, they put on blue lights or lights that stop access to other things.

The problem with that is for people who have sensory requirements or who have non-apparent disabilities, that is a very noisy environment. In addition to that, many of the accessible bathrooms, though they have the sliding door, a lot of those times those sliding doors are glass. Many people can see you. Even though they have shadows on them, you can still see the shadow of the person in the bathroom. It is very overwhelming. When you are in a moment when you need to have a meltdown or shutdown, and you require utilising a public bathroom for that, a standard public bathroom is not a safe space for that. The ability to turn off the lights or be able to create

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privacy is extremely important. That is not a standard that is available in any accessible bathroom across New South Wales.

JULIAN LAURENS: I would just add that it's a really good question. I think policy planners and designers need to understand that over 80 per cent of disabilities are actually not visible. That's right. We've both had experiences, myself with my own disability, of having to use public toilets for reasons other than necessarily going to the toilet. The other big important consideration is that there's a variety of ways that people use toilets that you might not think about. For people with neurodivergence, toilets can be a refuge from the world, so all those other issues are so important and often not considered. I'm including smell here as well—oh my God! The smell, the air, the light, the whole thing is really important. The irony, again, is that benefits everybody. If you've got toilets that are well ventilated and have got good lighting and all the rest of it, that helps everybody. Absolutely, more needs to be done to consider that space that the toilet's encapsulated in.

Ms ABIGAIL BOYD: There's a tension at times where we've received submissions about people questioning who accessible toilets are for, and what sort of valid use you should have in them. If there were multiple accessible toilets at every location, perhaps these sorts of questions wouldn't come in. Should there be a priority or some sort of—what do you think the guidelines should be around using accessible toilets? You might have a mother who's got a child with a sensory issue who doesn't want to go into the space with the cubicles and the noisy hand dryers. You might have somebody who is needing to use a catheter, someone else who is in a wheelchair, and then someone who is needing to have a bit of a meltdown. What should be the etiquette around that? How do we ensure that all people can use those spaces without them then being used for drug use and all the other things people imagine goes on in there?

MEGAN SPINDLER-SMITH: It is a really difficult question to answer because of the fact that you're talking about multiple needs that sometimes can be in conflict with each other. Melbourne airport is a really good example of how they have done that. What they have created is smaller, individual-use bathrooms that have the sunflower logo on them. They specify that they are for people with medical or sensory requirements versus being fully physically accessible, so they do not necessarily have the rails in those spaces. There is more room, so you're not in a tight, confined space. They actually specify that. In addition, those lights can be reduced, and they are much more sound-sensitive than other accessible bathrooms right next to them. They literally just have two bathrooms. Right next to it, they also have one that is more focused on physical accessibility. Granted, that is an expense, and I'm not saying that every business can do that.

I don't think we should be inputting a hierarchy of accessibility, but what we should be requesting and requiring is that all public bathrooms are accessible and safe for all needs. What we mean by that is, if you have a physical disability and you require the ability to use a rail or a hoist to be able to go to the bathroom, then that is a need that is unable to be fulfilled elsewhere in other bathrooms or other spaces. There should also be spaces that, if you have a sensory safe space in addition to that, which could be a small room that doesn't require bathroom utilisation—if you just need to go for a meltdown or a shutdown, especially as a parent with a child with neurodivergent support needs—that could also be an alternative. Providing clear information that's also available in braille for people to know what is available, and the hierarchy, is really important.

The Hon. AILEEN MacDONALD: Thank you for your submission and appearing today. You gave an example before, or you've provided several examples with regard to inaccessible toilets. Can you explain how inaccessible toilets would create barriers to participation for people with disability? For instance, sometimes if I'm going somewhere, I like to know if there's public transport, or this available, or car parking. I'm sure you have to factor in a lot more. Would it prevent you from going to places as well?

MEGAN SPINDLER-SMITH: Absolutely. For many people with disability—and I can include myself in that—it is one of the checks that I have to do if I'm going to any sort of public venue or a venue of any form. I will always make sure that they meet accessibility requirements, whether that's through searching online, or utilising the app. It also is really important for me that it can actually impact my access to employment and employment opportunities. As part of my job, I have to go to many different places, but if I can't utilise a bathroom when I am in those places, it means that I cannot go there without having some form of backup or without having to put things in place that are very cost inhibitive for myself.

JULIAN LAURENS: Absolutely.

MEGAN SPINDLER-SMITH: Absolutely, it is something that can get in the way. The other example of that is for many children with disability trying to access sports or recreational activities, especially in regional and rural areas, when there is not an accessible bathroom for them, it means that they are not able to participate in the same sports or recreational activities as their non-disabled counterparts, friends or family. An example of a positive way that this was dealt with by a community was they actually created a mobile changing place, so as to stop their students with disability from missing out on being able to join sports and other recreational activities

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and be able to just go to a regional zoo or a regional area of learning. It meant that they were actually able to have all the things they need in an accessible vehicle that was created by a local boat maker. Do I think that is something that is a reasonable expectation? Absolutely not, but it was a really creative way that a school and a local community came together to ensure that their children with disability were not inhibited from access to opportunities.

JULIAN LAURENS: That's very much the gist of article 9 of the CRPD. It was recognised and it is recognised, as we've talked about previously, that accessible public toilets are an enabler of other rights. In that case of article 9, it's an enabler of assisting and supporting people with disability to access the community on an equal basis with others. We were talking about that previously, about if you're not fulfilling that. I think it's the same for a lot of people though. I wouldn't go anywhere if I didn't know there were going to be toilets. You wouldn't go to a festival if there was no indication there'd be toilets there; having disability adds that extra dimension to that as well. Yes, it is a very real issue. We see that regularly through our individual advocacy work. We see that in a lot of contexts, people going, "I can't go to that event because there is literally not a toilet that will accept my wheelchair," for example—particularly one where you might need to be able to have a full turning circle availability. They say, "No." Absolutely, yes.

The Hon. AILEEN MacDONALD: You mentioned before how sometimes you've gone somewhere and it's literally a storeroom rather than an accessible toilet. How important do you think it is to involve people with lived experience in designing of accessible toilets?

MEGAN SPINDLER-SMITH: It's imperative. People with lived experience of disability, whether that be supporting those that are parents with children with disability, or those of us with direct lived experience of disability, it's absolutely imperative that we are involved in that process. There are a few reasons for that. I can give you a very simple example. At Mardi Gras, not this year but the year before, prior to marching, the accessible bathrooms were used as the storage space for all of the toilet rolls, which meant that none of the people with wheelchairs that needed to use them could get in them without having to find someone to remove all of the toilet rolls to be able to even just physically get into the bathroom.

The Hon. AILEEN MacDONALD: You mentioned also travelling or being in rural areas. What would your recommendations be for improving accessibility in regional and rural areas?

MEGAN SPINDLER-SMITH: In regional and rural areas, many of the public bathrooms are either required steps to get to them, because of the nature of pit toilets and those sorts of things, but also ensuring that at least if there is only going to be one bathroom, that it is fully accessible. That is the absolute minimum. In an ideal world—in a world that ensured full accessibility—those bathrooms would also be Changing Places so that those that require hoist support to be able to get in the bathrooms, but also that those that require sensory downtime would also be able to utilise them.

The Hon. AILEEN MacDONALD: Do you think that Changing Places facilities should be required in all public large developments?

MEGAN SPINDLER-SMITH: Yes.

JULIAN LAURENS: We'd love to see that. We'd love to see one everywhere. I'd love to see one every 400 metres per city centre, which is the minimum standard we've been advocating for a normal accessible public toilet and which has been picked up by some councils. It's a good point to note, by the way, that there are some local councils out there that have done a great job on their disability inclusion plans around this. If I could backtrack one second more, I just want to note again for Mr Lawrence's question about the Office of Local Government, which is what I was looking for. But to bring up your point, Mrs MacDonald, yes, what we would be looking for is a lived experience committee, for example, in an organisation like that to really drive that change across. Yes, absolutely, Changing Places would be great. Is it realistic? We would say yes. In terms of how you prioritise our funding, it's the old guns or butter arguments from economics 101.

MEGAN SPINDLER-SMITH: If we're talking just public institutions or public spaces, absolutely, they should all have a changing place. What we're talking about when we talk about Changing Places is we need to ensure that a Changing Places is designed to a high level that is linked to the National Construction Code as well as to what is recommended as part of Design for Dignity.

The CHAIR: I wanted to touch on something I think you briefly mentioned in one of your answers to another question, which was about communication around what's available or accessibility not in the toilet itself but outside. For the sake of Hansard, you're nodding.

MEGAN SPINDLER-SMITH: Yes, sorry, I was. Yes, I was absolutely nodding.

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The CHAIR: Could you explain in more detail what you're recommending or what you would see as best practice?

MEGAN SPINDLER-SMITH: Best practice is to ensure that there is braille accessibility, so the ability for those that are not able to access information through visual means. That can be those that are part of the blind or low-vision community. Please note, not all blind and low-vision community are able to utilise braille for other reasons, so making sure that there is braille. Making sure that the signs are large—a lot of the time signs can be quite tiny and those are not helpful. Also, where possible, if there is an auditory version available for someone to be able to press a button to be able to hear what the information is, or if there is a provision of directions to the next accessible bathroom if that one is not currently available and there is one close by, then including that.

Last, but not least, also ensuring that there are signifiers, like the sunflower as part of the sunflower lanyard, and also acknowledging that accessible bathrooms are utilised for multiple spaces, so that if it is a changing place versus a standard accessible bathroom, that is clearly designated on the outside. Probably last, not least, is also acknowledgment of door movement time. For automated doors, they have different timings and some of them can take quite a long time, which is really helpful when you are bringing in devices or you are from a sensory need coming into the space. Knowing how long it's going to take for it to shut so that you know how long you have to hold on for is really important.

The CHAIR: Do you have any views on signage and the terminology that's used, or the images or symbols that are used? How important is it that it's consistent for people with disability?

MEGAN SPINDLER-SMITH: It's extremely important that it's consistent. As noted, obviously we have a fairly standardised expectation around utilising the kind of outline of a wheelchair for many accessible bathrooms. We can also recommend that things like universal accessibility bathrooms can also be another terminology. The reason that is important is that allows for those that do not have visually perceivable physical disability to be able to access those without potential aggression. I know, as somebody who occasionally doesn't use my walking stick and has used accessible bathrooms because they are still a requirement for me, that coming out I have received aggression for utilising those bathrooms when I was wearing my sunflower lanyard. So having things like the sunflower symbol for those with non-apparent disabilities, ensuring that we have got the wheelchair as a symbol, and also, for Changing Places, the specific visual for a changing place, and being very clear that they are non-gender specific is a really important call-out as part of that.

JULIAN LAURENS: Yes, I think there have been calls from a number of parties about amending the National Construction Code to get away from the binary language they use there, and we're definitely supporting that as well.

MEGAN SPINDLER-SMITH: And I would be happy for us to find some good examples that we could share with the Committee, if that would be helpful.

The CHAIR: Thank you, we'd appreciate some good examples on notice. In particular, I'm thinking of mostly private businesses who, for design reasons or branding reasons, will choose alternate signage for bathrooms. I think it's meant to be trendy design, but they might be symbols that are not recognisable for people.

JULIAN LAURENS: Aesthetics—like, it's all very trendy. We'll have an outline of something that vaguely looks like a—

MEGAN SPINDLER-SMITH: Consistency is extremely important, not just for those with disabilities that are physical or non-apparent, but also for those with intellectual disability, because consistency means that you know you are in the right place and that you are not going to feel the fear of utilising an incorrect space.

The Hon. STEPHEN LAWRENCE: Mr Laurens, I think you said something about India and that litigations occurred in India in this respect. Could you just explain that to me?

JULIAN LAURENS: Very briefly, it's touched on in some articles. I'm happy to send those articles to you directly or give you the reference for there. It's spoken about by Webber and, I think, another person. Just quickly, while you're there, there's that fantastic article from Weinmeyer from 2024 that just came out, gloriously titled "Lavatories of Democracy"—a fantastic background to the public toilets in the United States. I said there's been a number of cases there, and it's very intriguing to look at how the high courts have ruled that local councils over there must provide accessible public toilets. In fact, what was fascinating about some of those cases—and I've only looked at a couple—is that in some of those cases those campaigns were actually led by women, which is fantastic. It was women actually fighting for the right to have accessible, proper public toilets with proper sanitary facilities.

In these cases they've been upheld. The high courts over there have said to those local councils that you have an absolute, 100 per cent obligation to provide a public toilet that is accessible and fit for purpose, and is

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suitable for females to use and all the rest of it. That's been complied with. I think it's been on a case-by-case basis, because I think it's similar to what we have over here and it requires people to actually, again, bring the complaint to start with. But in the three or four cases that are mentioned in her most recent article—and it's a very recent article—that's been very much held up. Personally, I'm interested in looking at that a bit further. But she does mention, again—and I made this point previously—that it is very much in the context of their courts interpreting their constitution. We don't have a constitution in the same way that has the same kind of authority.

The Hon. PETER PRIMROSE: Can I ask one question in relation to local government. In addition to the example you just cited of a court or a government obliging, one of the things that obviously occurs here—and we've mentioned it already—is the role of local government, and particularly conditioning up various requirements in relation to new shopping centre developments, in relation to transport and even in relation to the training of health and building surveyors, as well as planners. That's a bit more of a slightly bottom-up role. It's not local government being responsible for it; it's local government simply having that as part of its normal planning and building roles, as opposed to the court saying, "You must do this, and you work out how you do it". Can you talk about that, briefly?

JULIAN LAURENS: I think one of the great things about the Convention on the Rights of Persons with Disabilities is that it does talk about a number of instances and about the obligations, as well, to provide that support for everybody in the system, for want of a better term, to get "skilled up", to use that language. We would love to see the ideas of disability rights permeate throughout the entire process, from planners, from developers, from architects—from everybody. Everybody has to be involved in creating accessible spaces, and there's recognition about the importance of that from a number of those professional bodies. So, absolutely, that's right.

We'd love to see local councils automatically see disability as being something they automatically apply to their decision-making and considerations of disability. We'd love to see every council have a lived experience committee. We're most definitely not trying to have a go at local councils. There are a number of local councils we know of—we've seen their plans that are available—who've done a great job at really trying to bring that disability voice into the local planning around issues like this.

The Hon. PETER PRIMROSE: Can I just say that, in addition to whatever local councils voluntarily do, there are planning instruments that require things like "You must use particular types of pipes, you must do this and you must do that". That's where the States come in—to condition up the requirements in terms of the planning and building instruments that they apply.

MEGAN SPINDLER-SMITH: I think we've got two ways to look at that. One of them is local councils. As part of their standard request for quote or RFP process when it comes to public building, there needs to be an accessibility requirement as part of that for sign-off. For sign-off to be met, including that as a requirement is extremely important. It is not a standardised or expected requirement, currently, at the local council. One of the things that we would be very concerned about is that if this became only a local council situation, we would then create a postcode lottery of availability and access to funding, because we know that there is not consistency of financial viability across all local councils, and obviously they're going to prioritise other things over accessible bathrooms. But I think the mixture of both, and ensuring things like the National Construction Code is adhered to as part of that, would be extremely important.

The Hon. PETER PRIMROSE: In addition to what they provide in public spaces, the councils also, through the same conditions in terms of private spaces—would you see there being a role to actually oblige them to meet the various conditions that you've required in terms of the final sign-off, in terms of approval for building a shopping centre?

MEGAN SPINDLER-SMITH: Absolutely. I can see that local councils, when they are making those decisions, do have an opportunity to have that as a "go or no-go" style sign-off process. That is an extremely important part of that, and finding that in harmony with any national or State legislation would be very important.

JULIAN LAURENS: This would go hand in hand, as well, with the local councils' disability inclusion action plan. That's stalled a little bit, as well, that process about following up about how many councils are still yet to develop a proper DIAP. But we would also see that as part of a DIAP, as well. All this should be included. So we're definitely following up about DIAPs.

MEGAN SPINDLER-SMITH: And this is supported through the Australian Disability Strategy, which has different action plans that are rolled out that can provide support to local governments to be able to do that.

The Hon. STEPHEN LAWRENCE: I was wondering if you could just talk a bit about adult change facilities and their availability, particularly in regional areas.

MEGAN SPINDLER-SMITH: The Changing Places spaces?

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The Hon. STEPHEN LAWRENCE: Yes.

MEGAN SPINDLER-SMITH: With our Changing Places spaces, within regional and remote, they are not standard and generally not available. The minimum requirement is an accessible bathroom that does not have to have an automated door and does not have to have any form of hoist or accessible bed for people to be able to go through any of those requirements.

The Hon. STEPHEN LAWRENCE: Are there any particular observations you'd make about public toilets in regional New South Wales, in terms of availability and design? Is the situation worse, for example?

MEGAN SPINDLER-SMITH: Yes, absolutely. To clarify that, in regional, especially in the more remote spaces, it is either non-existent or they are controlled under utilisation of a key or some form of requirement to call someone that needs to then turn up, if you were to access them. Take down the South Coast, near Ulladulla. A lot of the accessible bathrooms are actually not owned by public entities. They're owned by smaller community groups that are providing access to them, but only during the times they can provide access to them.

The Hon. STEPHEN LAWRENCE: Lastly, Mx Spindler-Smith, did you say that the CRPD has now got a complaint mechanism that's coming into force?

MEGAN SPINDLER-SMITH: Not a complaint mechanism; what we have is a reporting requirement. We are about to start the new CRPD reporting cycle. We have already done this previously in 2019, and we're about to start another one. However, our report for Australia is currently delayed until about 2029, but the process starts now because it takes quite some time.

The Hon. STEPHEN LAWRENCE: But there's no complaint protocol or something of that nature that you know of?

MEGAN SPINDLER-SMITH: There is a complaint protocol that you can do. You can go through the Australian Human Rights Commission or, as noted, Anti-Discrimination NSW. The Australian Human Rights Commission does have more ability to do that, especially under the DDA. But from a CRPD perspective, yes, you can make a complaint. It is hard for it to be put into practice, even as a signatory and ratified country.

The CHAIR: We're out of time this morning. Thank you so much for sharing your time and your expertise with us. I think some of the questions were taken on notice. The secretariat will be in touch about those and any other supplementary questions.

(The witnesses withdrew.)

(Short adjournment)

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Ms JOE MANTON, Director, Access Institute, before the Committee via videoconference, affirmed and examined

The CHAIR: Good morning and welcome. Would you like to start by making a short opening statement?

JOE MANTON: Yes, sure. I think that this inquiry in New South Wales in relation to provision of public toilets is really important. I think it's really timely as well. I spend most of my time providing advice, support and training to organisations around the country in relation to, particularly, disability access and inclusion, and have done that for 35-odd years. Over recent times, the issues related to providing appropriate toilets has become a bit of a hot topic, if you like. Certainly the National Construction Code has been looking at some changes in relation to provision of toilets, not only in terms of accessible and ambulant toilets but also accessible adult change facilities and an extension of that also in relation to all-gender toilets. I guess we've had a lot of discussion in our space around this, and people have started coming to us for a lot of information. Now, I wouldn't say that I'm the loo lady or the specialist, but certainly we've had a lot of discussion in this space around these issues. I've put in a submission that details a range of different considerations that I think are important. I'm happy to answer any questions about those.

The CHAIR: I might start off with a couple of my own questions. You've already mentioned the changes to the National Construction Code, which are obviously very timely for this Committee. Can you talk us through what has been improved or fixed as a result of those changes and, I suppose, what also hasn't been addressed?

JOE MANTON: I guess in recent times, over the years, there have been some upgrades to the NCC in relation to provision of toilets, particularly in relation to accessible toilets and ambulant toilets. I'm making an assumption that you know the difference; if you don't, please tell me and I'll explain. But basically, in 2019 there was a change to the NCC that required the provision of ambulant toilets—both separate male and female ambulant toilets—into a range of different what I'd call commercial and community facilities to support people who are ambulant, may have disabilities, but they might be using a walking frame rather than a wheelchair, which is where a person can use an accessible toilet. That happened in 2019, and that's been introduced into the NCC and has been operating since then according to the States who've adopted the NCC, which is adopted at State level. That includes provisions in New South Wales.

The other thing that's currently occurring or has just been completed, although a report hasn't been finalised, relates to the NCC's consideration of including all-gender toilets in the NCC. The proposition at this stage is to incorporate voluntary provision for all-gender toilets, so it's a step. I have to say I'm pro-access, so for me, I think it's really important that we move towards mandatory provision of all-gender toilets for a whole range of different reasons that I've outlined in the submission I've given to you. Currently it's under discussion. No decisions have been made. The review hasn't been finalised in terms of its final report. But I guess one of the things I think is there's a real opportunity, if there are going to be changes made, to grasp the opportunity to do it well rather than just to do it as a bit of a piecemeal approach.

I think that if we're going to be serious about making sure that everyone who's out and about in the community has access to public toilets, then we've got an opportunity to look at how we provide those public toilets, in terms of the design of those toilets, so that all members of the community can use them. Currently there are restrictions in terms of community access to toilets, particularly for members of gender-diverse communities and particularly for members of culturally diverse communities. Baby change facilities are something else that is not mandated under the NCC. What tends to happen is people put baby change tables in unisex accessible toilets and, in many instances, because of the way they're installed, they actually block use of the unisex accessible toilets for a person with a disability. Whilst the facility's been installed to provide access predominantly for someone using a wheelchair, the installation of a baby change table, particularly if the baby change table is left in the down position, means that someone actually with a disability can't actually use that toilet. That's challenging.

I think there are opportunities in the changes to the NCC to consider the design and addition of all-gender toilets that are based on a design of an ambulant toilet. It would mean that, if you like, we get better bang for our buck when we're designing that toilet. It means that more people can use that toilet. And if we identify those as having male and female toilets and ambulant toilets, but all-gender toilets in addition, then I think it's going to make it more equitable for people, including gender-diverse communities and particularly women from culturally diverse communities as well.

The CHAIR: In your written submission you've mentioned a preference for the term "all-gender". You've used that in your opening statement as well, as opposed to gender-neutral or unisex. There are lots of different terms. Could you explain why all-gender is your preferred term?

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JOE MANTON: Yes, sure, and that's been a bit of an evolution, because back in the day—I can say that because I'm old enough—we used to talk about "unisex". I guess there's been a bit of an evolution, the same as there has been in public policy and in terminology in relation to identification of people across the community. Extensive consultation, particularly through some of the universities, with the gender diverse community has identified that the term "all-gender" is preferred to gender neutral or unisex, and it's the most inclusive of the broad spectrum of gender. In a really simple way, when we're talking about sex or unisex, typically we're talking about biology. When we're talking about gender, in many ways we're talking about self-identification, and so the term "all-gender" is the preferred term that has been identified throughout that research.

The Hon. STEPHEN LAWRENCE: Thanks, Ms Manton, for your submission. It's really helpful. Just on this question of all-gender toilets, is that generally premised on the availability or the implementation of single-use cubicles that one accesses from public space?

JOE MANTON: It depends on the design, and I've got to tell you I'm not a designer and I'm not an architect. But typically yes is the answer. That would be a facility that's freestanding, if you like, for want of a better description. What you see a lot now in parks or quite often at roadside points—if you're on a freeway, for example, and there's roadside toilets—you'll often see a whole row of toilets, and you'll have male, female, ambulant male, ambulant female, all-gender, unisex, accessible. Each of them is entered by their own independent door. They've got floor-to-ceiling walls, so that accounts for privacy issues. Sometimes now, with all-gender toilets, you'll also see a washbasin within those toilets. You have a washbasin in a unisex accessible facility because people are expected to be using different types of toileting equipment.

Similarly, in an all-gender toilet, sometimes you'll have washbasins. Sometimes you'll also have washbasins in male and female toilets, because you'll find that people from culturally diverse communities, particularly women, due to cultural and religious reasons, won't be able to use all-gender toilets. They need to be able to use a washbasin, so that might be inside the single facility. If it's designed in such a way that you have independent cubicles, if you like, or independent spaces then, ideally, having a washbasin in those spaces is the best. Cost is probably prohibitive in terms of doing that with every space. But certainly, if we're looking at all genders, to be able to have a space where someone can use handwashing facilities and have a mirror, I would suggest, is a good idea.

The Hon. STEPHEN LAWRENCE: In terms of the toilets where one shares public space—so you walk into a shared public space and then there's a row of cubicles—are you suggesting that some or all of those should be all gender?

JOE MANTON: Some, definitely not all. I think it's really important to keep single-sex facilities. I know there are different views on this, but there are a whole lot of reasons that I've put in my submission relating to this. Men and women use toilets in very different ways. Men and women use toilets for different lengths of time. Women also tend to use toilets in ways that necessitate additional privacy, particularly if women are experiencing things like menstruation, for example, where they are taking more time but obviously need significant privacy. Also, where we have single-gender facilities, it's really important that women have access to facilities should unfortunate—well, "unfortunate" is probably underselling it, but where women have situations where significant health issues might occur. Single-gender toilets are going to be important for privacy issues.

The other thing about a single-gender toilet is it also impacts on men, because men will sometimes tell me that they feel uncomfortable about using all-gender facilities with women. They feel a bit nervous, if you like, and try to make sure that they're keeping their distance from women in all-gender facilities, because people feel as though they might be accused of doing something inappropriate, and so that creates toilet anxiety. I've talked a bit about toilet anxiety in my paper. There's a whole range of reasons why people may experience toilet anxiety, and that's equally the case for men as it is for women.

For me, I think it's really important that we do retain single-sex facilities. You'll often talk to parents with children who will say, "I don't want to take my child into an all-gender facility. I'd like to take my child into a single-sex facility." Whether that's a dad with their son or whether it's a mum with their daughter, they'd like to be able to do that for a whole range of different reasons, as I stated in my paper. In terms of all-gender facilities, they're equitable, but I think we need to provide them as that—as an all-gender facility.

The Hon. STEPHEN LAWRENCE: In terms of a hierarchy of importance and resource allocation, which seems to be a relevant consideration here because in terms of public toilets in private spaces—say, sporting stadiums or shopping centres—space can be a limitation. Obviously there's a price attached to commercial space, so that becomes a relevant consideration.

JOE MANTON: Of course.

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The Hon. STEPHEN LAWRENCE: In terms of public toilets on public land, obviously it's public money, so there's a question there about how many facilities you build, how big they are and how expensive they are. In terms of this hierarchy of importance to different facilities, where would you put the all-gender loo? Is that, in some circumstances, going to be legitimately lower down the priority list than the provision of single-use cubicles with a mixture of genders? How would you attribute it in that hierarchy?

JOE MANTON: I understand the question, but it's very difficult because it depends on what your benchmark is. If you're talking about a benchmark in terms of cost—and we weren't thinking about cultural diversity issues or the issues to do with gender-diverse communities, particularly all-gender communities, in terms of statistics and numbers, being lower in number, if you like, than the broader community—if we're purely talking about it like that then it would be reasonable to say, if you're really just looking at dollars, the provision of an all-gender toilet is going to be lower down the scale than provision of separate male, female, unisex, accessible and ambulant toilets. Higher numbers of the population are going to be using a male toilet, a female toilet, a unisex accessible toilet, an ambulant toilet—those sorts of things. If you're purely looking at it in terms of numbers, then it's not unreasonable to say all-gender toilets are lower down the scale, if you like.

But if you're looking at it in terms of social inclusion then, for me, there is no difference. If we're looking at social inclusion, we're saying everyone has a right to go to the toilet. You can't prioritise someone's rights over someone else's rights when we're talking about a right to go to the toilet. We all need to go to the toilet, and everyone should have an equal right to go to the toilet. At the end of the day, it does get down to what's the benchmark that's being applied. Is it the dollars and the space availability, or is it a decision we're making, in terms of public policy, around whose toileting needs are more important than someone else's? My answer to that is everyone's toileting needs are important.

The Hon. STEPHEN LAWRENCE: Just on that, if you factor in—which I think you must—that there's going to be some limitation in some circumstances on how many facilities you can have and what extent of them will be available, have you factored in, in terms of that inclusion issue, the amount of people who wouldn't use an all-gender facility? Say, for example, you had a hypothetical council or private operator who decided in some situations to just provide one all-gender facility, because that's all they could fit in or all they could afford. How many people are going to be excluded from the use of that? How many people are there out there, whether they're women or men or fit into different communities or categories, who just won't use an all-gender loo?

JOE MANTON: No answer to that question, because there hasn't been that sort of significant research undertaken in terms of specific numbers. This is one of the challenges with accessible toilets as well: The data associated with the provision of toilets is really quite old. We're looking, for example, for the data underpinning the provision of unisex accessible toilets. That data has not really been renewed or refreshed at all since the anthropometric data that was developed in 1983 that looks at the size of unisex accessible toilets. This is the problem, that there hasn't been significant research done. Different organisations of course undertake their own research. We all know that depending on what your bias is, your research is going to tell us certain things. There are certain organisations who've done research looking at the need for male, female or gender unisex accessible toilets, but it is going to have a bias associated with the benchmark that they've used as the basis for that research. Across the country, no, there are none that I can tell you. To be truthful, there is none. There is just that fact that we know we have a very multicultural country. We also know we have a gender diverse community that is now more visible and therefore appears to be expanding.

The Hon. STEPHEN LAWRENCE: Assuming a wide availability of all sorts of loos, it seems to me that the people who would not want to use an all-gender toilet probably vastly outnumber the people who would prefer to use an all gender toilet. Would that seem to be true to you?

JOE MANTON: The people who would not choose to use an all gender toilet would outweigh the number of people who would use an all-gender toilet?

The Hon. STEPHEN LAWRENCE: Yes.

JOE MANTON: No, I think it's probably the other way around. I think there would be more people who would use an all-gender toilet if it was the only toilet, but it may not be their preference.

The Hon. STEPHEN LAWRENCE: That's not quite the question I was asking. The question I was asking was, assuming an availability of the full range of options, do you think that the people who would prefer to not use an all-gender toilet—assuming availability of all options—would quite significantly outnumber the people who would prefer to use an all gender toilet?

JOE MANTON: Yes, I think more people would prefer to use separate male or separate female toilets for a lot of the reasons I've highlighted in my submission.

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The Hon. STEPHEN LAWRENCE: Is all of this an argument for much more provision of the single-use cubicle accessible from public space, where—whether it's male, female, all-gender, unisex et cetera—you basically don't get the mixing of people in a public space so everyone can do their own thing and feel pretty comfortable?

JOE MANTON: Yes, I think that would be a reasonable way of putting it. It's about the space that a person uses when they're going to the toilet so that people have privacy in those spaces, and also that those spaces are designed in such a way that considers the range of toileting requirements of different people. Certainly, privacy is an issue, but because of the different ways people need to use toilets, toilets need to consider the supports for those people. The example I put forward towards the end of my submission is if you are going to spend money on all-gender toilets—which I think we need to do—then let's make them ambulant toilets in their design because more people will be able to use them. We get better bang for our buck, if you like, because more people will be able to use them. I think it is unrealistic to say we are going to keep adding different types of individual toilets, because of space and cost. But, at the same time, how can we address the needs of everyone in the most cost-effective way?

The Hon. STEPHEN LAWRENCE: I just wanted to ask all of that because we had some, I thought, quite mischievous news reporting of our inquiry. I think *The Daily Telegraph* was basically suggesting that the Committee, or maybe people making submissions to the Committee, were proposing that public toilets across New South Wales should be made all-gender, which I thought was quite a mischaracterisation of the submissions that I had read and the issues as I understand them. I just wanted to ask you about that, because your evidence seemed to frame that issue quite well. Thank you for that.

JOE MANTON: I would absolutely not support all toilets being all-gender toilets.

Ms ABIGAIL BOYD: Obviously, people with assistance animals require additional consideration when it comes to toilet design. Can you just talk the Committee through what that looks like?

JOE MANTON: Sure. Some people with assistance animals—if someone has low vision, for example, and they're using a guide dog, often they will choose to use a unisex accessible toilet. Unisex accessible toilets, in terms of design, have typically been designed for the use by people who are using wheelchairs. That's really what's underpinning the design. That doesn't mean other people can't use them. So if you have low vision and you're using an assistance animal, then quite often your first point of call is going to be the unisex accessible toilet because it's got more room. You can take your assistance animal there, the animal is contained while the person's going to the toilet and so on. So that works.

Nowadays we're seeing a lot more organisations taking on the principles of universal design. In Victoria, for example, where I'm based, the Government here has a universal design policy. What that means is that you've got organisations who are installing assistance animal relief areas. In New South Wales, for example, there's quite a lot of these now installed at airports; for example, Sydney Airport has them. Assistance animal relief areas basically are facilities that allow a person with an assistance animal to toilet their animal in a controlled and confined space. That means, from a hygiene point of view, that's a lot better for the rest of us if the animals have got somewhere to go to the loo like we have. But it also provides security for the person with the assistance animal knowing that they can identify a space that is going to be safe that is going to be comfortable and hygienic where they can go to toilet their animal. Particularly, if they're travelling distances—that can be on trains or planes or whatever—that they know there is a destination there that incorporates an assistance animal relief area.

They can be as sophisticated as some of the ones you see in the airports that are installed. They have a whole lot of technical installation things. They almost look like a unisex accessible toilet. They've got the automated self-opening doors, they've got showers, they've got artificial grass, all of the bells and whistles, but they can also be as simple as outdoor spaces that have an area—we're seeing now these at some of the stations, or the interchange points where you've got a lot of activity happening, that are almost as simple as a fence with a childproof gate that's got some artificial grass. Some of the universities are putting them in where they've just got a grassed area and a fence.

So there's a whole range of ways that they can be done. There are guidelines that have been developed around them. They've been used for a long time in places like America. Over there, of course, you can travel with your pet. You can take your pet on a plane, so you go to some of the airports there and you'll see them in the airport terminal. They're a bit newer here, but they are certainly something that organisations are considering and installing if they're looking at places where, again, people can be included and people with assistance animals can be supported in the toileting of those animals.

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The Hon. AILEEN MacDONALD: In your submission, on page 7, you mention a deemed to satisfy pathway. You've kind of discussed it, but I was just wondering if you could elaborate a little bit more on what that means.

JOE MANTON: Under the National Construction Code there are two pathways to compliance, if you like. The National Construction Code is what we call a performance-based document. For example, when it comes to toilets—just to simplify it; if it came to toilets or any other part of a facility, for that matter—we might say the performance we're requiring is that everyone who needs to go to the toilet can go to the toilet. That's the outcome we're after. That's a performance. The deemed to satisfy provision tells us that if we do that in a certain way, we can be assured we've complied with that outcome. So the deemed to satisfy provision typically will tell us things like how many, where, how high, how wide and how long. The deemed to satisfy is very much the technical requirements.

But the NCC is constructed in such a way that if we want to meet compliance with the performance, we don't necessarily have to go through the deemed to satisfy provisions. If we can come up with another way that is equal to or greater than those deemed to satisfy provisions, we can develop something called a performance report or performance solution that allows us to go down that pathway. So it gives us two options. Most building certifiers, who are responsible, of course, for compliance with the NCC, when it comes to looking at buildings and facilities use the deemed to satisfy provisions because it gives them certainty. They can go into a building and say, "Well, if it's this high, it's this wide and it's this long, I can tick those boxes and I know that it will comply." But certainly the other pathway is the performance pathway.

The Hon. AILEEN MacDONALD: Just on that then, and you've mentioned the National Construction Code or NCC, how could that be improved to support better toilet design? So it's not just how long it is, or how wide, or those that you mentioned before, but so that it—because sometimes even if it complies, it doesn't really satisfy, or it isn't really an accessible toilet. What can we do in that NCC so that it meets other criteria besides having lived experience in that code? How do you put all that in there?

JOE MANTON: One of the things I think is absolutely critical is going back to the basics and saying, "Let's do some appropriate research in relation to the needs of people of different community and different groups using toilets." Given the fact that the NCC, and the anthropometric data upon which the NCC is based in terms of access, is based on the same data as the access standards in Australia, which, as I mentioned previously, occurred in 1983—to me that shrieks of the fact that we have not seriously considered the changing needs of the community for a long time. I think it's really, really important to do some significant research around the needs of people—not just people with disabilities, which is the space I come from, but the needs of people—in terms of, specifically for this inquiry, toilets.

If we have better data, that is going to provide a better benchmark for the NCC. The other thing, however, we do have to be mindful of is the NCC is a minimum compliance document. The NCC doesn't espouse to be about best practice. That's not what it's about. So you are quite correct when you say that we may meet compliance, but we mightn't be meeting the needs of everyone. I'm responsible for developing delivery of the Certificate IV in Access Consulting across Australia, and this is what we say to our students and our clients all the time: Compliance will get you compliance, it won't necessarily get you a good outcome for the target audience. That's a significant challenge.

The CHAIR: We are out of time. I really appreciate you providing evidence to the Committee today. The secretariat will be in touch about any questions on notice, or supplementary questions. Thank you.

(The witness withdrew.)

(Short adjournment)

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Dr MARIAN NAIDOO, Policy Lead, Continence Health Australia (formerly Continence Foundation of Australia), before the Committee via video conference, affirmed and examined

Mr JIM COOPER, CEO, Continence Health Australia (formerly Continence Foundation of Australia), before the Committee via video conference, affirmed and examined

Dr LORRAINE DICKSON, Nurse Practitioner, Continence, sworn and examined

Mr STEPHEN WEATHERSTONE, Retired Engineer, affirmed and examined

The CHAIR: Welcome back to the inquiry into public toilets. Welcome to our next witnesses. Would you like to start by making a short opening statement?

MARIAN NAIDOO: Yes. Continence Health Australia is the lead body promoting bladder and bowel health in Australia. Our purpose is continence health for all Australians of all ages. We host the National Continence Helpline staffed by nurse continence specialists. We are a membership organisation. Members include clinicians from relevant disciplines, consumers and carers. They are all strong advocates of breaking the silence which surrounds continence health. We submit particular attention be paid to the needs of the many Australians who live with incontinence for inclusive, hygienic, safe and accessible public toilet provision. The following facts highlight the scale of the need.

It is a highly prevalent condition, affecting people of all ages. Epidemiological data collected in 2023 identified 7.2 million Australians aged 15 and over are affected by some degree of incontinence. That is an overall increase of 53 per cent since 2010. This is estimated to rise to 8.6 million, 34.1 per cent of the Australian population, by 2032. Women are disproportionately affected, with 4.8 million women, compared to two million men, living with incontinence. We also think of incontinence as something that only affects older people. However, 71 per cent are 65 years or younger and are living and working in our communities. It is common in childhood, with significant negative impacts on children's wellbeing and development, and places avoidable pressure on families.

We conduct an annual representative national survey of 2,000 people from across Australia. We measure perceptions of incontinence and the impact and experience of people with incontinence. In the 2024 survey, 56 per cent of people with incontinence said that they did not feel supported to participate in community activity, 40 per cent said that they have to ensure that there are toilets nearby when they do go out and 42 per cent carry pads and liners in case they cannot access a toilet or toilets are unsuitable. This creates a reluctance to engage in external and community and social activities. This can in turn lead to raised levels of anxiety and depression.

For this inquiry we also consulted with a small group of people from our consumer network who live in New South Wales. They were asked to identify what was most important to them when using public toilets, and they identified cleanliness, accessibility, safety and privacy, and the availability of essential supplies. The need for discreet and hygienic disposal of incontinence pads was raised, with a particular need for more bins in male toilets. And other concerns included more regular cleaning and maintenance, more toilets for women in public venues to reduce waiting times in queues, more availability of adult changing tables in public toilets, and shower facilities.

People with continence health issues may have very specific and sometimes complex needs. Those who need to self-catheterise, for example, require clean areas and a clean, flat surface to undertake this procedure safely. Incontinence can lead to profound exclusion because of the shame and embarrassment. The fear of not finding a suitable toilet can cause anxiety and stress, leading to many avoiding leaving their homes. This social isolation can exacerbate feelings of loneliness and depression. Delayed urination or reliance on incontinence products can lead to health issues such as urinary tract infections and skin problems. Addressing these issues will require an overall improvement in public toilet availability and accessibility, and this can only be achieved by promoting inclusive designs and raising awareness about the specific needs of the many people who experience incontinence.

The CHAIR: Would either of our witnesses in the room like to make a short opening statement?

STEPHEN WEATHERSTONE: A lot of things have been said. Watching some of the submissions, some of the interviews earlier, they addressed many of the things that I'm keen about, and that is design and enforcement of good design and construction. There are many failures, in my view, and my submission addresses some of those. That would be my main point—the design, maintenance and cleaning and to meet the requirements of all users.

LORRAINE DICKSON: Thank you for inviting me to this inquiry. I've worked as a nurse for over 50 years, and 30 of those have been specialising in assisting people with their bladder and bowel problems. These

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people are from both sexes, all ages and varying health and management issues, as well as people with no identified health concerns. Most of those years were spent in a rural area in New South Wales, where I often engaged with people from other specialities as well—doctors, GPs and specialists, OTs, physios et cetera. During those 30 years I worked through all the nursing speciality grades, and attained nurse practitioner status about 12 years ago. I've also completed four university degrees, where I focused my studies around my nursing speciality, and I completed a professional doctorate in nursing in 2013. I have also taught at TAFE colleges, national education providers and presented at conferences throughout Australia and overseas.

Since leaving full time work with the health service and then moving to a rural part of the Central Coast, I worked part-time for four years doing continence assessments and reports for mainly NDIS and icare clients around the Sydney area. I reluctantly but voluntarily retired from that role last year, and my husband decided to promote travelling as a way of deterring my desire to continue working. Last year, while travelling with our caravan on a trip throughout outback New South Wales and Queensland, I decided to commence a project to appraise public toilets. This was also prompted by personal visits to such facilities, and noting how many there are that are in such appalling and uninviting states. Particularly, the ones that prompted me to start were the ones on the M1, which are cleaned regularly but extremely quickly, and are certainly not enough to cope with the numbers of people who use them. This is my appraisal form, if anybody wants one.

Public toilets are a necessity for the use of people as they travel. We all need them at times. Some people need them more than others—a fact that I highlighted in my submission. Many people need to locate toilets quickly and when they feel the urge, but they are often difficult to find, and despite signposts and travelling apps, toileting apps, they're often hidden in places which can be difficult to access or well out of the way, except, for example, behind public buildings et cetera. Many are dirty and damaged, very smelly and uninviting, and lack privacy, toilet paper bins, hand washing facilities and drying facilities. Many in outback facilities have hand washing facilities, but no water supplied.

The two public toilets in the little village where I now live are reminiscent of some of the outback areas I travelled. They are two drop-pit toilets with containment pits under their elevated cubicles. They are not only very smelly, but are often very dirty, and the holding tanks are leaking, with the effluent seeping through a children's playground. Last year, the local council conducted some public toilet assessments. They didn't visit the ones in our little village, so until the local community started to agitate and complain about them, the council had deemed them as satisfactory. Following the community demanding action, the council has now agreed to install pump-out tanks, but not replace the building, despite it being unable to be hosed out because there are no floor wastes.

The council also considered the flush system toilets in a nearby village as being unsatisfactory, so plan to replace them with newer ones, though less of them. And in another nearby village, which doesn't have any public toilets, they will now install one pump-out variety toilet. These examples I've given you are there to demonstrate that councils definitely need guidelines and building codes to address public toilet issues. Thank you for listening to me. I'm very happy to help in any way I can with this Committee.

The CHAIR: Thanks so much to all of you for sharing your expertise and your experiences with us. My first question is about the availability of toilets themselves. You've already outlined why people experiencing incontinence might need public toilets, with either a greater frequency or a greater urgency than the general population. What would you recommend best practice might look like, for example, for proximity to toilets or communication about where toilets are? How can we improve availability?

JIM COOPER: I might open on that point. Continence Health Australia works closely with the Federal department of health to publish regularly a national toilet map. That is available online simply by searching for the National Public Toilet Map. I did an ABC Radio call back last week. We had about 20 callers come in, and my point to the callers was to go to that map and do your research before you travel. But we found a lot of the toilets, even though they were on the map, were closed or they were locked, or they were dirty. My point to ABC Radio was we need to do better with what we've got today, and the starting point and the best guide for where toilets are in Australia is this National Public Toilet Map.

STEPHEN WEATHERSTONE: I'll just make a point about when you're travelling, and it affects me significantly. It varies, but an hour is about the limit for my travelling before I need to urinate, and so when you place toilets on motorways and highways, that's the sort of frequency that I think you need to take into account for provision of public toilets on highways.

MARIAN NAIDOO: I think availability is—there isn't anything that's absolutely defined as length. I think the most important thing to bear in mind is that there is availability in most places that we go. But if you look at venues, the amount of male toilets and female toilets and genderless toilets, there's often a larger queue. We've all seen how long women have to queue, and that puts people off who have to be able to access a toilet

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quickly. Even though there's a toilet there, it's the demand for that toilet, and also the condition of the toilets that do exist that are not acceptable—they're not clean, the supplies aren't there, as has already been stated. I think we need to do better with the toilets that we have, and certainly the toilet map helps with that. It's knowing where those toilets are, and signage to toilets, as well.

LORRAINE DICKSON: I think there has also been a major reliance on places like shopping centres. The problem with that is if you just need a toilet, you've got to first of all find a car park. You then have to trundle your way into the shopping centre. You have to then locate the toilet, which is often in an obscure place. All of that takes an enormous amount of time. Signage is another major issue. Our little ones, they didn't even have signs for a long time. Signage and accessibility are huge ones, and then the cleanliness is the third. It's major and it's terrible. Those ones on the M1, as I said, they are cleaned, but only once a day, and for about two minutes each toilet or something. It is not enough.

The CHAIR: I wanted to come to design. I'm sure Mr Weatherstone will have some broad comments, but I did have one very specific question. I understand that a number of people with incontinence will use aids like pads, or some people with medical conditions may be needing to change catheters or catheter bags in public toilets. Typically, sanitary bins are only provided in gendered female toilets. Would it be your recommendation that there also be sanitary bins provided in men's toilets?

STEPHEN WEATHERSTONE: Certainly. I have seen it in some, but it's not common.

MARIAN NAIDOO: We have an initiative at Continence Health Australia called BINS4Blokes, which is trying to get bins in male toilets. There's an assumption that the hygiene bins in women's toilets are an adequate provision, but actually they're too small. Menstruation pads and incontinence pads vary hugely in size, so we need to bear that in mind as well. The bin needs to be accessible to something that's larger and placed somewhere discreetly, like they are in the cubicles in women's designated toilets. But it's very rare to find a bin in a public toilet that is male gendered.

JIM COOPER: I might just jump in on design as well. For those people who need to change catheters and deal with that, in the design of toilets they do need an area like the—we often see baby change tables where there's actually that space where a baby can be laid down on their back safely and have their change. Perhaps that style of design needs to also be made available for women and men who need to use catheters.

The CHAIR: Just before I move on to other Committee members, were there other design considerations that we should be looking at recommending?

STEPHEN WEATHERSTONE: There are lots. Doors are an issue. These airlock doors are something from the past. Sometimes they're so heavy that older people just can't open the doors. They're totally unnecessary and should be removed. They certainly shouldn't be in any design standards anymore. One of the issues I have with disabled toilets, where they're the only toilet and they have these stainless steel rails, the seat doesn't stay up—very male unfriendly. How anyone can build them like that, I don't understand, but that needs to be addressed. There are other issues with toilet seats, and I've addressed some of those in my submission that need to be improved. Taps should be automatic sensor taps so that you don't have to touch the things. They don't malfunction as much as some of the other taps. There is a range of design things that need to be changed right across the whole public toilet area, and I'm happy to talk about some of those later.

LORRAINE DICKSON: No seats is an issue too. There are quite a few public toilets that they put the metal ones in now so they won't be broken, but a lot of them don't even have seats. Us girls, or the boys when they need to do number twos, are expected to sit on a metal ring. It's terrible. Another issue I've had many women complain about is men using the same toilets as them, they inadvertently make a bit of a mess at the floor or whatever. If women are wearing jeans or something, they have to drop their jeans to go to the toilet. They've got to then try and avoid getting their jeans or pants into what's been put on the floor before them.

The CHAIR: You've come back to maintenance, which is obviously a key issue. What impact does it have on people? What are people doing differently because public toilets aren't maintained to a standard that they should be?

LORRAINE DICKSON: Most avoid them. They'll go to shopping centres, even though they have to find them, or they'll go to Macca's. Macca's standards have dropped a little bit lately, and there's some now that are locked. They'll try service stations, but a lot of service stations are not offering toilets anymore either. Or they won't go out at all. They'll avoid going out. They stay in their own homes and they become quite despondent.

JIM COOPER: I'll go back to one design issue. I'm a great believer in doing the basics right. Good locks, so that people don't feel insecure while they're on the toilet, are basic but very important, and also good lighting. Many of the toilets I've attended are dark. They're basic things. I wouldn't even say it's design; it's fundamental.

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I might secondly touch on the impact. If a toilet's not available, then people don't go to the toilet. Our research at Continence Health Australia shows that that's very bad for the health condition of continence. Delaying going to the toilet is a very bad outcome. The second comment is our research on the psychology. People will avoid leaving the home, which just exacerbates their conditions and impacts on their depression or their anxiety. Our objective is to help people plan ahead so that they are able to get out of the house and they're not sinking lower in terms of anxiety or depression.

LORRAINE DICKSON: Can I go back to lighting? Some of the toilets are reliant on lights, as opposed to natural light. Some of the toilets I've seen, there's no reason why they can't have natural light except that they've built them so that they don't have a window or a skylight or something like that, so they're reliant on these lights, which often break down.

STEPHEN WEATHERSTONE: I might add something there. There's a toilet in Newcastle where the council has intentionally put a very dim light so you can hardly see when you walk in there. It's totally unacceptable. It was some sort of idea that it would reduce vandalism, I suppose. But yes, it is totally unacceptable to have a dim light in a toilet.

MARIAN NAIDOO: A lot of people with incontinence also live with other comorbidities. I think what Jim was just saying about the importance of what happens if you don't access a toilet—for a lot of people, particularly women, who require to sit on the toilet, you'll put off sitting on the toilet because of all the issues that have just been explained. But an outcome of that is often an increase in urinary tract infections if you don't empty your bladder properly. Also, some people rely on pads when they don't need to if there was an accessible toilet. That can often lead to dermatitis and really painful skin conditions because of using the pads.

I spoke to a consumer recently who's visually impaired, and issues like signage are crucial for him. He has mainly no idea where the toilets are and has been working with local businesses. Some businesses welcome people into their toilets, but a lot of businesses don't. I know in some countries across Europe they've made it obligatory for businesses to open their toilets to disabled people, people with children or people with continence health issues. If they have an urgent need, they can't say no.

The Hon. STEPHEN LAWRENCE: Thanks to all the witnesses. Your submissions are really helpful. Mr Cooper, I wanted to ask you about the extent of incontinence in the community such that people have a particular need for public toilets or there is a particular effect of them not being available. I was wondering if you could just give us a sense of how many people in the community are so affected, and in what ways?

JIM COOPER: Thank you for the question. It's basically one in four Australians. At the commencement of our written submission—this is one of our key pieces of research—the total number of Australians affected over the age of 15 is 7.2 million. At our current population levels, that's one in four. That number is made up of 4.8 million women and 2.4 million men. Our mission at Continence Health Australia is to raise the awareness around the country that this is actually a bit of a sleeper of an issue, but it's affecting a very, very high number of Australians and impacting negatively on their day-to-day life. A picture of optimism is that, in many cases, if they seek assistance, their continence issues can be resolved and, at the very least, better managed. Public toilets are a very key part of that world that they live in, as well as accessing better health services, which is our purpose.

The Hon. STEPHEN LAWRENCE: Something I've noticed in the course of this inquiry is that people sort of laugh when they first hear about it, which I think might reflect a bit of a taboo around public discussion about toilets. But I've also noticed once people get over initial amusement that they're terribly interested in the inquiry. I wonder if that might be because of the extent of this problem in the community.

JIM COOPER: Yes, you've just hit the nail on the head of one of our key issues for our strategy. Normalising the conversations about continence is one of our goals over the next four years, removing the stigma of talking about it so that it's acceptable and people don't snigger when talking about it—to the point where people are embarrassed to even raise it with their GPs. That's definitely one of our top three goals, to address that issue, in the next four years.

The Hon. STEPHEN LAWRENCE: Something that has permeated lots of different aspects of this inquiry is the distinction between a single-use cubicle accessible from public space—where you don't have to enter a shared inside public space to go to the toilet—as compared to the old-style public toilet, where there's a shared public space, male and female toilet. Is that issue, in terms of the design of public toilets, something that your organisation's got a view on? Are single-use cubicles accessible from public space preferable, assuming that they're financially viable and they can be fitted into the space et cetera, et cetera?

JIM COOPER: The answer is yes. I think the number is—and Marian might help me, but I think 24,000 toilets around the country are on the National Public Toilet Map. Our starting point is, yes, we would like more toilets, and accessed not through other organisations or other infrastructure. But I also take a practical point

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of view that we know there are a lot more toilets that are not on the map. I think we need a combination of toilets in shopping centres and businesses, and public toilets as well. The key thing is to make sure that people can find them in the first place.

The Hon. STEPHEN LAWRENCE: Ms Naidoo, I was wondering if you could give us a bit of an overview of the health impacts that we're talking about here in terms of a lack of availability of public toilets. Obviously there might be health impacts from people staying home and not going outside, and their mental health and ability to access services being impacted. I think you also mentioned the ill effect of people holding on: more UTIs and things of that nature. But I was wondering if you could just expand on that question of the health impacts of the lack of availability of public toilets.

MARIAN NAIDOO: Yes, the annual survey that we conduct—as I said before, it's a representative survey. One of the things that comes out from people with incontinence as a very strong thread is the impact on wellbeing and mental health. Talking to mental health colleagues, they do see people requiring support from health services because of their incontinence. It's also bidirectional. Some of the medications that people use for mental health services also have an impact on continence health. It's a challenging issue because, until we address the issues of public toilets, it really isn't going to go away. And also people being able to talk openly about continence health, we've got a lot of work to do in that respect.

The other obvious health issue is what I've mentioned before, that if you're not emptying your bladder each time you urinate, or if you hold too long, all the bacteria that lives there can multiply. We get people with repeat urinary tract infections, which again kind of adds to the problem, because your bladder is irritated, so it wants to empty more often. The other thing, of course, is the impact on your skin. We know that older people are living in the community. We're in an age where people want to make choices about where they live as they age. They want to stay at home but they can't stay at home if their continence health isn't managed properly, because their skin breaks down. Incontinence is the most common thing for older people to be admitted into a residential care home, which again places an impact on the economy.

Jim talked about catheterisation. If you are having to insert a tube into your bladder in order to empty it, you have to undertake that as an aseptic technique, so it has to be a sterile environment. I think we've seen over the years a decrease in level, clean spaces because of drug use. There used to be a shelf to put your handbag on, where you could wipe that down, perhaps, and use that, but they've all gone now because of drug use and also theft, I think, of handbags under the door. But each time you do that, you are risking an infection being introduced internally. Again, it stops people going out and you get into that cycle of anxiety and depression. Being able to talk more openly about that is the way forward—something that we're trying to do, anyway.

The Hon. STEPHEN LAWRENCE: That's really helpful, thank you. Just turning to the witnesses in the room, I think one of you mentioned this issue about service stations increasingly not having public toilets. I think that was you, Ms Dickson, or you, Mr Weatherstone?

STEPHEN WEATHERSTONE: No. Some of them are very poor. I'd just like to mention one in particular that I've used numerous times over the years. That is at Pheasants Nest, on the highway. Before it was upgraded, they had a portable system.

The Hon. STEPHEN LAWRENCE: I know that place. I've used that one.

STEPHEN WEATHERSTONE: It was terrible. What I noted was there are often buses of tourists rolling into that place. They're confronted with this toilet that was absolutely appalling. It just gives a very poor image of the country when that's the best we can offer. The new toilets are substantially better. There are a few design things that I would like to see better in those. I didn't mention earlier about urinals. There are a few issues with urinals that have developed over the years. Wall-mounted urinals—they're in Central station, by the way. Whoever designed them didn't understand the basics of urination for men, because it doesn't collect all the urine. It ends up on the floor or, if you get close enough, you get urine on your legs or clothes. They should be banned. Wall-mounted individual urinals are a much better system to have, and some places have that. And then the floor waste is often behind you, so any urine—you have to walk through it. The better ones have a drain behind or under the urinals. They can be washed properly and cleaned properly, and it's a much better system. There are so many design things that need to be improved in public toilets. If you have a unisex, why not have a urinal in a unisex cubicle rather than have males urinate all over the seat and our lady friends have to put up with that? That's just not fair.

The Hon. STEPHEN LAWRENCE: That's a good idea.

LORRAINE DICKSON: It was me who mentioned it.

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The Hon. STEPHEN LAWRENCE: It was you. I thought it was. Do you think the planning law should require service stations to have public toilets? I've had that experience myself where you stop at a place to get petrol and I admit to feeling a bit duped by there not being a public toilet there.

LORRAINE DICKSON: I think it would be really good if they could put that in. I think years ago they used to do that. Now they've made some of the service stations only a small, little cafeteria-type thing, and there's nothing.

STEPHEN WEATHERSTONE: I agree with that. It should be mandated.

LORRAINE DICKSON: I think it should—definitely should. You're going to stop there for fuel, et cetera. It makes sense. When travelling too, if you've got more public toilets available, people are going to stop to use the public toilet. They have a break, and are less likely to be travelling longer distances, et cetera. If there isn't any public toilets when you're out in the bush, where do you think they'll go? They'll go into the bush, of course.

The Hon. STEPHEN LAWRENCE: It seems like some features of design of public toilets are intended to stop intravenous drug users using them as a place to inject drugs. Do you have any thoughts on whether that's a rational policy decision? Should we be dissuading people using these spaces for that purpose? Or should we rather be ensuring that when they do so, there's no danger to other people, for example, through the provision of disposal bins and the like?

MARIAN NAIDOO: I would like to see the two things as very separate, actually. I think the issue of drug use in public toilets came about because there wasn't anywhere else to go. Public toilets do tend to be open, and they do have lights and they do have bins and that sort of thing. Maybe we should be thinking more about safe rooms and rooms for people who use drugs to be somewhere else away from the public toilet where you have people of all ages, small children as well, trying to access toilets. It's the same for women who are breastfeeding. You tend to be sent to the toilet. We need to separate these things as much as we can and just think more creatively about specific use for specific groups of people. It doesn't all have to happen in the toilet.

The Hon. STEPHEN LAWRENCE: Something else which is slightly left field—I was just thinking about it—was the toilets on aeroplanes. Have you got any thoughts about those? Any particular issues that we might have missed? I don't think we've had any specific submissions about aeroplane toilets, but I know that on some of these aeroplanes they're very, very small, which obviously is a design feature and also a financial one. Are there any issues there that we've missed?

MARIAN NAIDOO: People who I've talked to, they're more likely to rely on pads when they travel long distances because of the inappropriateness of the space. If you're thinking about people with co-morbidities, maybe reduced range of movement and that sort of thing, they just give up on the idea of a toilet more so because, again, there isn't a sufficient sized bin to dispose of pads. Yes, it can be quite a big issue. In relation to that, the new women's health clinics that are being rolled out across Victoria, are picking up women who are coming for breast screening and other things who are talking about—they're coming to retirement age. They know where the toilet is at work, and they know where the toilet is at home, but they want to join the grey nomad life and they really don't know how to navigate the bush and small rural towns without understanding how they get to the toilet. I think the numbers that Jim just quoted are the ones that we know about. There are so many other Australians who haven't been able to articulate their continence health needs yet, but they will be doing that once they get out and about and start to talk about it more openly.

LORRAINE DICKSON: I actually found with my toilet appraisals that a lot of the smaller country towns have actually got much better public toilets. They take pride in them, they look after them, they keep them clean, and a lot of them are a lot more modern now as well, which have been really good. The other thing I wanted to mention too is, people with incontinence problems. If they have to go out, they will often restrict their fluids enormously. They won't drink anything the day they have to go out because they're afraid that they have to go and find a public toilet. They don't want to go to those, so they restrict their fluids, which then leads to even more medical issues as well.

We haven't mentioned here anything to do with bowel issues. Bowel issues are another huge area. People who have got bowel problems have got even more problems than those with just urinary problems. If you need to have your bowels open, you need to have them open now and you've got to find a toilet now. If you don't, what's the implications of that? You end up with a bowel accident that's heaps worse than a urinary accident. You can probably disguise that a bit, but the bowel one is double the problem because they can't disguise it. It's staining, it smells, and they themselves are smelly too, so there are huge issues there.

The Hon. STEPHEN LAWRENCE: Lastly, for the two witnesses in the room, have you got any thoughts on what seems to be quite an important distinction in terms of the single-use cubicle accessible from public space versus the old-style shared public space loo?

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STEPHEN WEATHERSTONE: The important thing, I think, is to have entry that doesn't put users at risk from activities by other people who might be intent on doing harm, but I don't see a major issue. My preference, getting back to gender, I think there should be separate gender toilets as far as possible, but there are many places where that's not appropriate or even reasonable. Have I answered your question?

The Hon. STEPHEN LAWRENCE: Yes, you have. Thank you.

LORRAINE DICKSON: I think gender toilets are much better as well, but you need to find probably more female ones than male ones because, you look anywhere, you'll see the female queue is three or four times longer than the male queue. Then of course, what happens is if there's nobody using the male toilet, the female will whip in there and rightfully so, I guess. Definitely gendered toilets are much better than the unisex ones, but there are times when a unisex is helpful.

The Hon. STEPHEN LAWRENCE: Would you ideally prefer to use a single-use cubicle accessible from public space or a shared public space loo where you go in and there's a row of cubicles?

LORRAINE DICKSON: To me, I don't think it makes a huge difference. Manoeuvrability for wheelchairs might be a bit of an issue—and dogs. I heard the previous one talking about guidance dogs. People with children might find it a bit better with the non-public space ones. They might be worried about being in a toilet and their children still being outside.

The CHAIR: There's really one minute left. Do any of you have anything burning that you wanted to make sure we heard that you haven't been asked about this morning?

STEPHEN WEATHERSTONE: I'd just like to mention the disabled toilet and the MLAK key system. I think it prevents a lot of people using that facility that might need it that haven't got the key. I just think it's a stupid idea and it should be abandoned.

LORRAINE DICKSON: Yes, although having at least—I think toilets in playgrounds, sporting fields, et cetera, being locked, even though I can understand why they're doing that, it cuts down the amount of toilets that are around. The MLAK key has helped some of those people, but you have to also say to them, that's a privilege getting that. And you need to know that they can get out again. I know somebody who got stuck in one of those toilets and, of course, no-one is going to go near them for ages to help that person get out again. Having them open would be better.

STEPHEN WEATHERSTONE: Yes, and I've had just had some advice from the boss who's mentioned school toilets.

LORRAINE DICKSON: That's another story in itself.

STEPHEN WEATHERSTONE: School public toilets need major improvements.

The Hon. STEPHEN LAWRENCE: Yes, we've been talking about that.

LORRAINE DICKSON: Some of them are terrible.

The Hon. STEPHEN LAWRENCE: Huge issues.

The CHAIR: Thank you all so much again for taking the time this morning to share your expertise and your experiences. It is really appreciated. If there were questions taken on notice, or any supplementary questions from members of the Committee, the secretariat will be in touch with you about that.

LORRAINE DICKSON: Thank you for inviting me.

STEPHEN WEATHERSTONE: Thank you. We'd be very happy to answer questions.

(The witnesses withdrew.)

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Dr BILLY PRINGLE, Senior Policy Officer, Combined Pensioners and Superannuants Association of NSW, affirmed and examined

Dr BRENDON RADFORD, Director of Policy and Research, National Seniors Australia, before the Committee via videoconference, affirmed and examined

Mr LUKE SMITH, Policy and Engagement Officer, National Seniors Australia, before the Committee via videoconference, affirmed and examined

The CHAIR: Welcome to our next witnesses. Thank you so much for making the time to provide evidence today. Would you like to start by making a short opening statement? National Seniors?

BRENDON RADFORD: Firstly, thank you for the opportunity to talk at this inquiry. National Seniors Australia is the leading advocacy organisation for older Australians. Nationally, we have about 250,000 people within our community. About 15 per cent of those are located in New South Wales, and that includes about 12 branches dotted throughout New South Wales, vital for people to have an opportunity to regularly meet. National Seniors works to improve the wellbeing of older Australians, including those in New South Wales, through research and advocacy activities. Our direct access to older people provides us with opportunities to understand what older people need and want. We use that to obviously improve their lives. We're approaching this issue of public toilets from the perspective of social isolation, incontinence and dementia-friendly design. Access to public toilets, both in the sense of provision and accessibility, is important to seniors. Increasing the availability of accessible and functional toilet facilities for seniors will ensure that older people feel comfortable getting out and about in our community.

Unreliable access to public toilets can have detrimental impacts on the ability of some groups to make use of public spaces, which exacerbates social isolation and inactivity. As such, National Seniors Australia is supportive of the National Public Toilet Map, and we'd like to see resources allocated to improve the functionality and the information that's on the map. It's not just sufficient that the toilets exist, but that people know that they exist. We would also like to raise the issue of functionality as critical to public toilet use for older people. It's not enough that toilets exist, but that they are in acceptable sanitary condition, and adequate in the services that they provide. Increasing reliance on continence products, for example, means that public toilets need to provide sanitary bins in all toilets. We must also be looking at new methods to keep toilets sanitary to improve the experience of all people using public toilets, not just older people.

Lastly, while there is an appropriate focus on physical accessibility of toilets, we also wish to raise the issue of cognitive accessibility. As the number of people with cognitive decline and dementia grows, it will become increasingly important that public toilets are appropriately designed. This is an issue that has been raised directly by our members, and been subject of research in Australia and internationally. Toilets should be designed according to international best practices. Often these features involve making the spaces easier to navigate through the use of simple layouts, familiar fittings, good lighting, contrasting colours and adequate signage using clear symbols and words. We welcome any questions the Committee might have.

The CHAIR: I might start with a couple of questions. We did just have an extensive discussion with the previous panel about the needs of people who experience incontinence, but I note both of your written submissions reiterated some of this. I noted the CPSA as well specifically endorsing the BINS4Blokes campaign. What particular recommendations should we be looking at, in your view, to support people who experience incontinence?

BILLY PRINGLE: As we understand it, this is something that there needs to be more State-level guidance on. Obviously, a lot of public toilets are administered by local government, but for there to be clearer guidelines and clearer policies in place by State government, and funding where necessary provided to support that. Obviously, the difference between two different councils in the sort of funding that they're able to collect might be pretty major, and that can have a very big impact on the sorts of services that they can provide, including public toilets. I think what we would like to see is just a sort of standardised approach, and particularly for State government to get behind this campaign and see this as something that should be assumed in all public toilets—that anyone who can go into a public toilet can know with confidence that there's going to be a sanitary bin provided for them. Because, as the previous witnesses made the point, that's going to dictate the sorts of ways in which somebody navigates a public space, and decides where they can and can't go, and how comfortable they can be, how long they're going to be out for—all sorts of things like that. I suppose the two recommendations would be funding where necessary, and that State-level advocacy and guidance.

The CHAIR: I was just pausing in case the National Seniors wanted to add anything. I've got a follow-up question. I know it can be tricky with the delay online. My follow-up question would be: There's obviously the

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campaign around actually providing the bins in men's toilets, and you've just spoken to that. Is there also a need, then, for appropriate communication? If people need to access a bin like that, how do they know, at the moment, whether that's available or not?

BILLY PRINGLE: Absolutely. Maybe National Seniors can speak more to this but, as I understand it, the BINS4Blokes provide some of those resources online. Obviously, there is a digital literacy barrier there for a lot of people, so making sure that information is available offline, whether or not that's signage in the toilet itself, or any other kind of local maps of an area, or something like that, for tourists and things like that. Obviously, it's a reasonably tricky thing to have a kind of standardised approach for, because already there's not a particularly good standardised approach to people's awareness about the location of public toilets in general. As I say, an ideal situation would be one in which somebody can assume that a bin is going to be there, because it's either standard or because the level of provision is so high that not having one is the exception, not the rule. Certainly, I think if there were very predictable locations at train stations, for example, or public parks or things like that, where State government can have a direct role, that would allow people to know in advance what is and is not going to be a safe or accessible public toilet for them.

BRENDON RADFORD: Yes, we would agree with that. And that issue around the stigma around this issue is probably a critical one here. I think that if we were serious about this, we need to break down those barriers. Given the statistics that I heard you talking about earlier, talking about the one-in-four statistic, if this wasn't an issue—I hate to use the word "embarrassing", but that is the stigma around this issue—then we would be acting more on this. I think that the Government needs to play a stronger role in terms of normalising this, and making sure that people—because the issue is, yes, we can have a toilet map, but do people know there's a toilet map? It's just not something people talk about. BINS4Blokes are doing a fantastic job; we've had some contact with them. We just need to really mainstream this issue and make it so that people will seek out the resources like the maps, and that the maps do have—but I like what the other witness has just said. You should be walking into a toilet, a public toilet, on the assumption that that is going to be there, not "Is it going to be there?"

The CHAIR: I also wanted to ask, particularly National Seniors, about dementia-friendly design. It's something we haven't really explored yet in this inquiry. Are there particular resources or particular best practice anywhere else that we should look to for guidance on what that looks like?

BRENDON RADFORD: Luke, do you want to talk to that one?

LUKE SMITH: Yes. It's an issue that we wanted to raise, to put on the table, in terms of the different aspects of design. We have a broad policy remit. We're not architects or experts in design or building codes, but it is something that's been raised by our members, and something that we wanted to raise with the inquiry in terms of there is work—and the Committee, I believe, has already talked to some experts that have done some research into this area in terms of international design aspects. But we wanted to raise the issue, because it's been raised by our members where modern design is somewhat conflicting with cognitive-friendly design, in terms of using a lot of limited lighting, a lot of limited contrast of colours, more complex design, and it's just about taking on terms of this best practice, internationally. By making these spaces easier to navigate, it makes it easier for people to use these spaces, and these aren't necessarily very complex or very expensive design elements. It is much simpler things. It's signage. It's simple layouts. It's the colour of the paint. It's making the spaces bright enough. It's not us putting forward what those best practices are, but wanting to raise that as a concern.

The Hon. STEPHEN LAWRENCE: Thanks to all the witnesses for the evidence and the written submissions. It's really helpful. A question for each of you, as you see fit to address it—just wondering if you could talk us through why this issue of design and provision of public toilets is particularly important for seniors or older people?

BILLY PRINGLE: I think, as with so many things, when you design for accessibility, it obviously is going to help the people that you're designing for specifically first, but it's also going to improve accessibility across the board. Something that came up for me as I was listening to the previous witnesses is talking about the MLAK key system, for example. That's designed in quite a limited sense, in my view, with accessibility in mind. And when you design in that kind of limited way, anybody who is on the margins of that form of accessibility, who might not be eligible for an MLAK key or who might have other concerns, whatever they may be, is going to fall outside of the scope of a program like that. Having a broad approach to accessibility means that you're going to be supporting people across the board. And we know that for older people, things like mobility—even if it doesn't cross into that point of being an accessibility concern that they might have a mobility aid or something like that, mobility might still be a consideration.

They might be continent, but they might still want to make sure that they know where a public toilet is, for reasons of their own: a sense of comfort in public, but also if they, for whatever reason, are in a more dire situation, that they can get to that more quickly. We also know that there are comorbidities with incontinence that can affect

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older people. But I would say in general, these are things that we shouldn't be considering just as a provision for older people. We should be considering it as a liveability provision. And many of those liveability provisions, when applied widely, are going to make things easier especially for older people, as well as for everyone else.

The Hon. STEPHEN LAWRENCE: Going to the online witnesses—just curious why this is a particularly important issue for seniors.

BRENDON RADFORD: I think that, for seniors particularly, it's an important issue, because obviously as you get older you get more prone to conditions such as incontinence, and that does affect how people interact with the outside world. We know from the evidence that we've seen, and from what we hear from our members, that people are worried about going out into the public space if they don't have a toilet that's accessible to them, and so they will stay at home. They won't go out. And that is not a good thing for healthy ageing. We want to make sure people are getting out there in the community, that they're interacting with other people, that they are getting access to physical activity. It's important for their cognitive and physical health going forward, so that they can get out in the community and they feel comfortable in doing that.

I think it's really critical. It's for everybody, obviously, but particularly for older people it can be a real barrier. I think that it's a worry if people are not getting out into the community simply because they worry there isn't a public toilet available, or at a standard that is acceptable to them. That's not the society we want. We want people to be getting out there and doing things so that they are not isolated. I think that's really important, from that perspective.

The Hon. STEPHEN LAWRENCE: Mr Smith, anything to add to that?

LUKE SMITH: Echoing some of those comments, in terms of the potential health impacts where people respond to—it's both, as we've said in our submission, the toilets need to exist, and people need to know that they exist. The responses people have when they don't know that those toilets are going to be available, it either contributes to social isolation, inactivity, or there's some research that people restrict their fluid intake, and that has flow-on health detriments. It does impact seniors, but it's a broader issue, and just the broader benefits of accessible public toilets.

The Hon. STEPHEN LAWRENCE: Do you think that seniors, particularly when they stop driving, that they're perhaps more prone or more likely to have more extended stints outside of their home? A trip to the shops is going to take a lot longer when you're not driving. Perhaps you're on public transport, you're a bit older, you're more frail, and you're a bit slower on your feet. I suppose you're more likely to need a public loo during an excursion out, maybe, than when you're younger and quicker and driving and so forth.

LUKE SMITH: We don't have data specifically on that, but that would be a concern. Looking at the National Public Toilet Map and some of the examples we provide in our submission, a lot of the toilet placements are based on roads and a lot of the publicly accessible toilets are from petrol stations. It is a concern where, if you're taking a longer trip, say, to the shops or public transport, there may be limited—if you're taking a bus, there may be toilets on the train, but there aren't toilets on the bus; limited toilets at train stations and other public transport areas. That would be a concern for seniors, we expect.

BILLY PRINGLE: If I could just add to that as well, I think that's something that is going to affect people differently, whether or not we're talking about urban areas or regional areas, and between different urban and regional areas. If you're in an area that doesn't have particularly frequent public transport and you might be waiting for a train in the next five or 10 minutes and need to use the bathroom, and there's not one on the train station, there's only one five or 10 minutes walk away, then you might be risking waiting another hour or two hours or longer for your next public transport option. That obviously limits not only people's willingness to go out and explore new places and be active and be mobile in their community, but it also then leaves them in those situations where they are potentially making those choices about drinking less water and restricting fluids or whatever else that could have those other health impacts. So there are different issues that interact with that, I think.

The Hon. STEPHEN LAWRENCE: Thank you. For the two witnesses online, we've had a lot of evidence in the inquiry so far about design issues, but I don't think we've struck the dementia-friendly design principles, so I was wondering if you could expand upon them, if you can. There's obviously those points in your submission about colours, design and layout, but, to the extent you can, are you able to expand upon any of them?

LUKE SMITH: Like I said, it's an issue we wanted to raise. What gets raised with us from members is the modern design is different. It's an unfamiliar design. So they're finding that a harder space to navigate, where they're experiencing cognitive decline. Also people who may be going out in the company of a carer, it's causing them issues there. There is work going on, in Australia and internationally, on ways that this issue can be solved. But, as a for instance, just anecdotally, where the signage is more abstract or there's a lot more darker design colours, modern design seems to be going away from the best practice. That's just something we wanted to raise:

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Cognitive decline and dementia are going to be increasingly issues. If public spaces aren't designed with that in mind, that's obviously a concern.

The Hon. STEPHEN LAWRENCE: That's really helpful, thank you. We've taken a lot of evidence on, roughly speaking, two types of public toilets, one being, I guess, the more traditional design, where there's shared public space and then you have a number of cubicles in that space, generally male/female segregated, as opposed to the more modern design where it's a single-use cubicle accessible from public space. I'm just wondering if each of your organisations has got a broad preference for one over the other. Obviously there's lots of finance issues and space issues, potentially, but maybe putting those aside, do each of your organisations have a preference for one over the other?

BILLY PRINGLE: I think we're reasonably agnostic on this. I think we would probably preference the single toilets, but with the recognition that obviously there are cost issues with that—and other issues. I think the top-line desire is to have more public toilets and to have more accessible and easily identified locations for public toilets, things of that nature. But if we're talking about the same number of each, I think the single toilets are generally better for our cohort.

BRENDON RADFORD: Yes, we would probably agree with that. We're fairly agnostic about that. I guess for older people it's really about that they can find them, that, when they find them, they're in a state that is usable, that they have the functionality with them, they have sanitary bins if they're needed and that they're clean. I think that's a significant issue for older people in terms of their discomfort in going out in the world and having to use public toilets. So I think those things are probably more critical than whether or not they're the old model versus the new model.

The Hon. STEPHEN LAWRENCE: Just lastly, for each organisation, have you got a view about whether we should recommend that there be State government legislation that addresses the design and provision of public toilets and maybe allocates a particular authority to have responsibility for them?

BILLY PRINGLE: I think that's something that we would like to see. I think that would lead to a sort of standardisation, particularly when we're talking about design principles around things like dementia, standardisation of symbols. I mean, even something like a half and full flush symbol on a toilet, there seems to be a thousand different options for that. As one of the witnesses was pointing out before, there is conflict between the aesthetic approach of some bathrooms and the accessibility needs of the users, so I think any level of standardisation helps to push against that.

BRENDON RADFORD: Yes, we would be supportive of that as well. I think that it's really important that there is standardisation. A lot of seniors are quite mobile, travelling through the State. Having bathroom facilities that are standardised and that are of the highest quality is really important, so we would support that.

The CHAIR: We will go to Committee members online, with Mrs MacDonald.

The Hon. AILEEN MacDONALD: I was wondering, with regard to the map, what improvements would you recommend that would better support confident community participation? I know you mentioned better data gathering. Can you outline what is missing to improve that map?

LUKE SMITH: I might start on that. We are very supportive of the national toilet map. One of our concerns is it's hard to tell whether there are toilets that aren't on the map that do exist. It might be fine if people are familiar with an area that they know there's a toilet that's not on the map that they can go to, but that does limit them to only going to places that they're familiar with, and then that leads into the social isolation. There is capacity on the map to record quite good details and data about the individual toilets in terms of the facilities available—even photos and that sort of thing—which give people confidence about the facilities available.

If there was wider scope for that in terms of the opening hours which are on there—it's not a case of there's things that aren't on the map; it's that not all toilets have that data on the map. So by uplifting that data, including more data, more photos, more confidence about opening hours and facilities available, that just makes it much more of a useful tool rather than just the location. It's also knowing it's an accessible toilet, knowing it has sanitary bins, knowing that it's going to be open when I go there—that makes it much more valuable tool for people who might use it.

The Hon. AILEEN MacDONALD: You mentioned in your submission about the concept of "loo leash". Could you explain a little bit more about the concept of loo leash?

LUKE SMITH: We're quoting there from the Royal Society for Public Health in the United Kingdom, but that goes back to that issue of—people may be prepared to go out, knowing that they need a toilet, if they know there is a toilet that they can use and it's acceptable to them. If there is somewhere to go, they'll tend to go back to that area, or they might only go a certain area from their home, so it does contribute to that social isolation.

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Or, for instance, some of the other examples where, in terms of public transport, they might preference shops and social activities that are closer to home that they're more familiar with. It's an informational issue. In part, the toilet map helps with that, but there needs to be confidence in the data on there. If any toilets that aren't on there can be added and the data can be improved, then people would be more willing to go further afield.

The Hon. AILEEN MacDONALD: You also mentioned dementia-friendly or senior-friendly toilets. I'm just thinking, sometimes a toilet might look like it ticks all those boxes, and the carer who might be taking someone to use the bathroom might think that it's there, but then the person with dementia doesn't feel—it might be that the tiles on the floor are confusing or something like that. What other features do you think need to be incorporated—and it could be across the board, because then they make all toilets more friendly, not just dementia-friendly and senior-friendly—that carers need to be looking out for as well?

LUKE SMITH: I think that would be more of a question of design guidance and also education, for individuals, carers and the broader public, in terms of those aspects, so people are more aware of dementia and cognitive decline issues and how they can respond to that and why these design elements might be incorporated.

BRENDON RADFORD: I think it would be really important if we are going to provide some State-level guidance on public toilets in the development that you talk with Dementia Australia. They have experts in that field, and they would be able to assist in making sure that the tiles or the facilities that are used are of the best standard that are acceptable for older people, younger people, whoever it is that's using those, so that we can get a standardisation.

The Hon. AILEEN MacDONALD: Is there an example of what you would call a dementia-friendly toilet facility at present? Or is it not really something that people have been putting into use?

BRENDON RADFORD: Again, we're not the experts in that. We were really just raising it as an issue. Probably Dementia Australia would be the best place to provide that information, but I'm sure that there are many examples out there.

The CHAIR: I'll just come back to another point in the written submission from Seniors Australia. We've talked about dementia-friendly design at some length, but there was a list of suggestions that don't require substantial changes to buildings. That list included things like disposable toilet seat covers, cleaning sprays and wipes. This Committee has heard other evidence around the need for sanitary products. We've had a written submission around sunscreen. There's obviously a lot of interest in what should be seen as the standard provisions within a public toilet. Could you speak further to those suggestions that you've made?

LUKE SMITH: Again, this is partially more of a medical or a public health issue, but we want to raise those things, partly the sanitary bins, but also in terms of automatic toilet seats disposals, toilet seat covers. People should feel comfortable and confident when using public toilets. The toilets should be available, easy to use, but they should feel comfortable and safe using them. That's why we're raising some of the issues around toilet seat covers, cleaning sprays and those issues there.

The CHAIR: Do any other members of the Committee have outstanding questions? I'll give all of you the opportunity if there are particular things that you were hoping to address that we haven't asked about.

BILLY PRINGLE: I want to reiterate the point about social inclusion and social isolation. I know some of the members of this Committee are also members of the loneliness inquiry, and this is one of these sort of upstream issues to something like that. It seems reasonably simple on its face, but it has all sorts of benefits down the line if it's addressed properly, particularly for older people and particularly for people with accessibility considerations. I think understanding it in that context is very important.

The CHAIR: Anything else to add online?

BRENDON RADFORD: No, I don't think we have anything further to add—I think we've covered most of what we've said in our submission—but just to reaffirm that we have a focus on healthy ageing. We want to make sure that people are getting out in the community as part of that, that they are having opportunities for physical and cognitive interactions. We want to make sure that public toilets as a factor in whether or not people get out there in their community is addressed, and so we really welcome this inquiry, and we hope that changes will be made that will improve accessibility and the functionality of public toilets in New South Wales.

The CHAIR: Thank you. You've all made that point very clearly. Thank you all so much again for the time presenting today and also in preparing written submissions. If there were questions taken on notice or if there are supplementary questions from the Committee, the secretariat will be in touch with you about that.

(The witnesses withdrew.)

(Luncheon adjournment)

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Mr TONY JONES, Disability Reform and Insights Adviser, Spinal Cord Injuries Australia, affirmed and examined

Ms SUZIE STOLLZNOW, Systemic Advocacy and Social Impact Manager, Spinal Cord Injuries Australia, affirmed and examined

The CHAIR: Thank you so much to our next witnesses for making the time to give evidence today. Would you like to start by making an opening statement?

SUZIE STOLLZNOW: I'll start, just for the first little bit, and then pass to Tony. Spinal Cord Injuries Australia is a peak body supporting people with spinal cord injuries and neurological conditions, as well as other disabilities. To inform this submission, like we do for every submission, we went out to our advisory committee, who are all people around New South Wales living with spinal cord injury, as well as our peer support team, who work with people who have newly acquired disability or spinal cord injury in the spinal units. This was the only time I've ever had 100 per cent feedback. I think that highlights that it's a really important issue for our members. Everyone got back to me.

The reason is because, for someone with a complex physical disability, especially a newly acquired complex physical disability, the ability to access appropriate and clean bathrooms is make-or-break in terms of participation in the community. Just this morning I was speaking to our peer support manager about coming in today, and he was saying, "You've just got to tell them it's got to be clean; it's got to be more." For our people, this is probably one of the most important issues. Tony probably can articulate those issues in more detail, so I'll throw it to you.

TONY JONES: I've prepared a statement, and I'll just read through it. For anyone with a significant mobility disability, the availability of accessible public toilets is an issue not taken for granted, as it might be for the general public. Most public places now have a separate, accessible public toilet, but the condition and availability can still be a lottery. Many now meet the necessary standards, being spacious enough, with the automatic open and close toilet door functions. Too often, though, availability is an issue as, unfortunately, we are still competing with the general public in the use of the accessible toilet, despite the clear signage and availability of general toilets. It is most frustrating waiting to use the accessible toilet when it is busy, only for an able-bodied person to emerge. This happens very often.

As a result, it's often the case that you have to go to another floor if it's a shopping centre, as an example, to find another accessible toilet, if there is one. The design of accessible toilets can still be a significant issue, particularly with the placement of washbasins and baby change tables. There are still many older accessible toilets that do not have the automatic doors, and it can be a challenge to negotiate those doors, depending on if they open inward or outward. Some of the bathrooms don't meet the accessible standards. Some toilets are dual purpose, so you are competing with parents and children. Cleanliness is still a significant hurdle. The one further comment to make is that the AS standard itself sits behind a paywall. Unless you are an accessibility consultant, you can't consult the standard to understand its specifications.

The CHAIR: Coming back to the central point that you were trying to make, Ms Stollznow, about the impact that this has on people, if people with spinal cord injury can't access a toilet that is in a state that meets their expectations or their need in a timely manner, what's the result of that? How does it actually impact people?

SUZIE STOLLZNOW: I think they just won't go out. That's what the peer support manager was talking to me about this morning, because part of their work is actually helping people when they're in a rehab facility get back into the community. They go to Circular Quay and go out and about to show that, actually, with a spinal cord injury, you can get out and about. But what he was saying this morning, and what I hear a lot, is they just won't go. It's too intimidating if you can't guarantee you'll be able to access the bathroom. Do you have anything you want to add there?

TONY JONES: It's a personal thing, I suppose, if you have a disability, but it is certainly an issue. Often you plan or you do your research beforehand, depending on where you're going, just to know where the toilets are or what facilities are available. Then, potentially, you're looking at alternatives if, for whatever reason, the toilet that you want to access isn't available or you're worried about the condition that it's going to be in when accessing that toilet. Contingency planning is what I would say. That is a matter of personal choice, depending on the individual and what their needs are.

The CHAIR: Mr Jones, you mentioned in your opening statement the issue that the standards themselves are not accessible. In the written submission, as well, there's some excellent quotes of really specific examples of people coming across facilities that aren't up to standard. What recourse do people typically have if you come across something that's not usable? Where do you go? Who do you go to?

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TONY JONES: It depends on the person and their level of disability, and what other options they have. Sometimes if you can't use the toilet, you might actually go into a park and just find a very quiet space somewhere, or you might even in the gutter if it's just a matter of relieving yourself that way. This is what people do sometimes if you can't find the toilet or there isn't one available or for whatever reason it's full. But some people can't actually do that because they need a clean facility and they've got to look at sterile environments. So it depends on the significance of the disability and what the circumstances are in how they are actually using the facility—the toilet.

The CHAIR: From the point of view of regulation and accountability, if someone who's had that experience wanted to make a complaint or advocate for that thing to be fixed, how is that process working?

TONY JONES: It depends on where you are, but if it's a place like a cinema and there is an issue there, you're writing to the venue because it's their responsibility. I guess I would say things have changed, facilities are more accessible, but there are still places where they're old toilets and they don't actually meet the accessibility standards. So it really does depend on where you go. Often, you are addressing that issue with the venue itself, in the hope that you'll get something addressed. Sometimes you'll get a response via letter or an email, and other times you'll just get ignored.

The CHAIR: What I'm trying to get at here is clarifying my own understanding that there isn't any authority or body you can go to that's actually regulating quality of public toilets.

TONY JONES: No.

The CHAIR: In your written submission, you wrote about the MLAK key system. We've had a fair bit of evidence about that. Just for the sake of Hansard, witnesses are nodding. Could you speak to your experiences of the MLAK system, and how well you think that's working?

TONY JONES: There is still a lack of awareness of the MLAK, and particularly for interstate people. I don't know if this is still the case, but it seems to be more of a New South Wales use of the MLAK. It's not universal around the country. Yes, I think there's an awareness issue. There are pros and cons. There are good reasons for having the MLAK, particularly if it's local government, and using their facilities, and locking them off so that they don't get trashed or used by the general public. But you need that awareness, and you need to have access to the key beforehand. We were just discussing this before coming in, that there are good and bad reasons for having the MLAK. I guess the good reason is that it does make the toilet secure and people aren't trashing the facility or making it dirty, because you need the key to actually use it. Yes, not everyone is aware of it, and where to get a key.

The CHAIR: So not everyone who would benefit from those facilities is actually able to access them?

SUZIE STOLLZNOW: In the interests of being completely representative of our humans, the people who got back to me on balance were in favour of the key. So even though there are some issues with use, and some people have trouble using the key, on balance—the importance of having clean facilities—most of our members were supportive of having some kind of a key system. They raised a couple of things. One, the rural members who got back to me were saying that in a lot of rural and regional areas the toilets are locked anyway, and they're just locked by they don't really know who, so then they have to go around looking for the key. Then, having a universal key would make life a lot easier. Particularly people who are in the Far West were raising that. Other people were raising that if the non-accessible toilets are not locked then we maybe don't need the key then, but then after hours to keep them clean so that people can go out at night as well. On balance, our members were supportive of the key system, obviously noting some of the other issues that Tony has raised as well.

The Hon. STEPHEN LAWRENCE: Thank you so much for your submission. That's really helpful. Just a couple of questions from me. There's a reference in your written submission to I think an Australian building code standard: AS1428.1. I was just wondering if one of you could just explain what that is, in broad terms, just for our benefit.

TONY JONES: That's just the standard for the layout of an accessible toilet. Accessibility consultants will often have access to these standards, and so they are used generally to provide guidance on these standards so there is a specific standard for an accessible toilet: its layout, its size, where things should be located. The public toilet that you have here is a very good example of a well thought-out accessible public toilet. I actually used to work here for three years, and at the time I was here the only accessible toilet was the accessible toilet on level 7. I know that's changed since then. It gives some general guidance on room, how a toilet should be laid out, guardrails or the handrails, the washbasin heights and the taps. It's a specific standard that accessibility consultants would use to actually provide guidance on how to put together an appropriate toilet that people with disability can utilise.

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The Hon. STEPHEN LAWRENCE: Feel free to take this question on notice, or not answer it, but to your knowledge is that standard applicable to particular types of toilets, public toilets in private premises, or is it more broadly applicable. Do you know?

TONY JONES: I couldn't answer some of the technical aspects, but I know there are differences, say, for mobility. I don't know what the differences would be. I'm a wheelchair user. As someone who doesn't need that additional room, I suppose, I don't know all the specifics of that, but an accessibility consultant, or getting access to the standard—but you'd have to pay for it; it's behind a paywall.

The Hon. STEPHEN LAWRENCE: In terms of the provision of public toilets—the amount of them, or more a lack of provision of them, I should probably say—obviously varies from local government area to local government area. We seem to be discerning differences between the city and regional areas more broadly as well, but that's sort of inconsistent, too. In terms of the people you represent, are you able to give us a sense of how available or not available are public toilets that your representative body can actually use, in terms of how many loos are there where people with a spinal injury, who might be in a chair, or a scooter or something of that nature—where they're actually able to be used?

TONY JONES: In shopping centres there are always accessible toilets. They are fairly modern and they do meet the standards generally, but like I said in my opening statement, I think there is still an education element, so that the right people are using them. No matter where you go, you still get, even here, staff using the accessible toilet because it's there; it's available. These days, there are accessible toilets available. I think in the example I gave, using a shopping centre as an example, you might have one on different levels but there aren't many of them. Depending on where you go—public space—it won't be on every floor, so you've got to go to a specific floor to actually access the accessible toilet, as opposed to the general toilets. I think there is a disparity between the number of accessible toilets available as opposed to general toilets, where there's a lot more available. I think if anything you would say—well, there are two things. There's an education aspect, that people need to be aware that an accessible toilet is for people with disability, and that they shouldn't be utilising them, but then also making enough available, so that people can use them, and keeping them clean.

The Hon. STEPHEN LAWRENCE: That's shopping centres, what about streets and parks and more public places?

TONY JONES: That's usually local government. That's when sometimes the MLAK key might be utilised. It really depends. That's the problem, I suppose. There isn't really a universal process for accessible toilets.

SUZIE STOLLZNOW: One of the ladies who contributed to this submission and who I often travel with out and about in the city, she actually has a map of all the accessible toilets—in her brain, not a physical map—and she'll sometimes say, "I'm sorry, I'll be back in half an hour, because there's no clean toilets around here that I feel comfortable using. I'm just going to go up to Westfield." I think Westfield is the example she uses. So even to use the city as an example—and she's had her spinal cord injury for over ten years—she's mapped out where she can go, and she can lose half an hour of her work day just trying to get to that toilet.

She's also the person who gave the example of the metro, where there is one accessible toilet. I think it was St Leonards or Crows Nest. I don't know that part of the world, but it was out of order. And so even though she had chosen to be near that facility because she knew it had an accessible train line, when she got there, it was out of order. I guess that goes to Tony's point about regular maintenance, or maybe a few more—especially on a train line that's designed to be accessible.

The Hon. STEPHEN LAWRENCE: Are you able to estimate, of the public toilets in the State, is there a rule of thumb as to how many have an accessible toilet?

TONY JONES: I'm not aware of—

SUZIE STOLLZNOW: This might be something you can answer better than me, but often when I go to a bathroom—obviously I don't need an accessible bathroom—and then there's the accessible toilet within the toilet, which would not be particularly accessible. That must be pre-2010. And then there's a purpose-built, accessible bathroom, and often there's not the purpose-built one, like when you go to a local park and what have you. I guess it's the 2010 cut-off, isn't it, where the new standards came in?

The Hon. STEPHEN LAWRENCE: Yes.

TONY JONES: Again, it depends where you are. For instance, another example would be restaurants or pubs. They don't always have accessible toilets. It depends on where you are. If that's the case, and you know you are going to a venue, then you are usually looking up, "Well, if that's where I'm going, where is an accessible toilet that I can use?" Most people I know with a disability, usually you do your research beforehand. And it's not just about the facility. It's about accessing it, or is it accessible, and then does it have an accessible toilet. If not,

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what else is around where I can use one near there. And beyond that, as well, it's the infrastructure. It's knowing where you can go to make sure that it's all accessible.

The Hon. STEPHEN LAWRENCE: Are you aware of any jurisdiction that's got a formula? For example, a formula that would state within what distance there should be—how many toilets of a particular type, or anything like that? Is there some jurisdiction in the world that's doing this particularly well, that you know of?

TONY JONES: I'm not aware of that. This is where some of these access consultants might be worth consulting on some of this information. I don't know if they are able to shed any light on any of this, but it's not something I have any awareness of.

The Hon. STEPHEN LAWRENCE: Would your organisation be supportive of a recommendation that there be legislation in this area, that casts an obligation on particular levels of government, for example, to provide public toilets to a certain standard and formula, and maybe creates an oversight body that monitors and regulates?

SUZIE STOLLZNOW: It sounds amazing.

TONY JONES: Yes. I think anything that's going to actually improve the rollout and number would certainly help.

The Hon. STEPHEN LAWRENCE: In terms of disability discrimination, are you aware of any litigation or any issues in relation to how local government might have been held to account for service provision in this area? It's not an area of the law that I have any expertise in, that's for sure.

TONY JONES: No.

SUZIE STOLLZNOW: No. I think what we hear is a lot of our members just withdraw from participation, rather than having that battle. There's a lot of litigation in regards to airlines. Toilets are such a fundamental part that people, in my experience, talking to the members who contributed to this, will just get that internal map rather than—I'm sure there would be cases. I don't know of them, but most of our members just put up with it, because it's another one of those things that they might have to argue about.

TONY JONES: The Australian Human Rights Commission may have information on that. Certainly, they have cases on discrimination. Would there be any to do with public toilets? That's a good question.

The Hon. STEPHEN LAWRENCE: Are you aware of any patterns here in terms of the regional/city divide that we should know about? Is the situation worse, for example, in country areas?

TONY JONES: You would imagine it would be. I can only guess, though.

SUZIE STOLLZNOW: The comments that our regional members gave us were about the keys, that they were commonly locked for security—and these were quite rural members of our committee who said that the toilets were commonly locked for security. The member I'm thinking of, she had never used—I think she's had her spinal cord injury for 30 years—an MLAK key. They were always locked with some random key, which she found incredibly frustrating because then she'd have to chase it down to use it. The feedback that we got was the locked component of rural bathrooms.

The CHAIR: I have a clarifying question about the MLAK keys, because you mentioned the lack of information, or that people don't always know about them. How easy is it to actually get one, if you know about them?

TONY JONES: You've got to go to the master locksmith to actually get one, so it's just about that knowledge. And then you've usually got to provide some sort of identification and reason for why you want one, I suppose.

The CHAIR: Feel free to take it on notice. I suppose my question is, if we did some kind of giant education campaign, if every person who needed one knew about it, would that be enough? Or is there also an issue of access to the keys?

TONY JONES: Yes, but I guess—in our work, in the past, it's been an advocacy issue as well because people from interstate who aren't aware of the MLAK, it's a frustration for them. I think it is an education element, but then there's also probably a need for—and, again, this is to do with the State/Federal divide—it to be more of a universal thing so that people have that better understanding.

SUZIE STOLLZNOW: I think when, especially with spinal cord injuries, if you have a spinal cord injury and you go through a spinal unit, the social work team can help you access the MLAK key and explain that process. That's what I was told by our peer support team. But, of course, some huge number of people don't go through a spinal unit. They might be in a regional hospital or a regional facility, might have a spinal condition, so

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not end up in the units with the social workers who know about the keys. I think education is really important. When putting together the submission, I was aware of some other organisations that support other disabilities that aren't supportive of the MLAK keys, and I felt quite controversial, actually, putting it in that our members were supportive. So I think there's probably a lot of co-design and consultation to make the keys work really well.

The CHAIR: Thank you. That's very helpful. We are out of time. Thank you so much again for sharing your experience and your expertise with us. For questions on notice or supplementary questions, the secretariat will be in touch with you.

(The witnesses withdrew.)

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Ms SARAH HIRST, Lived Experience Coordinator, Guide Dogs NSW, affirmed and examined

Ms JENNIFER MOON, Principal Adviser, Manager Access and Stakeholder Engagement, Guide Dogs NSW, affirmed and examined

The CHAIR: Welcome. Thank you so much for joining us to share your experience today. Would you like to start by making an opening statement?

JENNIFER MOON: Yes. Firstly, thank you for inviting us to be here. At Guide Dogs NSW, clearly people know us for our dogs, but we are actually an organisation that's working with people who are blind or have low vision accessing the community, so obviously public toilets are a pretty important part of that. Most people that we work with don't have a guide dog, so that's also the other bit perhaps that relates. When we're talking about toilets, we're talking both accessible and regular toilets because they can be used by most of our participants, but obviously we do have guide dogs too, so we would love to be able to talk to you today about having accessible areas for our guide dogs to toilet because that's a big area that we're noticing. As construction and development occurs, we're losing green space. Even coming here today to find a patch of green so that Zali could do her business, we're searching for that sort of location.

We're obviously in support of more public toilets. For people who are blind or who have low vision, the big issue is, "Where are they? How do you find them?" So we're probably wanting to have more enhancements over the standards—things that will make it easier to actually locate them, find them. Even then, if you find them, what is the layout? Where is everything inside that toilet? So other enhancements that we would like to see, perhaps in addition to braille tactile signage—which actually confirms you're actually where you need to be, if in fact you have found it—is then, what is the layout? We've created tactile maps of outside a toilet to give you an understanding of what is the layout so the person can have a more dignified experience of using the public toilet. So we are definitely supportive of this but, probably more importantly, to be able to work with you to collaborate, to co-design and to come up with some better solutions for using these public spaces for everybody.

SARAH HIRST: I suppose for me, I'm here to really speak to the day in the life of using a public toilet. I work for Guide Dogs NSW, obviously. I'm a mother to two young children, so public toilets are part of my daily life. I would say it's an experience that I do undertake with a little bit of trepidation. Often for me, just locating a public toilet will involve asking a member of the public or just whoever happens to be there. I try and avoid using them at all, but, as we all know, that's not always possible. Once I've located it with the help of someone, I'm then kind of navigating this space where the toilets are never the same, regardless of whether it's an accessible or, I guess, a regular public toilet. The way I navigate those changes quite a lot whether I've got a cane or whether I'm with Zali, and most of the time I am with Zali. It's really the inconsistency of the toilets and the buildings, which obviously isn't something we have a huge amount of control over at the moment, but it's also the fittings.

Once I've kind of mazed my way through, it's, "How does the lock work? Where is the lock located on the door? Where's the toilet paper? Where's the flusher?" It seems like a small thing, but everyone wants to be able to flush. Sorry, it's hard to keep a straight face. I'm doing my best and failing. Things like that are really, really important, and it can be anxiety inducing if you can't find it and there's not someone who can orientate you to what that toilet is like. Then, of course, the taps: Just when I get used to the fact that everything's automated, I'll be standing there waving at the sink until someone points out that actually there's just a handle to the tap right there. There's inconsistency with that, and soap and paper and the blow dryer thing, so the whole thing can be quite complicated.

Then throw into that if I'm taking my children into a bathroom and that type of thing. There are things that would really help. For me, I guess having a map of a toilet to have a sense of what it's like so I can be a bit more targeted getting to where I need to be would be really useful. I do have some remaining sight, as a lot of our clients do, so, for me, anything that helps with the lighting. There's a real change from bright into dark, which makes it a bit harder than what it needs to be. Jen can probably expand on that a lot more from a more technical perspective, but they're the sorts of things that really help me. At the end of the day, I want to be able to go to work and I want to be able to take my kids out and not have this concern about, "Where is the toilet? Can I use it?" That was my statement, thank you.

The CHAIR: I want to ask a question about facilities for assistance animals. You're obviously uniquely qualified to help us with this aspect of public toilets. Do they exist elsewhere? What do they look like? Is there anyone doing this well that we can look to?

JENNIFER MOON: I'd like to say, "Look to us." We have put a document together. But I guess saying what has been done well within government is with Transport for NSW. We're delighted to be involved with Transport for their—they've changed their name. It was the transport accessible program, so when they upgrade

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the train stations. I think it's now called the Safe Accessible Transport program. We've been involved in their concept drawings, so the concept designs, and we can then start to say things that are really helpful, particularly for people who are blind or have low vision, and they can redesign things at the beginning to make it more accessible.

One thing we keep throwing in there is going, "Hey, if you can put a patch of grass somewhere near the train that means somebody, perhaps on a long journey, knows that they can toilet their guide dog before they get on the train and they have confidence to travel, and the same when you get off, this little patch of grass." Often we're seeing just concrete around these new stations. Our document does talk about fencing and various things as well as an outdoor toileting area. You may be aware there are some indoor toileting areas that are occurring. If we've got Changing Places with Bruce, who was behind me, perhaps even looking at those sorts of things too. If we're doing major precinct developments or whatever, not only are we putting in Changing Places but we also might be putting in an accessible animal toileting facility as well. We know there's more and more assistance animals out there; a guide dog is but one of them. We would love to see them outside, but there's also a place for them inside as well.

The CHAIR: Ms Hirst, in your statement, you talked about the challenge of actually finding a toilet to begin with and having to ask people about it. We've had a lot of evidence to the inquiry about the National Public Toilet Map and the app. How accessible is that for people with vision impairment?

SARAH HIRST: It's not actually one I've used, so I can't speak to that specifically. Jen, do you have client experience with that?

JENNIFER MOON: I think it's that whole point around accessibility. We know so many apps are created, but if they're not created accessibly, what's the point? It's the same with our braille tactile signage; it's only as good as being able to find it and then making sure the braille is actually correct, because that's often another issue that we have. Clearly, the more knowledge you have, or the more information that you have—I'm sure Sarah can talk to this, but often people who are blind or have low vision do a lot of planning before they venture out, and that would be one that you would be making sure, if it's an unfamiliar area, what is available, where is it, how can I find it? If all of those things are in place, then obviously that's really going to help with the confidence to go out. I think we heard earlier, too, that that tends to be the behaviour. People don't go out if they don't have the confidence to know that your everyday need—if you can't find that, obviously, that's very limiting on your time out and about. That also relates to our guide dogs too.

The CHAIR: You're right. It's something we're hearing over and over again from a really diverse range of people.

The Hon. STEPHEN LAWRENCE: Thanks so much for your submission. It's really helpful. You say in there that the applicable building code standard is not fully prescriptive as to things that the vision-impaired community needs. Are you able to elaborate more upon that?

JENNIFER MOON: Yes. One of the big things that is probably our first issue is the lack of luminance contrast. If you go into a toilet, usually it's white tiles with a white floor, with a mirror and silver tapware, and maybe you might get a blue toilet seat, because that's what's in the code, and that's really all you're getting. Again, for somebody with low vision, that's just "What is going on?" because it's all blending in. So even just changing the luminance of—maybe the taps become black with white. We're getting much more obvious issues, and, again, just speaking with Bruce about the changing rooms, one of the things they've got in there, that door is very obvious, so in a white room, you know at least where the door is to exit. We would love to see more luminance contrast in toilets.

If you do want to have a look, come to our office. We've got a flagship office in St Leonards where we really played around with all of these sorts of things that are enhancing the code, just to make things much more functional for people who are blind, who have low vision, and that's one of them. The map was the other one, so from the outside—I think that's the common thing. Anybody going into any public toilet, if you can't see, you open that door and it's, like, what is beyond? What is the layout? What's going to be there? Just to have a simple map near the braille tactile sign that says the outline—"It has three cubicles up on the far wall. The basin is to your left with two sinks and a dryer on the other wall"—something as simple as that. The person goes in with a lot more confidence of knowing what they're going into. Sarah, add to that with your own experience.

SARAH HIRST: Absolutely. Our toilets at the office are a great example, and the map makes a big difference. For most people, obviously, getting that complete consistency—we want to focus on things that we can change. But having the map, if someone can feel that, regardless of whether they're using a cane or a guide dog, they then can get straight to the toilet. Sometimes you've got showers in there or changing spaces and you're kind of, like, in and out, in and out, so measures like that are very, very helpful for people.

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JENNIFER MOON: I might just add one more thing, if you think about the accessible toilet that has the push button to open and potentially to close and then potentially to lock.

The Hon. STEPHEN LAWRENCE: Yes. I've noticed that. It's very confusing.

SARAH HIRST: They're really tricky.

JENNIFER MOON: And although it does have braille tactile signage, often it's the light that tells you whether it's occupied or unoccupied. So perhaps, again, what we would be wanting is an audible announcement to go with that, going "Locked" or "Unlock" or something that gives you a bit more than just that visual component of what's going on. You have a black button or a green button, and you've got to try to work out what does that mean. So we would actually be arguing a lot of the accessible toilets are not accessible for people who are blind or have low vision.

The Hon. STEPHEN LAWRENCE: Are you aware of a discrepancy between public toilets that are built by councils—say, street public toilets and park public toilets—and public toilets that might be in shopping centres and train stations and the like? Is one category more catering to the needs of the vision-impaired community and one less so, for example?

JENNIFER MOON: I have a few things to say to that. Often shopping centres, it's that wayfinding to get to it. Although the shopping centre might be accessible, the signage to get there is not really helpful for somebody who's blind or has low vision. Again, when you arrive, you might have that braille tactile signage to go, "Yes, confirmed; I actually made it to the right place," but that wayfinding signage isn't necessarily helpful. Talking with public or private buildings, and maybe not government buildings, again, the toilet might be there, but you might see it used as a storeroom, rather than what it needs to be used for; or it might be there, but then there's a step preventing someone getting to it anyway. I guess it's still inconsistent, no matter which way you go with it. Sarah, you're across different ones.

SARAH HIRST: If I had a preference, I would go the shopping centre ones. Generally for me, it's lighting. That lighting really, really helps, so I might be able to use some of my remaining vision to help me kind of navigate, whereas often the ones just in parks—or their reputations are a little more nefarious as well, which is a factor when you can't see, but also it's darker. It's harder to get around. There's more of a blunder factor.

The Hon. STEPHEN LAWRENCE: As a general rule, are the ones in parks less likely to have the braille signage, less likely to be electronic in a way that's useful?

JENNIFER MOON: Again, it's kind of timing of when they went in, what code are they adhering to. Perhaps another issue with that is—and I'm sure others may have used that for the mobility issues—the paths connecting to it. The actual block might be accessible, but how did you get to it? Was it a clear, intuitive path to actually find the toilet, with good wayfinding signage, but good paths as well to follow? They've got to be connected.

The Hon. STEPHEN LAWRENCE: Ms Hirst, a bit of a theme that has run through our inquiry is the distinction between the single-use cubicle that you access from public space, as opposed to maybe the more traditional public toilet, where there's shared public space. You might have multiple cubicles in one public space. I'm just wondering what your preference is between those two things.

SARAH HIRST: It's funny you should mention that, because I was just thinking of an example of that which is, I think, fairly new at one of the parks that we take the kids to. I'm not sure I'm comfortable stating a preference. When I've been there, I've had my partner with me. The one that's hard with that is getting your head around the fact that that's even a thing, as opposed to the traditional ones, where maybe you're following the wall. You go in a door and you're following walls to find cubicles. The one I noticed with that, it was the cubicle, and then where were the sinks, to wash my hands afterwards? They were located outside and along the building, so that was a bit tricky, and I did notice they were very high. For someone using a wheelchair, I did think to myself and say to my partner, "In some ways, these are accessible, but they're actually"—and then right behind them, there was one of those kind of wooden fences, so it was quite tight for anyone trying to access it with a guide dog or a pram or certainly a wheelchair user, so I'm not sure. Jen, do you have anything to add?

JENNIFER MOON: Yes, I probably would say the single ones, quite often, our guide dog handlers, they can't fit in there with their guide dog, so we would want perhaps a bigger space. It doesn't have to be the size of an accessible toilet, but big enough that you can get your dog in there and turn your dog around. Often what tends to happen is that the person will go in, leave the dog on the outside, but the lead goes under the door and the dog sits on the outside. Of course, others come in and all they see is a dog in there, not necessarily connected. Definitely that space issue is really important, so that would be one thing if you are considering the single, but maybe then also having the basin in there as well, so everything happens all in the one spot. We also have some people with

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the accessible toilet, in some ways, it's too large for them, particularly if they don't have a guide dog; they feel like they've got to—again, not familiar with the layout—feel all the way around the toilet in order to find what they need to find. And if you're not comfortable with the sanity of toilets—is that the word?

SARAH HIRST: I like "sanity".

JENNIFER MOON: It's not necessarily that comfortable that they're having to touch and feel a lot more things that they probably wouldn't want to.

SARAH HIRST: Where there are change rooms, as well, not to get too—sometimes those accessible toilets are multipurpose. They'll pop in a change table. Speaking of hygiene, that is not something you want to be running your hands over. For me, I'd often use the "normal" toilets over the accessible, just because there are those extra complications. Mainly it's the locking door. It is just such an issue I can't tell you, with those doors, and not knowing if it's locked or unlocked. It's fine if you've got someone with you but, again, you want to be able to go out and live your life and do all that with independence and a sense of dignity, so there are some really complicating factors there.

JENNIFER MOON: For sure.

The Hon. STEPHEN LAWRENCE: On that topic, Ms Hirst, you spoke before about inconsistency of design. We had a witness a bit earlier on who was talking from the perspective of seniors—perhaps people in cognitive decline, for example—about how some of the new innovations in design are actually making things more difficult. It got me thinking about Tesla cars, for example, where everything's designed to be smooth and trendy looking and you can't find door handles.

SARAH HIRST: I really can never find the door handle.

The Hon. STEPHEN LAWRENCE: Yes, I can imagine, and the button that you're meant to press is just signified by some slight indentation or something like that. Is that going on with public toilets as well—they're trying to make them look sleek and trendy, but they're actually just making them non-functional and inaccessible?

SARAH HIRST: I'll speak first and then hand to Jen. It's really, really tricky. If we knew and there was consistency, then people who are blind—we're good at thinking outside the square and we're good at learning new ways to do things. The problem with those is they're absolutely—we're going off tactile feedback. If we can't feel the button, maybe the button's lit up. Well, I mean, great. Instead of moving forward, you're going back to a point where you need someone to take you to the bathroom, and people feel differently about that. Some people need that support and they want that support.

A lot of us want to be able to do that without this huge amount of complications. I think, as well, we talk about things like the keys and the different buttons and how high-tech the bathroom is. If you've got someone there to support you, there are issues with that. Given enough time and feeling over walls and pressing buttons, sure, you'd figure it out, but who wants to do that? Also, it's like the urgency situation. As a personal example, when I was pregnant with my children, there was a different degree of urgency involved—I'm just saying it, Jen. There was!

The Hon. STEPHEN LAWRENCE: It's all right, it's the toilet inquiry. You can talk about it.

SARAH HIRST: So, sure, people plan. They can use the app and they can plan when to use the toilet, but not all toilet visits are planned.

JENNIFER MOON: I think definitely your point about—not so much technology, but it is the design. It is very much the touch flush. When we say "flush", we actually are talking about the flush aspect of it. I was actually at the airport during the week with two guide dog handlers who were unfamiliar. They went into the accessible toilet. Both of them came out going, "Did you know how to flush the toilet? I couldn't flush the toilet." It was just a silver panel on the back that had the sensor. Then the actual basin—and I've never seen this before, because that's the other thing, the inconsistency of tapware—was actually like a U-shape. One of the handlers interpreted it as a basin within a basin, but it wasn't. It was actually this tap that came around and on this side in silver, if you looked really carefully, was two little circles, one big, one little, and that was your soap.

The Hon. STEPHEN LAWRENCE: Someone trying to be cool.

JENNIFER MOON: It meant that your hand went underneath to find the soap. You'd move along and here was a tiny little water droplet thing in silver, and your hand was meant to go—and then the dryer. And of course, again, as Sarah said, they're searching for things, and dryers are going off and water is going. So dignity and essential features—you really want to be able to find them.

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The Hon. STEPHEN LAWRENCE: In terms of Zali, apart from somewhere to go to the toilet, are there any other issues around the provision of water? Because we have had some evidence, more about humans, but about having communal places to fill up water bottles outside public toilets to have accessible drinking water outside, some people saying inside. Are there any other issues in that regard in respect of guide dogs?

SARAH HIRST: Not so much with respect to guide dogs. I think everyone always appreciates that. Often we carry our own bowls, but some people do like having a bowl that's inset. I would say the main thing is where you place them. My preference, if I'm filling a water bottle for myself or the kids, is not to do it from the public toilet basin. Obviously that's amazing, but it's where you actually place those little freestanding water fountains. We all need them but, if they're poorly placed and it's poor design, the dog will take someone around it, but someone using a cane, if it's in a bad location or on a point of travel—and I'll hand to Jen—those things can be really unpleasant to crunch into.

JENNIFER MOON: That's the other bit about items that might be hazardous and the placement of them which makes them hazardous. Again, that's part of the co-design about where is the best place to put them. You do want to find them, but you don't want to find them by falling over them or tripping up. It's in a logical location. But, absolutely, that water component. With the outdoor toileting areas, there is that specification of making sure you can still access water. The bin is the big one, because we expect people who are totally blind to pick up after their guide dogs, so we say there's no excuse for the public not picking up after their dogs if someone totally blind is meant to do it. Obviously, then where do you dispose of said item? Again, making sure that bins are connected and quite easily found, both in outdoor green space but, if you do have your specific toileting areas, we'd need to make sure they're nearby as well.

The Hon. STEPHEN LAWRENCE: I take it that your organisation would be supportive of State legislation that deals with these issues in a comprehensive way.

JENNIFER MOON: Yes, anything to support independence and functionality, we're all for it.

The CHAIR: Right at the beginning you gave us the example of Transport for NSW consulting with you on design, which is really wonderful to hear. I think that's the first positive feedback we've heard for Transport for NSW in this inquiry so far. How often are you actually consulted by government agencies or anyone else?

JENNIFER MOON: We do sit on a lot of committees, which is great but, as I'm sure you're all aware, the advice is only as good as it being taken on board and put into practice. Sometimes we do get somewhat annoyed that perhaps we're giving advice, but it's just a bit of "We consulted with Guide Dogs" and then that's it—like, assumed the information. That's why, as I said, we're really pleased with the upgrading of the train stations. It's only something that's new that's happened; it was about mid last year, and I think it is based on funding. I'm looking around thinking, if anybody's responsible, keep it going because it's really good. You are getting a much better product by having the co-design at the beginning to get a much more functional outcome of your developments. I think that's the key, and we love the fact that this one's working and would highly recommend that this type of consultation occurs across all other projects too.

The CHAIR: Have you been asked specifically about public toilet design by anyone else?

JENNIFER MOON: Yes. Even in that, because often it's the beautiful heritage buildings on our train platforms. They're reconfiguring those to make them accessible. Usually, again, it is wheelchair accessible. Even to the comment before about the MLAK key, we would say the same thing—that most of our stakeholders probably don't use or don't have the MLAK key. Again, moving it into a bit more of a remote access, so that you could find the toilet but you're connecting with somebody. If it is about, particularly—again, thinking of the country train stations—where they may not be manned or how safe are these venues if you don't have security around them, we understand why they might be locked. But if you need to use it and you don't have a key, you still want to be able to get into it. That's why, again, they're looking at ways to use that toilet and perhaps have remote access to let people in who might need it. There are examples of what they're using in and around some of our stations now. I think the one at Central is remotely opened so that the CSA can do it from a distance and open it up if somebody needs it. I know we've talked to Metro—again, being a beautiful new accessible train and station. But you may have seen in our submissions, even then it can be improved, because they are probably following just what sits in the code or in the standard for accessible public toilets.

The CHAIR: That's been really helpful. Thank you so much for sharing your time and your expertise with us today. We really appreciate it. If there were questions taken on notice or if there are supplementary questions from us, the secretariat will be in touch with you.

JENNIFER MOON: Yes, lovely. As I said, I've never been more delighted to speak about toilets.

(The witnesses withdrew.)

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Mr JERAMY HOPE, GAICD, Member, Disability Council NSW, sworn and examined

The CHAIR: Welcome. Thank you for making time to give evidence today. Would you like to start by making a short opening statement?

JERAMY HOPE: Chair, Deputy Chair, members of the Committee, thank you for the opportunity to speak before you today as a representative of the Disability Council NSW. I am chief executive officer of the Special Disability Accommodation Alliance. I've worked in the disability sector for 25 years, leading teams through complex reform. Throughout my career, I've implemented significant reform around change management and played key roles in restructuring departments' disability providers. My work is driven by a commitment to ensure policy, service and infrastructure meet the needs of people with disability. As a person with a disability, and the carer of a child with a disability, I have firsthand insight into the barriers that people with disabilities encounter every day, particularly in accessing public toilets that are safe, hygienic and genuinely accessible.

The Disability Council NSW, an independent statutory body providing advice to the Minister for Disability Inclusion, made a submission on 30 October. That outlined concerns about accessibility, maintenance and the usability of public toilets for people with disabilities. The council's submission identified some systemic barriers and provided recommendations to improve accessibility and inclusion. I wanted to expand on a few of those. One of those was the lack of accessible public toilets throughout New South Wales. Accessible toilets are significantly under-provided in many communities, which leaves people with disability inadequate facilities. It adds to social exclusion, workforce participation impact, and impacts on everyday activities such as individuals needing to carefully plan their movements around the toilets that might be available and accessible to them.

The council strongly recommends a statewide audit to identify gaps in accessible toilet provision, and increased investment in high-traffic areas, including parks, shopping centres, transport hubs, tourist areas and a look at regional New South Wales. Also, we talked about concerns around poor maintenance and hygiene standards. Even where accessible toilets exist, they're often poorly maintained or frequently used by the general public, resulting in unhygienic conditions that make them unsuitable and unusable for people with disability. We recommend that there's mandatory scheduled cleaning standards for accessible public toilets, and there's clear accessibility measures for council and businesses and their responsibility for its upkeep.

We acknowledge that there's underutilisation of the MLAK scheme. The master locks scheme provides people with disabilities secure access to public toilets. I acknowledge firsthand, I have a key. When I find one available, it's magnificent for myself and my daughter, but it's finding them available, and the consistency of the MLAK key versus a privately owned facility versus a railway station. There's not that consistency in how to access a clean, hygienic toilet that can be available. We talked about the need for better planning around signage and location, making sure that toilets are placed in a strategic place, that they're near accessible parking, transport links and major public spaces. It should be mandated that all public spaces have a guide or a signpost to accessible toilets.

We wanted to focus, in our submission, around the lack of automatic doors on accessible toilets. Being someone who is a part-time wheelchair user, full-time walker user, trying to use a key to open a door, and to use my wheelchair or my walker is near impossible to get in the toilet. I have to drag my walker while trying to turn a key or turning a handle. The addition of some kind of automation just provides a little bit more dignity to myself, but the ease of accessing a toilet when you need that, which often might not have a lot of notice or time to be able to utilise. The shortage of public changing facilities, we acknowledge that there are some magnificent toilets available with public changing facilities that have got hoist change tables and are beautifully appointed. We highlighted that there is inconsistency with the type of hoists and equipment. At times, maintenance scheduling is not consistent or not up to date, meaning that sometimes there is equipment that is not used.

There might not be enough of those, particularly around beaches and favourite areas to visit. It limits and can limit the availability and where a person with disability might travel. It increases the risk of social isolation et cetera. We wanted to talk through the future-proofing of public toilets for the ageing population as well, acknowledging that accessible toilets are used for many types of people, not just people in power chairs. They can be used for parents, because often it's the only place with a change table, and used for the elderly that might struggle with a need to access and get around the multiple people that are in busy standard toilets, in a concert or at a shopping centre. And the use of toilets that are accessible and available to people as they age, and acknowledging that we have an ageing population that will have an increase of people with disability, to factor that into some of the planning as we move into the future.

Finally, acknowledging that public toilets are a fundamental necessity for all members of the community. However, people with disability, the lack of accessible, hygienic, adequately maintained facilities can mean the difference between full participation in society and being forced to stay at home. The Disability Council of NSW

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strongly urges the Committee to prioritise improvements in accessibility, in maintenance regulation to ensure that public toilet infrastructure meets the needs for people with disability both now and into the future.

The CHAIR: Thank you. That was quite comprehensive. I think I've only got one question, to start off with. Specifically, you've raised this issue again of toilet doors. We've heard this a number of times now from a broad range of people. Can you clarify for us that at the moment the DDA standards in the construction code—it sounds to me like they're not adequate, or not existent, for the doors?

JERAMY HOPE: I'm not able to comment on the standards, sorry. I don't have that in-depth knowledge. What I can comment is that what is available in the community is very inconsistent between ageing and current uses of toilets. Whether that be in a public space or not, they are very different. And similar to Guide Dogs before, there doesn't seem to be that consistency around how a button works on automatic doors, but also whether there are handles and doors and appropriateness. For me, consistency and having that approach, but from an automation perspective, if that is a move forward, that would be wonderful.

The CHAIR: Just to clarify, in your experience or the experience of people you're working with, these are bathrooms that are designated accessible toilets that still have this problem with the doors?

JERAMY HOPE: Yes. I have trouble daily when accessing the city, going to the bathroom with either my chair or my walker. Often, because I'm carrying a laptop bag, I've got heavy equipment with me. Trying to maintain balance while opening a door is near impossible. It is really hard to be able to turn a handle, to push a door, and be able to maintain my balance and get through the door. The difficulty still is I have to get my walker far enough inside the door so the door will safely close as well, and then have to backtrack and do a 360 and then be able to lock that door. The automatic doors, although they are sometimes better when you can push a button, there still is frustration from it. From personal experience, because I have tremors, I don't often stay still long enough and I trigger the alarm. I can stay standing upright for two or three minutes, waiting for a sensor to recognise that I'm still so the doors close. I have lots of people looking and staring and waiting until the doors close, which obviously is embarrassing. Although the system is there to make sure someone has adequate time to enter a door, you still lose a sense of dignity trying to use a bathroom.

The CHAIR: That's very helpful and obviously a huge issue.

The Hon. STEPHEN LAWRENCE: Thanks, Mr Hope, for your submission; it's really helpful. Just on the issue about consistency, are you able to tell us whether there's any relevant distinction between the appropriateness of public toilets in commercial premises or even other private premises, for example, train stations and the like, as compared to loos that are established by local councils, so loos in parks, streets and so forth?

JERAMY HOPE: If I can be honest, any anything that does not have a MLAK key is subpar and is at risk. Public spaces are often worse because the frequency of cleaning would be on a different schedule than at an airport or a train station et cetera. However, the build-up of rubbish, the floor being wet or there being faeces and other things on seats that shouldn't be, makes it impossible to use toilets in many areas. However, my experience is in the public domain. They seem to be a greater problem.

The Hon. STEPHEN LAWRENCE: Do you know of any local councils that are building public toilets at the moment or in the recent past that don't comply with disability access standards?

JERAMY HOPE: I can't comment on that. Sorry, I don't know.

The Hon. STEPHEN LAWRENCE: I think I'm correct in saying that the national construction standards don't at least strictly apply to local government when they build toilets, and that there might be actually no strictly legally applicable standard. Obviously local governments can choose to comply with different standards and you would hope, by and large, would be seeking to construct toilets that comply with relevant standards. I was just curious whether you know if there are any that just simply aren't doing so.

JERAMY HOPE: I couldn't comment if there are any that are not doing so. However, the variance in size, the width of the entryways, even of new toilets, and the vast design principles that are utilised can all add to the complexity of accessing a toilet. The need to be able to pivot 360 degrees, either in my wheelchair or my walker, is impossible in some designs, and that makes it difficult. Also, when there are the weird placements of things like air dryers being on the opposite side to where you wash your hands, probably because it's easier to put it there, assumingly, for someone that is mobile. Needing to use my walker I might need to access every touchpoint and every wall of a bathroom to go to the toilet and to be able to wash and dry my hands properly and then be able to exit a door. From my knowledge of what I've seen, there doesn't appear to be a consistency there, and it definitely doesn't matter where I've accessed and been. It's often been difficult. Where there are great toilets, when you've had a great redesign of a park or a beach, for instance, there's often one amazing toilet there. The same

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problem occurs then around the queue for that. The education of general society around what etiquette should be about utilising accessible toilets becomes a problem as well.

The Hon. STEPHEN LAWRENCE: Are you able to speak to the applicability of anti-discrimination law to private operators, if I can put it that way, that are constructing public toilets for use in commercial premises, for example, and also to local government in their provision of these facilities? Is that within your area?

JERAMY HOPE: Not the law. I couldn't speak around knowledge of any discrimination law. I can comment that if you were to focus on national convention, the people with disability, it is one of the fundamental human rights about access to sanitation and going to the bathroom. It seems to be complex. It's difficult to navigate in the private sector. When it comes to anti-discrimination, the majority of the time, if there is an accessible toilet available, most clientele are impeccable, very courteous and allow me to utilise it. I think some of the complexities are there's no consistency around how to access and how to open. If I need to utilise the toilet at a bank, I need to go and ask the cafe for their certain key, for instance. If I'm using it at the train station, I sometimes ask for their key or code.

I needed to go to the bathroom at Circular Quay the other day, and I had to try to figure out how to go to wharfs numbers X, Y, and Z to be able to find a toilet. Now that was impossible. I needed to go, so I had to decide whether to go on an adventure to find a key, or to leave all my gear and try to navigate a normal toilet stall. I chose the latter and hoped my things weren't going to be stolen. I think the difficulty is the inconsistency. I think that there's well-intention. Some of the complexities now also are that there are a lot of people other than myself that use a walker and a chair that need to use accessible toilets, like I said before as well. It is very difficult to ascertain when and how it is appropriate to use and access, and who should be given a key and who shouldn't. It's very difficult. Things like the sunflower and things are helpful to inform businesses, but advice around building code and who should build I couldn't answer.

The Hon. STEPHEN LAWRENCE: We've had some discussion in the inquiry about the two models you could put at a public toilet—the more modern, single-use cubicle accessible from public space versus the older style where you share public space and you might have cubicles and the like. Am I right in thinking that all disability accessible toilets that are built now are single-use cubicles?

JERAMY HOPE: Correct.

The Hon. STEPHEN LAWRENCE: There are no exceptions to that?

JERAMY HOPE: Not to my knowledge, no. A lot of the time they're in a different location than a male or female. I've seen one that was located inside a female toilet the other day, but most of the time they're separate. I'm a big fan of non-gender specific, personally. Some of the reasons why people need to use accessible toilets—a single mum, a single dad—can be solved in a situation of having non-sexed toilets and potentially would free up accessible toilets maybe for people with disability a little bit quicker if there were more toilets in general available and there was a different design to share. There's definitely an imbalance in toilets, in my opinion. Before my injury, when I was using male toilets, I was going to the toilet with a lot more ease than my daughters and my wife, and there was a lot less queue.

The Hon. STEPHEN LAWRENCE: Where you've got disability accessible toilets, say, in shopping centres or train stations, is there any issue about whether there are enough of them? Do you ever find yourself in a queue or having your use obstructed that way?

JERAMY HOPE: My use is often obstructed. There are queues and often for alternate use. Often a family might need to utilise the toilet because there might not be a family room available for people to go to the bathroom. Someone might need to use it more than I did, and didn't want to go and find an alternate location. I was at the Mardi Gras the other day, for instance, and there were empty stalls of male and female toilets, but the accessible toilets were the first ones to find, so we were waiting for hours to go to the toilet and there were only five of us with perceived disability there.

I think there is a problem around potentially not enough, but it could easily be resolved with different design concepts rather than adding a lot more. They're also often locked with no-one in them. I've found in shopping centres where they've been locked, I go back, they're locked, I knock and there's no-one there, so they're locked for no reason. They're a good area to hide cleaning objects in front of to get cleaning trolleys out of the way, so it's a good place to hide obstacles as well. It often might not be due to users; it might be due to being convenient, or a skill set, or a lack of understanding of why those amenities are needed as well—again, an education piece.

The Hon. STEPHEN LAWRENCE: Are there any industrial design issues in terms of the interior of these facilities that we should be aware of? Is there anything particularly annoying? We've had people, for

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instance, not talking about disability accessible toilets, but talking about no hooks on the backs of doors and all these little annoying things that are put into the design of these things in a thoughtless way. Is there anything specific of that nature to disability accessible loos?

JERAMY HOPE: I have a cognitive impairment, so having things that are different all the time is really hard. Like Guide Dogs was saying before around having to figure out how to flush the toilet, that is always a problem. I spend far too much time trying to figure out how to flush a toilet, whether that's a sensor or a push button, or where it is. The same is for trying to dry my hands, but also how to operate those. But, yes, often there is nowhere to hang your coats and clothes in accessible toilets. Even today I had to put my jacket on my walker and hope it balanced there while I was utilising the bathrooms.

There doesn't seem to be, in my opinion, a consistency of thought in layout either. It would be logical for me to have things in order and near a basin so you could wash your hands with soap and water, and you could dry your hands, and then you could exit. But often the air dryer is in a different spot, or the paper is in a spot. The most frustrating area is there's often somewhere for napkins. There are often places to place nappies, but there are no bins. To put any rubbish in an accessible toilet is impossible. I'm often needing to take rubbish with me, if that's a paper towel that I've needed to wash my face with, or something like that as well.

The Hon. STEPHEN LAWRENCE: How common is it that people misuse disability toilets? Is this something that there needs to be public education around? How common is it to turn up there and there's someone in there who quite obviously probably shouldn't be using it at all?

JERAMY HOPE: In my opinion, again, I do want to preface that I have a daughter with autism that doesn't look like she has a disability, but that needs to access accessible toilets due to her anxiety and the noise and lights of other toilets. I have a daily frustration of being able to access accessible toilets, and they are often busy. They're used as changing facilities, particularly at airports and train stations, where it's easier to get changed in a larger area and get into comfy clothes. That's something that I observe daily, the additional space, or it's easier to locate because sometimes it has better signage than others. It's just a quick win for people. They are very apologetic when they see someone with a walker or a wheelchair out the front waiting, but it happens way too often.

The Hon. STEPHEN LAWRENCE: Thanks so much for your evidence. It is really helpful.

The CHAIR: Thanks so much again for the time you've made to present the written submission as well as your evidence today. It's been really valuable. If there are supplementary questions from the Committee, the secretariat will be in touch with you.

(The witness withdrew.)

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Mr BRUCE BROMLEY, Managing Director, Equal Access Group Pty Ltd, affirmed and examined

The CHAIR: Welcome. Thanks for making the time to give evidence this afternoon. Would you like to start by making a short opening statement?

BRUCE BROMLEY: Thank you for the opportunity to present today. I'm an accredited disability access consultant with 19 years of experience consulting on accessibility of the built environment, both buildings and external spaces, and also emergency evacuation planning of people with disabilities. During this role I was invited to co-author the Changing Places design standards, which was approximately 12 years ago. I was then asked to be the lead author of the 2020 version of the standard—just sitting in some of the other meetings, more like presenters. Separate to discussing Changing Places, I'm more than happy to discuss prescriptive requirements within the Building Code and reference standards for public toilets, if that helps. I'm fairly fluent in that legislation. Jumping back to Changing Places, the initiative in Australia aims to provide accessible public toilets and change rooms for individuals with high support needs, who require assistance from a carer, and specialised equipment such as overhead hoists and adjustable change tables.

These facilities are designed to ensure that people with disability can fully participate in the community by offering amenities that standard, accessible toilets do not provide. The goal is to create a more inclusive environment where everyone can enjoy public amenities without barriers. Some of the design principles for Changing Places are to provide facilities with enough space for people with additional needs to use them, including sufficient space for carers; to provide the right equipment such as height-adjustable change tables, room coverage ceiling hoists, peninsula toilets, change rails, showers if we're in a sporting location or an aquatic centre, beaches and the like; and also non-slip flooring. That, basically, is a summary.

The CHAIR: I note after this we're going to go and visit the Changing Places facility here at the Parliament, which I think will be really informative for us. I think as you've anticipated, my first couple of questions are actually not about Changing Places, but about the standards generally. I'm sure if you've been listening to the other evidence we've heard, it's very unclear to the Committee at this stage what standards actually apply, in what context, and what kind of accountability there is. I had a particular question that came from the previous witness about doors for accessible toilets. Is that part of the DDA standard?

BRUCE BROMLEY: There's no DDA standard. That's probably the first thing to be aware of. It is covered in the Building Code of Australia, which references an Australian standard, AS1428.1, which is the design of elements within the built environment for people with disabilities. In the case of your question about doors, doors must be adjusted so the operating force to open them is a maximum of 20 newtons. So with 20 newtons, effectively, you can push a door open with your finger. But, repeatedly, we see projects delivered where doors aren't adjusted, or during the maintenance period things are changed or adjusted, and those operating forces become quite excessive.

The CHAIR: We've also heard from a number of witnesses about how inconsistent accessible toilets can be in the community. Is that because the standards are new and the facilities are out of date and need refurbishment, or is it because new facilities are still being built without the right standards to hold them to account?

BRUCE BROMLEY: The standards aren't really new. We can go back to '92. The design hasn't changed a great deal. The 2009 version of the Australian standard was implemented in the Building Code in 2011. That, essentially, just made accessible toilets with the same design 300mm wider and 300mm longer. It went from catering for the eightieth percentile wheelchair user up to the ninetieth percentile wheelchair user. The only other change there was door clear openings became 50mm wider, so it brought it up to an 850 opening.

The CHAIR: Coming to the Changing Places, which of course is what your submission is about, in your written submission you've helpfully given us a table of the number of Changing Places in each Australian State and Territory. It's fairly obvious that, from a per capita point of view, New South Wales doesn't have as many as other States and Territories. What kind of support has there been for rolling these out in other jurisdictions, and why haven't we got as many as we should have in New South Wales?

BRUCE BROMLEY: Changing Places originated in Victoria. We were fortunate with the Government at the time; they really got behind it. Over every two or three years, new funding rounds came out and that's where we're sitting, at 153 at the moment. I'll probably go back. Ten or 12 years ago there was a push in New South Wales, "Do we really want Changing Places," and they started investigating Lift and Change, which was incorporating some accessibility requirements into a standard accessible toilet. But it meant you couldn't use things like change tables or hoists due to the risk of vandalism. There was always that crossover in New South Wales, that wanting to go their own way, whereas the rest of the country—even WA, if we go back 10 years ago, the Government really got behind the scheme and started pushing them quite hard. The Northern Territory had their

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first one opened last year. We've got a number happening down in Tassie at the moment. I think there are about another three or four in construction currently.

The CHAIR: I'm interested to know as well—and I appreciate you might need to take this on notice—if you've got the breakdown of the Changing Places in New South Wales. How many are in metropolitan areas versus how many are in rural or regional areas?

BRUCE BROMLEY: Not off the top. I have reviewed ones in regional areas because we have to do final inspections. There are also a lot of the shopping centres. Stocklands and the like are actually proactively putting them into their centres because they realise the community benefit.

The Hon. STEPHEN LAWRENCE: Mr Bromley, if you are able to talk us through the relevance of the Australian construction standards, that would be really good.

BRUCE BROMLEY: Sure.

The Hon. STEPHEN LAWRENCE: I think you were sitting in before when I was demonstrating my ignorance of them.

BRUCE BROMLEY: It's complicated. The overarching legislation is the Disability Discrimination Act. Underneath that is the Disability (Access to Premises — Buildings) Standards. The prescriptive requirements within that piece of legislation have been embedded within the Building Code of Australia. That says you have this type of building, you need to provide these facilities and these number of toilets. Then you go to the calculation of how many people am I actually accommodating. That will then tell us how many toilets we need to provide.

The Hon. STEPHEN LAWRENCE: Am I right in thinking that that's not applicable to local councils when they build loos in parks and so forth?

BRUCE BROMLEY: No, it's applicable to everything—1b rooming houses through to 9b concert halls, offices, retail, the whole lot.

The Hon. STEPHEN LAWRENCE: What about public parks, for example?

BRUCE BROMLEY: Public parks, no.

The Hon. STEPHEN LAWRENCE: No, I didn't think it was.

BRUCE BROMLEY: No.

The Hon. STEPHEN LAWRENCE: And street loos, for example?

BRUCE BROMLEY: No.

The Hon. STEPHEN LAWRENCE: It's not? I thought so.

BRUCE BROMLEY: Anything associated with building. There can be situations where you do have standalone toilet blocks and they will fall under a class 10 building classification, and there are triggers there within the Building Code. The Building Code says you must provide this, but it doesn't tell us how we provide it and how we build things. It will then say you need to build the accessible toilet in accordance with AS1428.1. You must build the ambulant toilet in accordance with AS1428.1. Then, in certain circumstances, there are triggers for changing places. It references accessible adult change facilities. Those triggers are also applied. That's mainly for big venues at the moment—airports, concert halls, shopping centres, if you do work there—that there are prescriptive triggers to provide changing places.

The Hon. STEPHEN LAWRENCE: Is that based on the amount of patronage of that place?

BRUCE BROMLEY: Correct, yes. That was put into the Building Code about four or five years ago, I suppose.

The Hon. STEPHEN LAWRENCE: That's not a measure designed to achieve provision of those facilities uniformly across the State or community, is it?

BRUCE BROMLEY: No.

The Hon. STEPHEN LAWRENCE: It's attached to building?

BRUCE BROMLEY: Big buildings, you've got to provide them. It's refreshing. I saw an article. There was one of the northern New South Wales councils that actually actively had a plan, I think, to roll out quite a few Changing Places because, again, they saw the benefit for the community.

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The Hon. STEPHEN LAWRENCE: What's the process for the formulation and the amendment, where necessary, for updating of those standards? Is that a Federal body or something?

BRUCE BROMLEY: Sorry, the updating?

The Hon. STEPHEN LAWRENCE: The updating of those Australian standards. What's the process for their formulation and amendment, where necessary?

BRUCE BROMLEY: The Building Code of Australia is managed by the Australian Building Codes Board, and that gets generally reissued every two years with updates. The Australian standards are managed by SAI Global. They'll have a committee of interested parties, so there'll be access consultants, there'll be building surveyors, members from the Property Council, all sitting on that group talking about the changes, updates, what needs to happen and how we can move the legislation forward. They put the updates together. It goes out for public consultation. Once everyone's happy with it, it then gets adopted into the Building Code. We're expecting between May and August this year the 2021 or 2022 version of 1428.1, to be referenced by the Building Code. Until it's referenced by the Building Code, it's not adopted.

The Hon. STEPHEN LAWRENCE: Is that board a representative board of States and Territories and the private sector?

BRUCE BROMLEY: The Australian Building Codes Board?

The Hon. STEPHEN LAWRENCE: Yes.

BRUCE BROMLEY: Yes. You'll have Federal building Ministers and everyone on that committee.

The Hon. STEPHEN LAWRENCE: Oh, the Ministers are on that, are they?

BRUCE BROMLEY: Yes, I believe the Ministers or Ministers' representatives. Any changes to the Building Code have to be signed off by the State Ministers. So it's a long, arduous process for any change.

The Hon. STEPHEN LAWRENCE: Yes, I'll bet. I'm not sure if this is outside your area or not, but is there any way that local government, in terms of its provision of these facilities, is held to account by anti-discrimination law?

BRUCE BROMLEY: It would be great to say that it was. Unfortunately, our Disability Discrimination Act is very weak legislation. Our Human Rights Commission is a toothless tiger. Essentially, you could come to me and say, "I can't get into your business and use your facilities." I go, "Sorry." If you then feel so aggrieved, you could lodge a complaint with the Human Rights Commission. The Human Rights Commission would bring the parties together to try to get a resolution. If I'm still hard and fast and go, "No, we're not doing anything," it's then up to you to take us to the Federal Magistrates Court, at your expense, to take legal action against any business as such. Unlike the American ADA, where it is very strongly complaints based, our legislation here is very weak, which is why you'll see very few complaints actually get to court.

The Hon. STEPHEN LAWRENCE: I was just thinking, for example, if you had a council with an old-style non-disability accessible toilet block in a public park, is there some way for the citizen to hold the local government to account for a breach of Federal or State discrimination law?

BRUCE BROMLEY: Not really. You could definitely go for it, lodge a complaint with either State-based or Human Rights Commission, but there's no enforcement to actually force the council to do that. The best point is to really lobby councillors. We find anything that's negative towards councils is effective—if it means getting on the cover of the local newspaper saying how bad these facilities are and trying to lobby on that basis—but there's nothing there to actually force them to do that.

The Hon. STEPHEN LAWRENCE: Have you got any thoughts about—we can make recommendations, obviously, for legislation or different actions. Looking more at council provided public toilets, do you think it would be sufficient if, for example, the Local Government Act required local governments to have a public toilet strategy that they then implemented? Or would you think we might need something tougher, where there's just a direct State law that tells councils what they have to do more directly? Have you got any thoughts about what sort of legal instrument might be efficacious in this area?

BRUCE BROMLEY: It's probably a tough one, because as soon as you try to enforce it, they're going to put their hands up and go, "Who's paying for it? Do we increase rates?" Then if you've got large regional municipalities—I don't know. It's quite a tricky one.

The Hon. STEPHEN LAWRENCE: It's not in your submission, I don't think, but we've got a submission that says there should be pretty much an immediate audit of these facilities statewide. Have you got any thoughts about what sorts of bodies might be well equipped to do that sort of audit?

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BRUCE BROMLEY: The governing body I'm actually vice-president of. It's called the Access Consultants Association. It's the governing body for access consultants nationally. Our members are probably the most experienced, because that's what we do day in, day out, to be able to audit facilities like that and certify. You can use building surveyors. But, again, they'll look at it from a black-and-white position rather than looking at it from a usability position. Hearing the discussions about MLAK, are you using MLAK here just for standard accessible toilets, or is it for Changing Places?

The Hon. STEPHEN LAWRENCE: I think it's both, isn't it?

The CHAIR: My understanding from the evidence is that people are telling us some standard accessible toilets are also requiring MLAK in some areas.

The Hon. STEPHEN LAWRENCE: I think in Dubbo there's one that's not a full change facility too that's got an MLAK key.

BRUCE BROMLEY: And are the male/female toilets also locked?

The Hon. STEPHEN LAWRENCE: Some might be locked after hours, but not by the MLAK, I don't think.

The CHAIR: We've had some evidence of local councils in particular public parks or transport at particular train stations where all the toilets are being locked.

BRUCE BROMLEY: As long as the accessible is locked, the male and female need to be locked. We've heard a number of issues in the past where the accessibles have been locked and the male and female haven't. That's full-on discrimination and shouldn't happen, even with the MLAK key. That's still very much an education process at the moment for Changing Places. Children's playgrounds, which might have Liberty swings, which are the wheelchair swings, they're again secured with MLAK. That's one of the reasons, when we did the Changing Places standard, we adopted MLAK as a way of securing the facilities. Because at that time there had been a little bit of awareness of MLAK. But more and more we're pushing it out there and building that awareness.

The Hon. PETER PRIMROSE: When your organisation does the auditing, I presume there's an auditing checklist.

BRUCE BROMLEY: There is.

The Hon. PETER PRIMROSE: Would that be available to this Committee? Could you take that on notice?

BRUCE BROMLEY: Yes. Our organisation doesn't have it; each individual member has.

The Hon. PETER PRIMROSE: Take it on notice.

BRUCE BROMLEY: I'll take it on notice. There's intellectual property there. For our one, our list, if we're doing accessible toilet showers, I think we've got about 80 items that we would check within the spaces. That's coming from the doors, the controls, the basins, the toilet, all the grab rails, backrests, all those elements. It's quite detailed.

The Hon. PETER PRIMROSE: If the document is not available, can you maybe tell us what some of the best facilities are that you've seen, and what are those characteristics?

BRUCE BROMLEY: Yes. I'm happy to provide guidance in terms of the grouping. That's not an issue at all, so that's fine.

The Hon. PETER PRIMROSE: How were those guidelines developed?

BRUCE BROMLEY: That's the Australian standard. I think the ME64 committee works with SAI Global to develop the Australian standards and revise them every few years.

The Hon. STEPHEN LAWRENCE: Could you explain the MLAK system? I don't think we've got oral evidence about how it works and what the defining features are of it.

BRUCE BROMLEY: Sure. As other people have mentioned, it's the master locksmiths access key. I haven't got mine here; mine is in the bag. It's just a key that was developed as a disability key for anything that needed to provide access. In Victoria, the way we operate with the MLAK keys, when we put a Changing Places in, if it's the first one for the municipality or it's a new one, council will get proactive, usually get into the media and say, "Hey, we've got new Changing Places. You need an MLAK key." Councils provide them down there free of charge.

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The last thing you want is someone up on the front of the newspaper again saying, "I have to pay to pee," or something else. They're only a few dollars anyway. It allows a user—I can only really talk for Changing Places—to access the Changing Places and know that the Changing Places they're going to be accessing are going to be safe, clean, not vandalised, not misused and the like. There is an education there. Right at the very start, when we were doing Changing Places, there were a lot of vocal people on internet forums saying, "These shouldn't be locked. They shouldn't be locked. It's not fair. We need a key to be able to get in." But through education it was suddenly realised, "Okay, we've got a lot of money here with change tables, hoists and that. We need to keep them safe and keep them undamaged." That acceptance has basically occurred. I think most parts of Australia now are getting more of an awareness of them too.

The Hon. STEPHEN LAWRENCE: Who hands the keys out? If you acquire a disability—for example, say you get a spinal injury, you're in hospital for a long time and you're discharged—are you given one as you leave or something like that? I'm just imagining someone who acquires a disability and turns up at their local public toilet and it's locked, and they haven't heard of it. Does that happen?

BRUCE BROMLEY: No. Essentially, there are two ways. One is you'll get a letter from your doctor saying you're eligible for one. It doesn't have to list disability. It doesn't have to list anything like that. They can send that off to Master Locksmiths and purchase a key. They can go to any master locksmith and organise a key or, as I said, most of the councils now provide them free of charge. Again, they'll still need a letter to say they qualify, much like a disabled car-parking permit—"Yes, I qualify for that." "Here's your permit issued by the council. Here's your MLAK key."

The Hon. STEPHEN LAWRENCE: Does the same key open any MLAK locked loo?

BRUCE BROMLEY: Yes, they're all keyed the same.

The Hon. STEPHEN LAWRENCE: Anywhere in Australia?

BRUCE BROMLEY: Correct. As I said, the children's playgrounds, they have Liberty swings, which are the big yellow swings which you can wheel a wheelchair on and the kids can swing backwards and forwards. Again, they are unlocked with MLAK.

The Hon. STEPHEN LAWRENCE: Is that MLAK system used in overseas jurisdictions as well, do you know?

BRUCE BROMLEY: No.

The Hon. STEPHEN LAWRENCE: It's an Australian thing.

BRUCE BROMLEY: It's purely Australian. The UK do have their own version, I believe. I think New Zealand went down a digital approach, so it could be opened by mobile phones and the like. But we did investigate that right at the start. Just due to the rural nature of Australia and phone coverage and the like, if you haven't got phone coverage, you're not going to be able to open it. So we thought at least the hard key is going to give you that access.

The Hon. STEPHEN LAWRENCE: Is that only used for public toilets in open spaces, basically? Do you find MLAK-locked toilets in shopping centres and stuff?

BRUCE BROMLEY: Absolutely.

The Hon. STEPHEN LAWRENCE: You do?

BRUCE BROMLEY: Yes, they'll get that. When we did the Changing Places—it was one of the early ones at the MCG—when it was first handed over, it had MLAK on it. The board of management said, "No, this is discriminatory and completely wrong." So we had the supplier replace the control panel to push button. Within a month MLAK was back because it was just inappropriately used, particularly the change table and things like that. They ended up going back to MLAK purely for that reason.

The Hon. STEPHEN LAWRENCE: Even when it's in a protected area, so vandalism might not be such an issue, it's still seen as necessary to protect against inappropriate use that might be about?

BRUCE BROMLEY: Yes, unless you've got security out the front monitoring it and the like.

The Hon. STEPHEN LAWRENCE: People will misuse it.

BRUCE BROMLEY: Yes. In my presentation—I think it was on the first page—I put a couple of short videos in there. The second one is actually the MCG. You can see how that functions with the MLAK key. Operationally it works extremely well.

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The CHAIR: I have another question, but I wanted to note that it is possible to provide us with information and a request for us to keep that confidential, which I think for the discussion you're having would be reasonable for the Committee.

BRUCE BROMLEY: If it's kept confidential, I'm more than happy to, yes.

The CHAIR: We can be provided with information for our own knowledge and understanding that doesn't necessarily have to be published.

BRUCE BROMLEY: Yes, sure.

The CHAIR: I just wanted to ask about the cost because this is obviously a barrier that's raised over and over again by various authorities for not providing this level of facility. What's the average cost of a Changing Places facility?

BRUCE BROMLEY: It depends. There are two forms of Changing Places. One is where you've already got an established space and it's purely a fit-out, or one where you're purpose building. If it's a fit-out, you're probably looking at \$120,000 or \$150,000. If it's a standalone building or part of an amenities, you'll probably add another \$60,000 or \$80,000 on top of that for the structure. A lot of the councils, we're finding even in New South Wales, when they redo park toilets, they'll redo the standard toilets, the accessible toilet, and the changing place. A lot of them now use prefabricated units, which keeps the costs down—prefabricated in a factory, then rolled out and delivered; a brilliant way of doing it. There are a number of manufacturers that do that.

The CHAIR: Thank you, that's helpful. I haven't got any more questions, but I'm looking forward to visiting the facility. Is there anything else that you wanted the opportunity to raise that we haven't asked about?

BRUCE BROMLEY: Probably the only other one is you've probably already had speakers about all-gender toilets. Has that been touched on?

The CHAIR: It has been touched on briefly.

The Hon. STEPHEN LAWRENCE: If you want to talk about that it would be good.

BRUCE BROMLEY: It can be very divisive. We've done a lot of work with universities providing all-gender toilets based on religion, based on LGBTIQ communities and the like, everyone's need. Going back to a point earlier about accessible toilets and who can use accessible toilets, anyone can. They are not for the exclusive use of people with disabilities. Now this is a building code interpretation. If the building code says, "When we work out our calculations, we need two pans, two urinals for the boys and we need four pans for the girls," the building code also says, "If at that bank you're providing an accessible toilet, you can provide one less pan for the girls and one less pan for the boys," because it's got that allowance in there.

The Hon. STEPHEN LAWRENCE: So it assumes use by both cohorts.

BRUCE BROMLEY: That people can use it. The tricky part, judging someone that walks out of an accessible toilet, is do they need it or are they just using it for whatever reason? You've probably had presentations from hidden disabilities, I'm assuming.

The Hon. STEPHEN LAWRENCE: Yes, we've had it touched on.

The CHAIR: There are more tomorrow.

BRUCE BROMLEY: Again, you could have someone with a colostomy bag, or an ostomy bag, that can walk out, but—

The Hon. STEPHEN LAWRENCE: Someone having a panic attack in there, for example. I don't think anyone would begrudge them going in there.

BRUCE BROMLEY: Yes. If they need to drain their colostomy or ostomy bag, they're going to do that in the accessible toilet because they can't do it in male/female toilets, and the same with all-gender toilets. My personal opinion is they're one of the better ways of doing it. But whether you have male toilets, females, one all-gender, one accessible, we now start, "How far do we go in what environment?" A number of the prefab units I mentioned earlier, they'll do the Changing Places, the accessible toilet, and they might have four to six all-gender toilets in that. One or two of those will be ambulant toilets, which are toilets for people with ambulant disabilities—very similar to a standard toilet, but they've just got a couple of extra grab rails that you can pull yourself off the pan with.

The CHAIR: Thank you very much for making the time to give evidence. There were a couple of things taken on notice. If there are any other supplementary questions, the secretariat will be in touch with you.

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BRUCE BROMLEY: Sure. I'm happy to answer.

(The witness withdrew.)

The Committee adjourned at 15:30.