

REPORT ON PROCEEDINGS BEFORE

PORTFOLIO COMMITTEE NO. 8 - CUSTOMER SERVICE

PUBLIC TOILETS

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At Jubilee Room, Parliament House, Sydney, on Tuesday 1 April 2025

The Committee met at 9:15.

PRESENT

Dr Amanda Cohn (Chair)
The Hon. Anthony D'Adam
The Hon. Stephen Lawrence

PRESENT VIA VIDEOCONFERENCE

The Hon. Aileen MacDonald (Deputy Chair)

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The CHAIR: Welcome to the third 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 respects 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 respects to any Aboriginal and Torres Strait Islander people joining us today. My name is Dr Amanda Cohn. I am the Chair of this 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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Ms TINA KORDROSTAMI, Director, Mental Health Access Design, affirmed and examined

Mr MATTHEW HAYES, Hidden Disability Advocate, affirmed and examined

Ms FIONA DAVIES, Chief Executive Officer, Australian Medical Association (NSW), affirmed and examined

The CHAIR: I welcome our first witnesses. Thank you all so much for making the time to give evidence today.

FIONA DAVIES: I'm appearing in my personal capacity.

The CHAIR: Thank you. Would any of you like to start by making a short opening statement?

TINA KORDROSTAMI: I acknowledge the traditional owners of the Gadigal people of the Eora nation and the Elders past, present and future. I pay my respects to them and acknowledge that sovereignty was never ceded. As the director of MHA Design, it is a firm that develops designs according to the needs of the neurodiverse community. I'm here today to provide some information, especially over four main areas: inclusive bathroom design; spatial design and social settings; going beyond sensory needs; and of course, the understanding of inclusivity to be a right, not a privilege. Around 20 per cent of our population is neurodiverse, and yet public access is limited to most. This can be because of our legislations and how they do not consider the extent of cognitive, sensory and social variation present in our communities.

Segregation and isolation are symptoms of a very unsupportive environment, which disregards any consideration shown towards the importance of engagement by all. MHA proposes a few fundamental points for inclusive design, that being there is no universal level of comfort appropriate for everyone, and so it is preferred for a default low stimuli standard to be presented towards any setting. Allowing for people to make informed decisions is empowering and builds on confidence. This can be done through the provision of science and information boards, strategically distributed in public and readily made available online, but also providing transition and breakout spaces as often as possible so that ND individuals can help regulate themselves when feeling overwhelmed. Also, co-developing standards with families and caretakers will ensure that a wide range of needs are met as promptly as possible. Most importantly, participants themselves must have more opportunity presented to them for contribution in design and planning matters.

FIONA DAVIES: Thank you for the opportunity to appear today. I particularly thank Dr Cohn for her support of this inquiry. I'm delighted to have the chance to give evidence to this inquiry. My name is Fiona Davies. In my day job, I'm the CEO of the Australian Medical Association in New South Wales. However, I've come here today because of my personal passion, which is a complete obsession with public toilets. At any given time I know where every available toilet is in every location I am. I know where there will be queues. I know which ones might be out of service, and I know which public toilets you can get into if you are in a hurry. This rather unusual interest comes from my most important job, which is being a parent to a wonderful 15-year-old who lives with level 3 autism. She combines her level 3 autism with being the world's most social and outgoing human being, which means we spend a lot of time worrying about and looking at public toilets in public spaces.

We are incredibly fortunate as a family with our experience of autism, in that Matilda is toilet trained, but that means that she has a functional level of about a four- or five-year-old, and that comes with the various disruptions that can come with having an urgent need to find a toilet. If you've ever cleaned up the mess from a four- or five-year-old who has had an accident, you can envision what it is like when a 15-year-old has a poo explosion on a Saturday night in the middle of the city, and that's an experience we've had as a family more than once. For every one of those experiences, we've had a busting crisis with an urgent need to find a toilet and the jiggling while holding it in line in a toilet.

The reason I'm here is because, for all of our challenges, our family experiences disability with incredible privilege. We have the confidence and the means to access public facilities if we wish to. I am so mindful that for so many families, they possibly live in parts of Sydney where that is just not an option or that they would not feel safe or comfortable to go into many of the spaces that my family can go into. Improving access for public toilets is not just going to help people with disability. There's a really important principle in public health. It's called the curb-cut principle, and it talks about the fact that if you improve access to something for one group, you actually end up extending the benefit to a range of different groups.

I'm not an expert in this area, but I am an expert in advocacy. I deal with big advocacy issues, and I know one of the most important things in advocacy is actually what gets time and attention. I just wanted to mainly come and thank this Committee for giving this issue time and attention. It's not an easy issue to give time and attention to, but it is something where, with your time and attention, you could make an enormous difference in the lives of people. I say that as a person whose other job involves getting you to part with billions of dollars of

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money for health services. This is something where you could make such an enormous difference, and I would really encourage you to do so.

On my small wish list, what we love about public toilets is predictability. There have been some fantastic developments. We are fortunate that we live in the northern suburbs of Sydney—so toilets that you know are going to be near train stations or metro stations; toilets that are open extended hours. I'd love to see the City of Sydney do more to encourage businesses to keep their toilets open and make them easily accessible, and, ideally, to raise some awareness about the fact that when you've got a jiggling, anxious 15-year-old standing next to you in a queue, you might want to let them go in first because you're about to see an accident. There are really simple and small changes that I think we could make and you could make here, and I'm just so grateful to have the opportunity.

MATTHEW HAYES: Thank you very much to the Committee for giving me this opportunity to talk here today. My name is Matthew Hayes. I'm 18. I'm best known for my work as the Youth Deputy Premier of New South Wales in Youth Parliament last year, serving on Ku-ring-gai's Youth Advisory Committee, its Young Citizen of the year and also my work on the channel "AheadMatthewawsome", which has a combined 4,000 followers on YouTube, Instagram and TikTok, where I talk about transport, politics and disability advocacy. Outside of that, I live with a hidden disability. When I was first diagnosed with autism when I was two years old, the prognosis was that I wouldn't be able to talk, have a conversation and never in a million years be a witness to a Legislative Council inquiry, speaking on behalf of my community. So it is a huge honour and privilege to be able to talk to you all today.

Most of my family and friends also live with a disability. Having accessible public facilities is crucial to allow a person with a disability to be able to access community services and interact with their community, and this includes public restrooms. Public restrooms are not always a popular topic, as it's an essential but private activity in a public place. So often detailed conversations about safety, accessibility and comfortability are ignored because the topic can be taboo by the general public. So it has been great that this inquiry has been going so in-depth about this topic, which is vital to people's independent living.

In my written submission, I mentioned how the traditional communal-style toilets, sharing facilities with other people at the same time, can often be overwhelming for neurodivergent people, with its loud noises from hand dryers and sinks with smells and flickering lights, and this can deter people from visiting places where these facilities are in place if they've had a bad experience in the past. There are also other difficulties for people with physical disabilities, those who are non-binary and those with PTSD using traditional communal toilets. The best layout for this, in my opinion and from my own experience, is having separate, individual compartments, each with their own toilet and sink.

A great example of this, which I mentioned in my written submission, is how the restrooms were designed in the Sydney Metro City and Southwest project. The layout of them includes six separate bathrooms: two male, two female, one male ambulant, one female ambulant, one unisex and one unisex wheelchair-accessible bathroom. But even with this layout, there are improvements that could be made. For those with more significant to profound disabilities, it's important for them and their carers to have changing places, with a changing table that can support an adult person, a hoist et cetera. Except in brand-new shopping centres and stadiums, these are still quite rare in the community and, without these facilities, it can be significantly difficult for people with severe to profound disabilities and their carers to access community services. I would like to see these changing places more available in the community.

Before I conclude, I wish to also mention that, for a lot of people with hidden disabilities who require to use disability toilets, when there is no other choice other than a traditional communal toilet, there can be a lot of aggression by people of the general public. It would be great to get awareness to the community that not every disability is visible and you can't always see the reason why people need to use a disability toilet. Thank you very much for your time.

The CHAIR: Thank you all so much. We're very grateful for the very different types of expertise about hidden disabilities and neurodiversity that you're bringing to the inquiry. I might start off with design. Obviously, there's an issue as well with availability of toilets, and I'm sure we're going to come to that. But in terms of the design of toilets—Mr Hayes, you've just gone into quite a lot of detail about your preferred design. I might go to Ms Kordrostami first. What are the overarching design principles that we should be looking at? What does best practice look like for accessible toilets, in your view?

TINA KORDROSTAMI: In my opinion, we have two elements to look at. We've got the specific bathroom space itself and then the accessibility—the leading-up to that space. Leading up to it, we need to have a lot more transitional spaces. What I mean by this is areas where a person has the opportunity to prepare themselves for what's to come. This will help with the regulation of certain challenging behaviours that could be

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presented. It could help an individual prepare themselves for upcoming triggers because, no matter how specific we are about the design of a space, there will always be triggers present and we need to allow individuals to build their confidence by offering them a space of relief. This moment could look like a hidden entry or it could look like a breakout space that's strategically presented right before you access the bathroom space. This moment of relief allows for the person to understand where they're going, what's coming towards them and for them to be able to understand if they're ready to enter that space themselves.

That also allows for a lot of capacity building to take place—a lot more. Working within the disability sector, I also work as an operations manager. Often I am presented with the concern from various different stakeholders that my son or my daughter or my participant isn't excelling; they aren't reaching their goals. This goes back to capacity building. Such transitional spaces—such breakout areas positioned right before you're entering a new space—allows for that capacity building to take place, which, of course, then grows a person's confidence and allows them to go into the community themselves, independently.

The actual bathroom space itself—Mr Matthew Hayes, you did my job for me. We need a lot more options in place. The more options you have, the better it would be, of course, but what we often get presented when saying that is that there are financial costs and limitations. Again, I would have to go back to speaking about adaptability and flexibility of our spaces. This is something that often councils and local governments are a little bit more concerned with than other levels or scales of government. What they often respond to when it comes to financial costs regarding bathroom spaces or other public areas is that the financial cost stops us from providing adaptability or flexibility within this space.

What flexibility could look like is the provision of areas which can be shaped and moulded throughout time according to public participation and how those responses are provided, the feedback that has been provided—having partitions that can move or having various cubicles that can change in shape and what's provided within them. Initially, it is a high cost. However, you will see a steep decline in maintenance costs, and in costs associated with vandalism as well, because that can often be a challenging behaviour presented. Because of that increased integration within the community and participation within the community, you'll see that, by having this initial cost up-front, you're actually investing in your community's future because you are promoting a lot more contribution from people that have a higher capacity, except that capacity isn't currently recognised or acknowledged because they don't have that ability to present that capacity.

Going back to the design elements, the cubicles themselves need to be able to respond to community feedback. Over time, if it's understood that we need a certain type of cubicle, it shouldn't be a conversation that takes multiple years for that transformation to take place. It should be an easy change. Currently we have many different forms of hinges in place. We have many different types of toilets, basins and sinks, which can be easily moved around, can be easily reversed or flipped around. By using these elements that do cost a little bit more, we are making the future use of these spaces—well, not the future use. We're making the building's timeline last longer—the building's age. It is an investment in the future. So I would say focusing on the space leading up to the bathroom itself and making sure that the bathroom space is adaptable in design and layout.

The CHAIR: I'll come to Ms Davies as well. But, in reference to Mr Hayes' very specific recommendation around the single-cubicle design, where you've got a washbasin or a mirror inside the toilet that then opens directly back onto a public space, rather than the old style where you've got a private shared space and lots of cubicles—is that your preferred design as well?

TINA KORDROSTAMI: I would say we still need a combination of both because, again, everyone presents differently according to their traumas and their upbringing and the environments they have been presented with. We have trauma-based behaviours and we can't just limit behaviours according to a diagnosis. Certain individuals want that independence, and they want that privacy for themselves, which would mean that such an option would be amazing for them. But there are other individuals that still need that support and that one-on-one guidance from their caretaker, and they would need access to such a space. I would also be mindful of anti-ligature elements as well—fixtures being used at times when we are in closed spaces. That could be triggering itself.

The Hon. ANTHONY D'ADAM: What's that, sorry? Could you just explain?

TINA KORDROSTAMI: Anti-ligature elements? These are fixtures that we can use to make sure an individual can't harm themselves when in a closed space. This can look like hooks that, when a weight is placed on them, flip back inside. We do need to be a little bit more mindful about what is presented within the bathrooms themselves, and making sure that a person can't harm themselves if they are left alone. Again, we want to promote independence, and that does mean doing things alone a lot more often. We need to reduce the risk presented in these spaces as much as possible without providing a sense of institutionalisation as well.

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I've done this successfully in multiple different residential developments and we have many case studies—I'd say about 10 now—where individuals who have been living in hospitals for decades or been in various different institutions have now been living within these homes for about nine to 10 months. It's nothing fancy. It's just that, the way that you design these homes, if they don't look like institutions—they actually look like homes—if the spaces are considerate of those transitional and breakout spaces, and if the fixtures and elements you use are anti-ligature, you're promoting a lot more confidence. I think that's the key element here: ownership of space and independence as well.

The CHAIR: What other recommendations or supports should we be looking at specifically around this question of awareness of the so-called hidden disabilities? We had a very long discussion yesterday with people with experience of mobility impairment or physical disability, and we have certainly heard some evidence that only people who need accessible toilets should use accessible toilets. There's obviously a broad range of people who need accessible toilets, and we don't always know why that is. What sorts of things do you think we should be looking at or recommending?

TINA KORDROSTAMI: There is a term called reverse inclusion. This is something that I started to talk about a lot more recently because everyone likes to put things into categories. I understand that, from a practical sense, it makes things a lot easier. But we need to get out of this mentality of saying that this space is for neurodiverse individuals and this space is for the rest of the community, because there is no such thing as neurotypical. We really need to just look at spaces, especially shared communal spaces, as an environment that has to be inclusive. Regardless of a person's diagnosis and regardless of a person's upbringing or the traumas that they have faced in life, we need to be open to providing as many options as possible because that's how you allow for inclusivity. For the neurodiverse community themselves, because they have constantly been put into this category of being different and not being preferred and not being prioritised when it comes to the design and layout of the spaces that we integrate within, they themselves tend to shy away.

We need to have them participating, like today, in a lot more of these discussions. They are the experts when it comes to understanding inclusivity for ND individuals. Those of us who are caretakers, family members, designers and professionals do our best to understand exactly what is required, but there is no one solution when it comes to inclusive space for neurodiverse individuals. It's about that overall understanding that we need to provide a lot more adaptability and a lot more options. We need to move away from the thinking of neurotypical being the norm because it is non-existent and it promotes reverse inclusion, which is having segregated spaces that are allocated to others. That shouldn't be the next solution. The next solution should be a space that integrates everyone and doesn't categorise people according to a diagnosis they may have.

The CHAIR: I'm interested in perspectives from the other witnesses on the same question: How we can support awareness and understanding of the so-called hidden disabilities and the broad range of diverse people who need to use accessible bathrooms when they are available?

MATTHEW HAYES: In my own experience, I've had quite a few times when I've tried to access disability bathrooms. I've been subject to verbal abuse quite a few times by some members of the general public in the past. I think it's important to have just a general awareness over time that, as I mentioned a little bit in my opening statement, not every disability is visible. You can't always see the reason why someone needs to use an accessible bathroom. I know that, for me in my own experience, it's a lot of—say, if I go to a shopping centre and stuff like that, often you'll get your standard communal toilets: male, female and then you get the wheelchair-accessible bathroom.

Quite a lot of places often also mention the accessible bathroom as a unisex bathroom as well. It's a unisex and wheelchair-accessible bathroom as well. It's mentioned at most of the train stations that it's both as well. Often it's the only toilet that most neurodivergent people, if it's the only one available, feel comfortable and safe in. That's the one that they'll take. I think it's just the general making people aware that not everybody who—you can't always see the reason why someone needs to be able to use a wheelchair-accessible bathroom. Just that general awareness, I think, would help out quite significantly.

FIONA DAVIES: Our family really love the Sunflower project. We love seeing it here. My daughter doesn't wear her lanyard most of the time. She always wears it travelling, but she doesn't wear it most of the time. For our family, it's a really lovely, inclusive symbol. It's something where you know you can go and start a conversation—some of those just really simple things and symbols that businesses or communities could use to actually say, "This is a safe space to come," and a bit about just raising some awareness about why people have differing needs. I just think that it's such an inclusive, simple symbol, but it really does make a big difference because you otherwise go through your entire life, wherever you are, being a bit different and that person.

Just that knowledge—particularly in relation to public spaces like toilets, some simple things like maybe you could give your space up in the queue—you would be astonished at how uncommon it is. You will see an

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obviously distressed—and my daughter, you can tell that there's a level of disability but that very rarely gets a reaction, but just some really simple messaging that reminded people. Disability access toilets are a resort we will use, but there's usually only one of them. Ironically, because they're designed for physical disability, the doors take a really long time to close, which is very appropriate, but that has been a factor for us a few times. It's better than nothing, but there are so few of them and you are very conscious of taking somebody's space where they may otherwise not have any other option. In terms of design, I think we would love everything. We would love more capacity with existing toilets. Where there was the capacity for building new toilets—and we know this from hospitals: If you build it right to start, you save yourself a heap of money down the track.

Single-use and large cubicles are actually quite helpful for us. We thankfully no longer have to be in the cubicle with her but, until she was about 13, we did. The only instance we've had with a really serious lost child incident—police called et cetera—arose from a toilet in Barangaroo where it was so small we couldn't both be in the toilet. By the time it took me to go to the toilet and walk back outside, she'd wandered off and was picked up by a police car under the Harbour Bridge, happily walking off to get ice cream. Those really small—if there's a possibility for toilets that are single-use cubicles in new builds, that has lots of benefits for lots of people, but we also recognise that's not the only answer.

We do need to make sure that with the existing toilets—some places are really fantastic with signage. That's also really useful information about when toilets are going to be open and closed. Certainly with public toilets at train stations, shutting them off at six o'clock is terrible and really not inclusive—toilets that open into the evening and investing that money into cleaning and keeping them safe. If you know where they are, it's okay. It's when you get there and you discover that they're locked or you can't get in, or you've got to find somebody or there are barriers—those are the things that would be really good to overcome. And really simple—those are not big, complex things. It's just cleaning a bit later. It's just having them checked and accessible for a bit longer.

The Hon. STEPHEN LAWRENCE: Thank you for your submissions and your evidence, and for coming along. We think it's a really important inquiry, too, so we're glad that you do. On this question of disability access toilets, we've had a little bit of conflicting evidence on it. We had one fellow yesterday who referred to the fact that, under the relevant building standard, once you provide a disability access toilet, the requirement to provide standard toilets then significantly drops. If I understood him correctly, he was suggesting that that is premised on the fact that everyone will be able to use the disability access toilet. I'm interested in teasing that out a bit with you, Ms Davies. Are you of the view that we should adhere to a system where, say, in commercial premises, the disability access toilet should generally be reserved for people with a disability?

FIONA DAVIES: Yes, generally, and that's a very small part of the solution. If people can have other toilet stock—that should not be the thing that gets you out of having to build more toilets, basically. We, as a family, really try not to particularly use the physical disability space for men and for other circumstances. The guidelines should not allow the provision of one disability toilet to be your "I've ticked the toilet box so that's all I need to do" box.

The Hon. STEPHEN LAWRENCE: Your reason for thinking that they should be reserved for those people, is that to do with queuing, or is it to do with cleanliness, or is it to do with other factors in terms of how people who've got a disability would be disadvantaged if access was broader?

FIONA DAVIES: We try, because I'm so aware that if you've got a physical disability, you may not have the other choice, but that's just a personal choice. If we had to, we would use it. I think we just need to have more toilets of all kinds. That's what I think we need to have. Disability toilets are just one small part of it. I would much prefer that we had, for our type of disability—it's been really great hearing Matthew's experience of male toilets, which I don't have much experience of, but I think there'd probably be other factors where that would actually be really confronting. I think we need to expect building designs to have some disability toilets, which would be largely for people with disability, but a larger stock of general-use toilets, ideally a bit more well-designed, supportive and comfortable for people to use.

The Hon. STEPHEN LAWRENCE: In terms of this issue of hidden disabilities on the one hand—encouraging the community to understand that lots of people are going to need to access these toilets—but on the other hand, not wanting to broaden that out so much that it loses its quality as a facility that's going to be timely and clean and so forth. There seems to me to be a tension there, because it occurred to me, on the one hand, maybe there should be a sign on disability toilets that informs the community that lots of disabilities are hidden, but that might then encourage anyone to use them, I suppose.

FIONA DAVIES: I think people are actually usually pretty good about it. What you do tend to find, though, is when the main toilets are overwhelmed and the queues are out the door, then all bets are off and everybody is using everything. It usually happens when you've got massive queues everywhere. I don't think it's a choice people make but you do notice if you go to an environment—women have this experience; it's a very

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universal experience usually at an event but much more commonly even just at standard shopping centres now. The queues will be out the door and that is when you will see people making the choice to use, so I think the best way to address the overuse of disability toilets is to actually provide sufficient numbers of accessible toilets.

The Hon. STEPHEN LAWRENCE: I will turn to you, Mr Hayes, if I could. In your written submission, you raise a really important issue that we've been talking about a lot, which is these two types of toilets, speaking broadly—the more old-fashioned communal toilet where you share public space, as compared to the more modern single-use cubicle. I wonder if you could talk to us about what that old-style toilet can be like for someone, for example, with autism, or other people that are neurodiverse?

MATTHEW HAYES: Thank you very much for your question. In my own experience with the traditional communal-style toilet, for someone on the spectrum, it can be quite overwhelming. My parents could always testify and say that when going out, one of their biggest nightmares was taking me to a toilet because it's a very loud, very overwhelming place. I noticed that hand dryers, especially multiple hand dryers, going off can be quite overwhelming. Often there's a lot of flickering lights and you have the sinks going off and people chatting and the toilets flushing and stuff like that. It's in a very wide, very open space so a lot of the sounds reverberate around the entire room.

It can be significantly overwhelming for people on the spectrum and it can make it very difficult to access community toilets if there's not an accessible toilet. Often a lot of people in the spectrum will try to not use the accessible toilet where possible, but often in most places it's a matter of last resort to use an accessible bathroom. If there isn't one available or there have been people in the past who've been aggressive to them about using the accessible bathroom, they won't go back to that place again. They won't go back to that swimming pool. They won't go back to that doctor's office. They won't go back to that shopping centre. They won't go back to that train station again. The existing communal toilets at the moment, being on the spectrum, is honestly one of the worst nightmares that you could have. Transitioning to newer compartment-style system would be significantly better for people on the spectrum.

The Hon. STEPHEN LAWRENCE: Do you think the impact of that sort of environment is such that, for some people on the spectrum, they might actually be not using public toilets because they find it too discomfoting?

MATTHEW HAYES: Yes, they just won't use the toilet there. Sometimes they'll avoid that entire place—that entire shopping centre or that entire shop—because of that.

The Hon. AILEEN MacDONALD: Ms Davies, you mentioned in your opening statement that when you're going out you know where every single accessible toilet is. Do you think it would be of benefit if there was an audit undertaken of accessible public toilets that are managed by councils and State government? If so, what would be the inclusions of what you would say an accessible toilet is?

FIONA DAVIES: To be clear, I didn't limit myself to accessible toilets. I just know where any toilet is. There was a wonderful app, great Australian dunny, where you could actually log toilets. While I thought that was an incredible initiative, to be perfectly honest, I never did it. If there were to be resources put into that, what's much easier for me is I know the types of places where I can count on there being a toilet. I know that I can run into a fancy five-star hotel, because I'm lucky and I can, and I can have the confidence to take my daughter into a place. But I do know a train station; I know a shopping centre.

If there were resources, I'd love it put into building people's awareness of the types of places there will be toilets and making sure those toilets were available, clean and accessible. You tend to think of that more than looking something up or evaluating something. You're always thinking, "Okay, I know if I get to this place, there will be a toilet that I can go and find, and it will be open and it will be something I can use." If we can build our capacity and stock in places where people can predict and expect that there will be toilets, that's what we tend to count on. Particularly, what councils could audit and provide information about, and possibly signage, is opening hours. It would be great to have much more information about opening hours. Particularly, we find after six o'clock, even in Sydney, you really have to think about what toilet is going to be open and where, particularly for public toilets.

The Hon. AILEEN MacDONALD: Mr Hayes, I was wondering if you could describe what, to you, a fully inclusive and accessible public toilet should look like from your perspective.

MATTHEW HAYES: Thank you very much for your question. It depends on the situation. There are multiple different types that need to be in that spot sometimes. For people like me, that single-compartment thing is fine for me. Sometimes it needs to be a wheelchair-accessible bathroom with enough room to bring a wheelchair in, and being able to independently transfer from the wheelchair onto the toilet, and also having a sink at the right level and everything at the correct level. For some people, it needs to be a proper hoist system and a larger change

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table as well, and enough room for both the person with a disability and also their carer as well to be able to look after them. So it depends, and there are multiple different varieties that'll apply for different situations.

The Hon. AILEEN MacDONALD: I was wondering how important it is—and this question can be to anybody—to include neurodiverse individuals in the design process for public toilets. To me it appears that that's not happening at the moment, so I think it should be included.

MATTHEW HAYES: I think it's absolutely vital for people who are neurodiverse and with all kinds of disabilities—those with lived experience—to be actively involved in the discussion. With pretty much every single project that I've seen and every single program I've seen, there are significantly better outcomes for people with disability, people with hidden disabilities and people who are neurodivergent when those people with lived experience are at the table discussing it, just like what I'm doing here today. So I think it's absolutely vital.

TINA KORDROSTAMI: I might also add just quickly, in response to that question, the reason I had to go and start a whole architecture firm tailored towards neurodiverse individuals and their needs is because designers, architects and builders don't have experience working within the disability sector. They're not mandated to. Currently, we have those SDA homes under the NDIS scheme. It's a great initiative but, again, because these designers haven't worked in group home settings themselves and haven't been exposed to behaviour practitioners, psychologists, families and participants, they don't truly understand the day to day of an individual living with any type of disability. We really need to revisit how our designers gain experience when it comes to accessing the designs for these spaces, both externally and internally.

The CHAIR: Thank you so much again to all of you. We're out of time this morning. We really appreciate the time you've taken to share your experience and your expertise with us this morning. If there are supplementary questions from the Committee, the secretariat will be in touch with you about those.

(The witnesses withdrew.)

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Ms NIAMH JOYCE, Solicitor, Inner City Legal Centre, affirmed and examined

Miss SASHA BAILEY, Trans Health Researcher, The Matilda Centre for Research in Mental Health and Substance Use, Faculty of Medicine and Health, The University of Sydney, affirmed and examined

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

NIAMH JOYCE: I am here representing the Inner City Legal Centre. We are a community legal centre that provides free legal advice and representation. We've been based in an inner city area since the 1980s. Because of our location, we've had a strong focus on assisting LGBTQT and sex worker communities for quite some time, and we hold ourselves as representing that community for quite some years. To this day I run the trans and gender diverse legal service there as well. Through that work, we have quite close connections and relationships with our clients. I'm happy to speak today about some of the experiences, mostly from the trans and gender diverse community, and some of the issues that we've seen arising, particularly in relation to public toilets.

Broadly speaking, everyone should have the right to access public facilities, including public toilets, in safety and without unnecessary harm, fear or discomfort. We've seen—and I've seen, in particular, with the trans and gender diverse community—that there's been strong fear, basically, about accessing public toilets and if they're going to be safe for trans and gender diverse people to use. That has led to really strong avoidance behaviours, so people are avoiding using public toilets at all, from fear of harassment or being misgendered or facing some sort of negative interaction. That avoidance of using public toilets, which is a really important and basic facility, can lead to straight-up health problems. I'm not a doctor, but people holding in their pee for hours on end is definitely not good for your health. It can also have subsequent effects like feeling socially isolated, not being confident, not going out and enjoying other parts of the city or the State, and not participating in social life because of that fear about not being able to use the toilet when they get there.

The CHAIR: I might start with a couple of my own questions. Thank you for the written submission that was provided. I'm interested specifically in your perspective as a legal centre. We're speaking to a number of people later today with lived experience from the trans and gender diverse community. Their written submission raises this issue of overpolicing and criminalisation relating to the use of public toilets. Could you explain that in more detail?

NIAMH JOYCE: Yes, I think it's probably helpful to frame it as an important case study. Let's look at the overpolicing of public bathrooms, historically and sometimes today as well, if they're perceived to be what we call beats. For people who don't know, that is Australian slang for a particular location where gay men or men who have sex with men might meet up to have particular kinds of encounters. Certainly historically—and perhaps still to this day, to a degree—we see that these locations are given undue attention or moral concern and have been the site of overpolicing. We've seen the negative effects of that. In cases where individuals also have other intersections of marginalisation—for example, people who are homeless and LGBTQT—and where there might be really limited access to private spaces, we're seeing the effects of overpolicing of public bathrooms generally, but also when they are used as beats. The impact of that can lead to a spiralling of other legal issues that can arise from that moment of overpolicing.

The CHAIR: I have a follow-up question. There was a specific case study provided in the written submission that I understand was provided with consent from the HIV AIDS Legal Centre. It was a pretty distressing anecdote of someone who was viewed through a gap in the toilet door by a police officer and subsequently charged. Is this something that we should be addressing through design of public toilets, by having full-height, lockable doors?

NIAMH JOYCE: Absolutely. I think there's a range of benefits to having fully private cubicles. It's an issue not just for trans and gender diverse people or LGBTQ people but also for people with disabilities who have sensory issues. I think everybody would like complete privacy when using a toilet. Those case studies really highlighted that when someone is perhaps already under additional scrutiny or suspicion, rather than the general public, then what should really be a very private and safe space can become not safe. Through design, I think that we can eliminate some of these issues, having fully private cubicles being a key way to do that.

SASHA BAILEY: I apologise that I'm late; I was in the wrong room. I was thinking, "This is about roads, not toilets," so I ran over. Thanks for having me.

The CHAIR: Thanks for coming. Do you have an opening statement?

SASHA BAILEY: Yes. Good morning, all. I'm Sasha Bailey, pronouns she/her, and I'm a PhD candidate at the Matilda Centre for Research in Mental Health and Substance Use, University of Sydney. More recently,

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I've started as a research fellow within the Department of Medicine at the University of Melbourne. My research broadly focuses on understanding the mental health and wellbeing of trans and gender diverse populations. Our submission to the inquiry can be distilled into three key recommendations. The first is to ensure adequate provision of all-gender/gender-neutral toilets. The second is to ensure that all-gender/gender-neutral toilets are consistently and equitably provided across all public settings, particularly schools and other educational settings, sports and recreational facilities, and workplaces. Lastly, the third is to provide change management plans and high-quality training and education resources to support the implementation of all-gender/gender-neutral toilets.

There are multiple benefits offered to a diverse range of people from the wider availability of all-gender/gender-neutral toilets. Our recommendations, however, are mainly weighted with consideration of implications specifically for trans and gender diverse people—whom I'll henceforth refer to, respectfully and inclusively, as trans people—who face a range of issues relating to toilet access, which have been shown to increase the risk of poor mental health and wellbeing. This is a particularly concerning issue because trans communities are already well known to disproportionately bear higher rates of mental ill health relative to their cisgender peers in the general population.

The CHAIR: I have one question and then I'll go to other Committee members. In terms of those health impacts on trans people—and I'm using that as an umbrella term in the way that you have—what are the health impacts on people when they can't access a toilet that's safe to use in a public space?

SASHA BAILEY: There are two questions within that. Firstly, there is what are these toilet access issues that we refer to. It can really be distilled into two key issues. The first is we talk about there being anxiety about accessing the toilets, avoidance of accessing the toilets and uniquely associated physical and mental health issues. Secondly, there is discrimination that prevents access to the toilets—that is, being prevented or discouraged—as well as actual violence, abuse and negative experiences within the toilets.

The main evidence that we have about the mental health impacts comes from international studies in terms of mental health outcomes associated with anxiety and avoidance of pre-access to toilets. There was a large 2021 survey of over 12,000 trans young people aged 13 to 24 which found that nearly half of folks reported sometimes avoiding public bathrooms due to concerns around using them, and nearly one in five always avoided them. Among those folks who always or sometimes avoided these bathrooms, the odds of attempting suicide in the preceding 12 months were twice as high compared with trans youth peers who'd never reported avoiding public bathrooms.

Although this is cross-sectional evidence, these analyses did adjust for age, sexuality, race, ethnicity, income and US census region. In terms of outcomes associated with discrimination preventing access, which is often the most common issue that has been researched in the literature, there has been a 2018 survey of over 7,000 trans youth that found, alongside highly prevalent rates of bathroom discrimination—defined as being prevented or discouraged from using the bathroom corresponding to your gender identity—significantly increased odds of depressive mood, serious consideration of suicide, and being twice as likely to report both a suicide attempt and multiple suicide attempts in the preceding 12 months. Similarly, these analyses also adjusted for the usual suspects of demographic covariates, and all the measures were validated measures of mental health extensively used in the past.

Similarly, the seminal 2015 US transgender survey of over 25,000 trans people—the largest sample to date in the history of the world—asked about, in the preceding 12 months, whether anyone had told you or asked you if you were using the wrong bathroom. That is this idea of just being questioned about bathroom choice. People with recent suicidal ideation and serious psychological distress were significantly more likely to report that they had avoided using public bathrooms due to fear of having problems using them. Lastly, a study from China of over 7,000 trans people in mainland China—with all of the provinces, autonomous regions and cities represented—found that those negative experiences of verbal abuse in a public restroom, sexual abuse in a public restroom and the negative consequences of avoiding public restrooms were significantly associated with higher levels of anxiety, depression, post-traumatic stress, suicidality and self-harm, again adjusted for those same covariates.

The Hon. STEPHEN LAWRENCE: Thank you to both of you for your submissions; they're really useful. The first question I wanted to ask is a general question for you both. I've noticed with council-built public toilets in different areas that the modern style is to build a single-use cubicle that's accessible from public space. I've noticed in facilities where there are quite a few of them that you'll commonly have a disability accessible one, and then you might have a unisex one, and then you might have a male and a female one. What are the arguments for and against having a single-use cubicle exclusively for male or female? I can understand some of the arguments about a shared public space toilet where you've got cubicles, why people are in favour of gender segregation there, but I've never quite understood why a single-use cubicle should be allocated for male or female, given that people

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don't share the space in there. I'm curious about your thoughts on that, maybe starting with you, Ms Joyce, and then Ms Bailey.

NIAMH JOYCE: From experience, looking at other kinds of cases and the clients that we've talked to, the single-use toilets I would say is the better option, and having, where possible, only all-gender bathrooms. If it's only a single-use toilet, you're going to be in there by yourself. I can't really see a reason for having it be gendered. I have had the personal experience of waiting, and there's just one male-only single-use toilet available, and it seemed very stupid indeed. I have had a look at a lot of the other submissions and things that have been said to this inquiry, but not all of them, so I may have missed something. I haven't seen anybody raise a concern about using a single-use cubicle that's used by different genders for a particular reason other than perhaps explicitly transphobic reasons. I do think that all-gender bathrooms being the main ones that are available is the best choice, yes.

The Hon. STEPHEN LAWRENCE: The only thing that occurred to me was maybe that men are considered to be more messy, but that was the only one I could think of.

NIAMH JOYCE: Perhaps.

The Hon. STEPHEN LAWRENCE: Ms Bailey, what are your thoughts on that question?

SASHA BAILEY: I can only speak to the mental health equity implications as they pertain to trans people. I suppose when we think about trans people reporting common experiences of avoiding toilets, having anxiety about toilets, binary designation of these facilities is what contributes directly to those feelings of anxiety and avoidance. To answer your question, I suppose there's a mental health prevention argument to be made.

The Hon. STEPHEN LAWRENCE: In terms of having gender segregation for single-use cubicles?

SASHA BAILEY: No, keeping them gender-neutral or all-gender.

NIAMH JOYCE: If I may add as well, I think having them gendered, particularly where there's no utility to it, it's a single-use cubicle, it creates a site of potential conflict, and it creates a site of contention that I don't see why that needs to be there where we've seen transgender diverse people being accosted or interviewed or grilled about which bathroom they're using and why, and indeed, cisgender people as well. By having the single-use cubicles gendered it just creates a point of conflict needlessly. We have seen harassment arise there. We have seen violence come up when the bathrooms are gendered, and we have seen potentially discrimination and things like this arising. It seems to be creating a problem, I feel, rather than where we could have designed the issue out, basically, by having all-gender single-use cubicles only.

The Hon. STEPHEN LAWRENCE: Where I live in Dubbo, for the first time in a long time—maybe in decades—we recently had a new public toilet built in a park, so there are no space issues there, with male, female and an MLAK locked disability accessible toilet. I'm not aware of any other council still building old-style cement boys'/girls' toilets. What's your reaction to that? In 2024 or 2023 maybe, when it was built, we've still got councils, where space is not an issue, still building male/female facilities that aren't single-use cubicles. What are your thoughts on that?

NIAMH JOYCE: I can see that being a barrier for non-binary people or gender-diverse people and transgender people as well. Which bathroom should they use? They need to pee just like everybody else, and it just creates a point of stress or conflict, I think, unnecessarily. That would be my comment on that.

SASHA BAILEY: As you pointed out earlier, it is a quite easy strategy to actualise in terms of designating all single stall restrooms as all-gender, gender neutral. Whether policy reflects evidence, I suppose there needs to be consultation to account for the variance in practices.

The Hon. STEPHEN LAWRENCE: Am I correct in understanding the submission that you're not advocating that all public toilets should be made all-gender? Rather, you're advocating that all-gender facilities should be available, there should be more of them, and they should be available everywhere, ideally. Is that a fair understanding of your submission?

NIAMH JOYCE: Perhaps I won't speak to the practicalities of renovating all of the bathrooms in New South Wales. I might leave that aside. I would say that having all-gender, single-use cubicles is best practice in terms of making things available and safe for transgender-diverse people. But I think it also serves the needs of quite a few different members of the community and a few different types of needs as well in terms of privacy, disability access and things like that as well.

The Hon. STEPHEN LAWRENCE: On the second page of your centre's submission under "best practice design", it says female/male unisex signage should be replaced with all-gender signage. I just wanted to give you a chance to respond because we've had various reporting of things in this inquiry. Is that a suggestion that

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uniformly we should abolish gender distinctions in public toilets, or is it rather saying that where you've got a toilet that can be an all-gender toilet there should be all-gender signage?

NIAMH JOYCE: There definitely should be all-gender bathrooms available everywhere where people need to go to the bathroom. I won't speak to the practicalities of all the renovations of all the bathrooms in New South Wales, but I think it certainly should be the goal to have all-gender bathrooms as the main bathrooms, or perhaps the only bathrooms that are available from the perspective of greater inclusion and making sure that everybody feels safe to use bathrooms, because everybody wants privacy. I assume most people would like the benefit of a sink and the toilet in the same room, and also to not queue unnecessarily when there are bathrooms available. I can't speak to every location across New South Wales, but that is the general best-practice approach, I would say, yes.

The Hon. STEPHEN LAWRENCE: When you say that we should be moving to a situation where all-gender toilets are the norm, you mean in the context of single-use cubicles?

NIAMH JOYCE: Yes.

The Hon. ANTHONY D'ADAM: On this issue about signage, is there a convention in terms of all-gender signage? Is there consensus about what that looks like?

NIAMH JOYCE: It's never a consensus, but what we would say is that "all gender", as the words used, is perhaps a good way to go. I think we provided examples from the TransHub website. I think they call it purpose-based signage rather than identity-based signage. Rather than saying, "This bathroom is for men," you could just have a picture of a urinal. People who need to use a urinal can figure it out for themselves. It's about letting the user decide what facility makes sense for them, rather than assuming or imposing a particular gender identity unnecessarily on what is a facility that people can use and figure out if they need to use it or not themselves. That's not just in regard to gender in bathrooms; it is also in terms of is it disability friendly? What types of accessibility features are there within the bathroom? Does it have a baby change room? Does it have a urinal? There are all of those things as well. I think the example that we provide is just a picture literally of a toilet that says all-gender bathroom, and then variations of that as well.

The Hon. STEPHEN LAWRENCE: Miss Bailey, I might go to you. On page 4 of the centre's submission, the first recommendation is to ensure adequate provision of all-gender or gender neutral toilets. So you're not advocating some wholesale immediate transition to all-gender toilets for everyone. Rather, you're saying that there should be adequate provision of all-gender toilets.

SASHA BAILEY: Yes, that's correct, subject to allocation of limited resources in most settings. I suppose that in a lot of settings new construction isn't feasible. It can't be funded. Those recommendations are in that spirit.

The Hon. STEPHEN LAWRENCE: I wanted to ask that because we've had some mischievous reporting in different publications about this inquiry and some mischaracterisation of submissions. It has been put, for example, that people are advocating for things that I don't think, on a fair reading of their submission, they have actually been advocating for. That is why I wanted to raise that.

The CHAIR: I have a question about accessible toilets. This has been brought to our attention because some facilities will have gendered toilets and then advertise that there's an all-gender or a unisex accessible toilet. We've heard from people with lived experience of disability that they strongly prefer for that only to be used by people who have accessibility needs. I'm interested in your views on whether that is an adequate provision of an all-gender toilet, or if we really need to have separate non-disability all-gender toilets.

NIAMH JOYCE: Yes, I think there is a need for non-disability, all-gender, single-use cubicles for trans and gender diverse people who don't have a disability. It's awkward or not appropriate to be using the disability bathroom or the accessible bathroom when that is specifically allocated for people who have access needs. It's not appropriate, and there should be separate all-gender bathrooms. For example, we've heard from clients where they're hanging out with friends and then they—you know, everyone goes to the bathroom and it's awkward or it's inappropriate for them to not be using a specific bathroom but instead using the accessible bathroom when they know they don't have an access need like that. It's a little bit of a cop-out, if I can say that, to say that there's a disability or accessible bathroom and therefore we have all-gender bathrooms. It doesn't remove the unnecessary gendering of bathrooms and the unnecessary creating of a controversy, I feel, where there doesn't need to be one, particularly when they're single-use cubicles.

SASHA BAILEY: Harking back to your earlier comment about best practice signage—avoiding identity-based signage and preferring use-based signage—use-based signage accommodates gender inclusivity but also accessibility requirements for other toilet patrons. Those needs aren't mutually exclusive, necessarily, subject to allocation of limited resources.

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The CHAIR: I have another question about signage and communication. We've heard a lot in this inquiry about tools like the National Public Toilet Map app and town signage provided by council or other ways that people find information about toilets and what's available. In your experience, is it communicated whether the toilets are gender segregated or all-gender toilets? Can people actually find out? If that's their main accessibility need, is that information available?

SASHA BAILEY: I'm not too sure. I would have to come back to you on that.

The CHAIR: You're welcome to take questions on notice.

NIAMH JOYCE: There have been lots of circumstances where there isn't clear information available online or before attending a particular location. I've seen some really wonderful best practice, particularly in spaces that are used by the LGBTQ community and trans and gender diverse community, where the really clear information is available way ahead of time of a particular event or before I go into a particular location about what the bathroom situation is. That obviously is of great assistance for people with access needs, but also for people who are trans and gender diverse, in wanting to know what the situation is. That can include signage at the front or near the entrance area as well. There has been, I think, quite a beautiful practice in different LGBTQ event spaces where, whatever the built-in bathrooms are available, they've just stuck a piece of paper over the top and said this is now an all-gender bathroom. That's been seen as quite inclusive and quite helpful. It's been quite a nice experience for the attendees to have that stress and that point of contention removed completely at an event.

I think standardisation of bathroom signs might be very helpful. Again, looking at that use-based signage rather than identity-based signage is quite helpful as well. Anecdotally, I've seen the strangest symbols being used as sort of an interpretive art of what gender is. I think that could be confusing for everybody. Is a circle the male or the female bathroom, or is it the triangle? To make the point, that is the strangest one, but you can see how that would add even more stress and confusion for people who are gender diverse, and perhaps even more unnecessary conversations about whose gender is what, when we're all just trying to pee. I think standardising signage might be very helpful, yes.

The CHAIR: I also have a question about terminology for all-gender bathrooms. You often hear gender neutral or unisex or other terms. There seems to be a broad diversity of terms that are used to try to describe this. Do you have a strong preference in terms of what best practice language should be when we're talking about this?

NIAMH JOYCE: I think all-gender is the best terminology. I would say that we're probably modelling that off other organisations that have more of a focus on research in this area, such as the TransHub website and some of the research that we've referred to.

SASHA BAILEY: All-gender or gender neutral. Technically some trans people identify as agender—that is, not having a gender at all—and all-gender could be construed as presupposing their possession of a gender. All-gender or gender neutral.

The Hon. STEPHEN LAWRENCE: Miss Bailey, I see some stuff in the Sydney Uni submission about educational facilities. That's at 2.21, on page 6. Can you expand on this issue of loos in schools and other educational facilities?

SASHA BAILEY: Yes, certainly. We're seeing that the aforementioned toilet access issues—those prevalence rates are particularly pronounced within school and educational settings. I suppose my co-authors and I intentionally highlighted this because the majority of mental disorders emerge during adolescence. Mental ill health disparities between trans people and cisgender people emerge during adolescence and actually widen throughout adolescence. When we keep coming back to this argument about preventing the mental ill health burden, it's especially critical that we address that during adolescence, particularly in relation to toilets.

The Hon. STEPHEN LAWRENCE: How are most schools dealing with accessibility for trans youth in this respect—public schools, for example?

SASHA BAILEY: We don't have a lot of data about contemporary practice. I can take that question on notice.

The Hon. STEPHEN LAWRENCE: Ms Joyce, I think the centre's submission refers to overpolicing of public toilets. Is that right? Have I remembered that correctly?

NIAMH JOYCE: Yes.

The Hon. STEPHEN LAWRENCE: Could you expand on that?

NIAMH JOYCE: This relates to what I mentioned in the introduction. I wanted to refer to the historical and perhaps current overpolicing of public toilets, particularly if we look in the historical context of beats and

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overpolicing public toilets when they're used by gay men. I think it provides a really interesting, helpful case study to look at how we identify what is and isn't a problem when it comes to behaviours and uses of public toilets. A couple of decades ago, homosexuality was criminalised and we saw public toilets as a site of major contention—as a site of criminalisation and a site of real harm, I think, for our communities. It was seen as a huge problem. Nowadays, it's not seen as a huge problem. It's not that behaviours or people have changed; it's that the way that we've seen this issue as a problem has changed.

Obviously, a lot of things have happened between, perhaps, the 1980s, as a benchmark, and now in terms of the human rights approach to looking at LGBTQ issues and decriminalisation of homosexuality, access to rights and services and a whole bunch of things that have happened. I think it's a useful case study, when we think about problems that are happening in public bathrooms, instead of trying to think about how we can make people or behaviours go away, to think about what needs are here and how can we be addressing them better as a community and having that human rights approach that's looking to see how we can serve all members of our community, perhaps, not just some privileged types of people in the community, and see how we can serve that through public facilities, whether that's public toilets or other kinds of facilities and services available in the community.

If I can say, as well, through this inquiry—and I had a look at some of the transcript from the earlier hearings as well—for me, a really nice theme has emerged that there are so many reasons why people want to use a public toilet: you spilled coffee on yourself or you need to use the bathroom or just for a moment of privacy. There are so many almost very beautifully human reasons that people want to use the bathroom. I think if we start looking at public toilets as a site for a little moment of privacy or I think someone said for relaxation or safety in a public space, we're going to be framing public toilets and then what we consider problems or not problems in public toilets completely differently. That's a really helpful framework to be looking at the design more holistically as well.

The Hon. STEPHEN LAWRENCE: Your submission, on the last page, talks about the HIV/AIDS Legal Centre, which is a different organisation from you guys, that has received reports from clients of New South Wales police staking out public toilets for people engaging in sexual acts. Is that anything that you've got more information about and this staking-out practice? Is that still occurring?

NIAMH JOYCE: Unfortunately, I don't. Those were case studies that we received from our friends at another community legal centre. I don't think I'm able to provide much. I would not want to provide much more detail about that, in case I misunderstood something exact about the cases. But it certainly was raised with me that there was a series of incidences where LGBTQ people—usually gay men, but not always—were repeatedly having quite negative interactions with the police in bathrooms, including the police coming into bathrooms at various points. More than that, I don't think I have enough information to confidently go into more detail on that point.

The Hon. STEPHEN LAWRENCE: It's obviously hard to judge without knowing the facts of particular matters. I know that in the past there was, to put it neutrally, an over-allocation of police resources into such matters. It would be a concern if that was occurring again.

The CHAIR: One last question from me for Miss Bailey. Right at the start I asked about the impact on trans people of not being able to safely access toilets when needed and you provided a really excellent overview of international literature, mostly focused on mental health. I just wanted to follow that up specifically to look at physical health as well. You put a point in the written submission that trans people have developed urinary tract or kidney infections or other kidney related problems from extensive periods of urine retention. That's really concerning. Can you talk us through some of that evidence?

SASHA BAILEY: Yes, absolutely. It has been noted in the Writing Themselves in 4 study of over 6,000 queer and trans young Australians, including over 1,400 trans youth. It found that around 7 per cent had developed a urinary tract infection, kidney infection or other kidney related problem in the preceding 12 months in relation to toilet access. Nearly two in five had, within the past year, also limited how much they had eaten or drank to avoid having to go to the toilet whilst there. There hasn't been further analyses looking at associations with these exposures and physical health outcomes, but those issues in themselves constitute physical health issues.

The CHAIR: Before we go to morning tea, is there anything that you were particularly keen to share with the Committee that we haven't asked about?

NIAMH JOYCE: I would like to say that I quite liked in your submission, Miss Bailey, having oversight over change happening throughout the processes. I think that, particularly for large public facilities where there might be staff or security available around bathrooms, with a change of policy or a change of approach or even just clarifying current rules, training and conversations with staff or security that are around bathroom spaces—and perhaps cleaners as well—that are explicitly trans and gender diverse inclusive can also have a place as well. A couple of cases that I've seen of quite bad trans and gender diverse discrimination regarding bathroom use has

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often come from staff who are related to that bathroom in some way, whether it's security of a private venue or cleaning staff or something like this. I think there's a real opportunity there for people who have that kind of custodianship around the bathrooms to have some additional training or clarification that these bathrooms do need to be transgender diverse inclusive.

SASHA BAILEY: I just wanted to pass on apologies for my colleague Emma, who was unable to attend today. She was really disappointed. She's just feeling under the weather.

The CHAIR: Thank you so much for sharing your time and expertise with us today. I think there were a couple of questions taken on notice. If there are any supplementary questions from Committee members, the secretariat will be in touch with you about those. We will break for morning tea and come back at 11 o'clock.

(The witnesses withdrew.)

(Short adjournment)

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Ms BARBARA TAYLOR, Parent Representative, Parents for Trans Youth Equity, sworn and examined

Ms LANNEN DONNELLY, Founding Director, Parents for Trans Youth Equity, affirmed and examined

Dr KATE TOYER, Board Member, Illawarra Shoalhaven Gender Alliance, affirmed and examined

Dr RORY GILLARD, Volunteer, Trans Justice Project and Sydney Bi+ Network, affirmed and examined

Ms ELSTER COOK, Volunteer, Trans Justice Project, affirmed and examined

The CHAIR: Thank you all so much for attending and making time to give evidence today. Would you like to start by making a short opening statement?

BARBARA TAYLOR: Today we're representing Parents for Trans Youth Equity, known as P-TYE. We are a volunteer group of mostly parents and carers who seek to ensure that all transgender and gender diverse or trans youth are treated with respect, fairness and equity. We welcome this inquiry and we see it as an opportunity to share how improving the provision, accessibility and inclusivity of public toilets across New South Wales can improve the lives of trans youth. In our submission and today, we draw on our lived experience as families of trans children and young people, which has also led us to undertake and publish peer-reviewed research in partnership with Western Sydney University.

We see the Department of Education and other education providers as key implementers of the inquiry's outcomes, both in providing appropriate facilities as well as an environment where it is safe for trans youth to access the toilet that aligns with the gender they identify with. This includes all-gender toilets. Trans youth are limiting their fluid and food intake to avoid having to use the toilet at school. It is unacceptable that young people have to do this to get through the school day. New South Wales research has found, and our experiences confirm, that toilets are one of the greatest concerns for parents of trans youth that require negotiation with schools. It should not be up to parents to have to intervene and educate school staff so that their child can access appropriate toilet facilities.

LANNEN DONNELLY: Whilst we acknowledge that the New South Wales Department of Education is not a strong focal point of this inquiry, the Government funds public school toilets. School is where most of us learn public toilet etiquette and, accordingly, it's also the first place our unconditionally loved and supported trans children face overt discrimination. We've outlined in our submission the problematic lack of consistent, clear, accessible direction and guidance to schools when it comes to our kids. Whether our child can access the toilet of their known gender during school hours does not depend upon the department, the school district or even the school itself. It often depends on the situation at the time they need to relieve themselves.

Our children have to navigate, on their own and in the playground, whether toilet use at school is safe at any time, depending on their awareness levels of which kids and which teachers are in the vicinity. The Department of Education has no central unit for schools to understand, clarify and ensure the consistent application of their responsibility towards trans kids and their human rights. The only available guidance for schools is an inaccessible document called Bulletin 55, which is over a decade old and no longer fit for purpose. In short, the Department of Education is in chaos when it comes to trans students and their right to toilet.

Our kids' education is suffering. Their mental health is suffering and their overall wellbeing is diminished. When the 1.2 million students across New South Wales go out into the wider community and use public toilets, if they've witnessed unchallenged discrimination against trans kids, it can foster hate and assaults against our kids. This then perpetuates into adulthood. Rather than navigating unnecessary, discriminatory and sometimes violent barriers, we hope this inquiry will lead to trans youth being able to focus on living their best life.

KATE TOYER: The Illawarra Shoalhaven Gender Alliance represents and advocates for trans and gender diverse people on the South Coast of New South Wales, covering an area from Wollongong to the far South Coast of New South Wales—the Dharawal and Yuin nations. Trans and gender diverse people come from all walks of life—young, old, parents, single people, people with a disability and people with a chronic illness. Our advocacy centres around the need for universally accessible design. Universally accessibly designed toilets benefit everyone in society, not just trans and gender diverse people, and it is this that we advocate for.

ELSTER COOK: Growing up as a trans kid in regional Australia, there were many difficulties in life. I was subject to harassment, threats of violence and many other things, all whilst the powers that be such as schools and even police officers did nothing to help me when asked. On top of all that, I was denied access to basic human decency in the form of not being allowed to use bathrooms. If I were to use a men's bathroom, I risked violence, harassment, threats and being followed and jeered at, amongst other things. Whilst women's bathrooms were slightly kinder to me, I still faced much the same experience. At times I was followed into them by men.

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Accessible bathrooms also had their issues. They were often locked or had some other barrier to entry, so I was left to either endure the discomfort that came with not having access to a bathroom, which I often found myself subjected to, or dealing with everything that came with using a public bathroom. This is not a one-of-a-kind experience either. Trans youth across Australia and New South Wales experience much the same thing, and it is not a situation they should have to be in due to the risk to their mental health and other such issues. I sincerely back the Trans Justice Project submission and recommendation for this inquiry so that we may push towards a safer, more accepting and fairer world.

RORY GILLARD: I just want to stress that in the joint submission by Elster and myself on behalf of our networks, we're not just arguing for all-gender toilets on the basis that it creates safer environments for trans and gender diverse people, or for people who are perceived to be trans and gender diverse. We also really want to stress the broad range of communities that really benefit from the creation of all-gender toilets. That includes people who would usually use women's toilets, given the higher wait times for women's toilets in comparison to men's toilets. Studies show that all-gender bathrooms reduce wait times for people who would ordinarily use women's toilets, and parents and caregivers who have a child they're looking after who's a different gender to them. All-gendered bathrooms are also beneficial for people with disabilities entering with a carer who's a different gender to them. To support the change to all-gender toilets that we're arguing for, we've developed some sample signage that can be placed in all-gender bathrooms, which we'd like to table.

The CHAIR: We might go to questions, starting with a couple from me. You've just tabled this document so I've got a couple of questions about that. Can you can you talk us through where the sample signage has come from? Is this a real sign that's in existence? What's informed this recommendation?

RORY GILLARD: At the end of the document, we've basically mentioned that this is based on some signage that was created by the University of Sydney Union. This is based on signage that was placed by the University of Sydney Union in all-gender bathrooms at the University of Sydney. We've made some slight amendments because of our recommendations, but that's where it's been based off.

The CHAIR: I might ask a broad question to all of you to start with. Some of this was touched on in your opening statements. You were probably listening when, in the previous session, we heard a lot of data and academic research around the impact of toilet availability and accessibility on trans and gender-diverse people, but I'm interested in your own experiences and the people that you're representing today. When all-gender or safe toilets aren't actually available for trans people, whether that's children or adults, how does that impact people?

LANNEN DONNELLY: They mentioned, in the previous session, how our children are developing urinary tract infections. They are developing kidney problems as well because they're not going to the toilet. When it's not safe, they're not going. They can't go. They have no choice. Some are limiting fluid intake throughout their entire school day, as Barbara mentioned. They're limiting food as well. It's just so detrimental to their health when safe toilets are not available. Can I also add that my son, once he was comfortable in his skin after he came out as trans, would use school toilets only during class time because he knew that there'd be nobody in there—it's outside of lunch and recess—so our children are missing out on education as well. It impacts them significantly.

KATE TOYER: I would refer the Committee to our submission. We have a number of lived experiences within our submission. I would also add the comment that use of public restrooms is probably the only situation where I have actually been publicly harassed by someone who accused me of inappropriately entering a public facility. This is obviously quite impactful, mental health wise. I would also add, from personal experience, that the availability, particularly of universally accessibly designed toilets, is significant. I transitioned between my second and third child, my second child being a daughter and my third child being a son. I transitioned between the two of them being toddlers, and I was faced with the situation where my second child was a young girl and I was in public taking her—we were going shopping. I was in the awkward situation where I had to either take her into the men's restroom which, obviously, was an uncomfortable situation. Clearly, I did not wish to be entering an exclusively women's restroom.

The situation ended up being reversed for me with my third child when I was presenting female—I had transitioned—as I do today. He felt incredibly uncomfortable, particularly as he started to become a little older, entering the women's restroom. Yet for me to enter an exclusive men's restroom was an uncomfortable situation for myself. I think that speaks to the universality of all-gendered bathrooms, particularly universally accessibly designed all-gendered bathrooms. They are very much beneficial for everyone.

ELSTER COOK: Speaking much from recent personal experience, as I'm only a recent high school graduate, it was something that really affected me throughout most of my school years because I came out near the start of high school. From that point on, things just weren't the same. I cannot count the number of times I was followed or had slurs yelled at me for going into bathrooms or such, to the point where I gave up on going to bathrooms at school for a while, and I would skip school. I would leave the school at times so I could go to the

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bathroom at my home, because it was close enough to do that rather than try and deal with that, which obviously comes with its own consequences of missing out on stuff like that. But it was from fear. I was receiving very real threats. I had people show up outside my house at times from stuff like that, and it was just a culture of fear that I couldn't deal with that. It was really contributing to some physical health problems and especially mental health problems.

Even in public situations outside of school, I wore a mask nearly 24/7 because it helped. I found I experienced less harassment with that, but it was also pre-COVID and all such things, and it was not exactly comfortable. It caused marks around my ears and a lot of pain around there, but it was just because, if I didn't do it, I was at so much more risk of facing harassment and all of that. It affected me a lot for a long time, especially mentally. It's the sort of experience that someone really shouldn't have to go through. There are plenty of people in this country and State who have to go through something similar, which is awful.

The Hon. ANTHONY D'ADAM: Was it a public school?

ELSTER COOK: Yes, it was a public school.

The Hon. ANTHONY D'ADAM: Was there any support from the school administration in terms of trying to find suitable adjustments to accommodate you?

ELSTER COOK: Not really. In my last year of high school, I approached them about things like that and how I wasn't feeling safe at school because of things like that, and they essentially told me that I just had to deal with it.

The Hon. STEPHEN LAWRENCE: It's amazing that you came out at school. That's so incredibly brave. What an amazing person you are.

ELSTER COOK: Thank you.

The CHAIR: I've got one more question, and then I'll come back to the other Committee members. I'll start with Dr Toyer, but anyone else is welcome to chime in. I'm starting with Dr Toyer because you've made a very clear recommendation around universal design of toilets, and we have heard some other evidence to that effect. Could you describe very specifically what you mean and what that design looks like?

KATE TOYER: In particular, I'm talking about toilet facilities that are all-gendered and are usable by people of all abilities, whether that be people who have physical disabilities, the vision impaired, the mobility impaired, the elderly, or those with chronic illnesses that mean that they have difficulty going to the toilet. I have Crohn's. I've had bowel cancer and a total colectomy, and I need to use the toilet fairly frequently, to be honest. I'm reasonably able-bodied at this point but, certainly, there are situations where, if you've been hospitalised because you've been ill, it's not physically easy to actually use a toilet facility. If you have a carer and the carer is not of the same gender or the toilet is not capable for the carer to actually come in and assist you, it becomes very difficult and it can be quite humiliating because you are stuck in a situation where you may have soiled yourself or you need assistance to actually clean up. That's just not possible in single cubicles, particularly in single-gender toilet facilities, which are not designed for this sort of thing.

This is that universal design concept—universally accessible design; not just accessible for anyone of any gender but for anyone of any ability. That is where we would like to see public toilet facilities progress to. We appreciate that, obviously, there are large numbers of public toilet facilities, and it will take time, but all public toilet facilities need updating, maintaining and renovating. There is no apparently obvious reason that we can determine that stops us from actually, during those updates and maintenance of those facilities—that they can't be improved to actually make them universally accessible.

The Hon. STEPHEN LAWRENCE: Thanks to you all for your submissions and attendance. It's really helpful. I have a bit of a general question first for you all to comment on. I've noticed that local councils these days are often building toilet facilities where there are multiple single-use cubicles, which is obviously good. It's quite common to have one disability accessible, one unisex, one male and one female, or some configuration where there's a mixture, but some are male/female. I'm wondering if you've got any thoughts on what the rationale is for having male/female toilets when they're single-use cubicles where people are sharing that public space? I was discussing this with some earlier witnesses. I said that I can't really think of a rationale of if it's a single-use cubicle, why it wouldn't be all-gender or unisex—whatever the terminology is. I'm wondering if you've got any thoughts, maybe starting with you, Ms Cook?

ELSTER COOK: My thoughts are very much that it seems needless to gender bathrooms that are identical to each other that are all single-use cubicles. They could very well be all-gender. It serves as more of an inconvenience than anything else. If they were all unisex and three women were to need to go to the bathroom,

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they could all use them. But if the situation was that there was one male, one unisex and one women, it causes an unnecessary wait, instead of having all-gender bathrooms, which would be much more efficient.

RORY GILLARD: I think it's also really important when we're considering public policy around public bathrooms to look at the historical context for the gendering of bathrooms in Australia and the US. For instance, one thing we cited in our submission is a study called "Changing rooms for gender diversity" that was done by Curtin University and the Equal Opportunity Commission. Something they mentioned there that we cite in our submission is that bathrooms didn't become gendered in places like the US until the late 1800s.

The Hon. STEPHEN LAWRENCE: Really? So prior to that they were just all-gender and open?

RORY GILLARD: They were still based around the cisgender male norm, and by cisgender I mean not transgender. I think it's also interesting if you read feminist literature on the development of gendering bathrooms in the Australian context, and consider what's been said in other contexts about the gendering, one of the reasons for the gendering of restrooms has been based on the separate spheres ideology, the notion that women need to be separated from men because women are the lesser gender and need to be protected in the public sphere. That's one of the biases that has shaped the gendering of public bathrooms. So I think that historical context also needs to be taken into account. Interestingly, if you read articles on the gendering of restrooms around the world, there's one in the US context that talks about that it wasn't because of these perceived natural differences between men and women in terms of bodily differences. It wasn't about keeping women safer. It was about designating women as a lesser gender.

The Hon. STEPHEN LAWRENCE: Interesting. In terms of the modern day accepting of that as a theory of current systems, having worked in the criminal law for a long time, men tend to commit most criminal offences. Obviously, in public toilets, people are in a vulnerable position maybe or not necessarily choosing to be in there. Is there any policy rationale in your mind for gender segregation in terms of health or safety considerations, or do you see it as wholly illegitimate?

RORY GILLARD: We are arguing in our submission for all-gender toilets. Elster and I have chatted about this in terms of safety concerns. There are lots of things I could say about that, but I'll keep it to three points. One is that there's some great feminist literature out there that really speaks back to the notion that all-gender bathrooms increase violence against people, including against women. One issue with that argument is that it can deflect attention from the fact that the majority of violence against women, for instance, doesn't occur in public by a stranger; it occurs in private by somebody who knows the woman. Another thing is that all-gender bathrooms aren't the cause of violence against women. For instance, it's patriarchy, it's misogyny, it's gender inequality, and those are the things that need to be addressed.

I know there's been a great campaign by the New South Wales Government called "Street harassment has no grey area" that's about educating men about if you call out to women in public, that's not a compliment; that's harassment. If there are concerns, we're more interested in that kind of public education and then changing behaviour. Also there's the notion that, for instance, all-gender bathrooms can heighten violence. One of our primary concerns about that is there's a lack of empirical data that shows that in Australia and internationally. That's something that's noted in the study that I just referenced, which is "Changing rooms for gender diversity" by Curtin University and the Equal Opportunity Commission. There are lots of other things I can say, but I'll leave it there.

The Hon. STEPHEN LAWRENCE: That's interesting. Accepting all of that, is there an argument along these lines for—I should say that I don't ask this question to argue that there should simply be male/female toilets. I'm a big advocate for all-gender single-use cubicles, which seems to deal with this issue. But accepting all of what you've said and taking into account the critical need to focus on inclusivity and accessibility, whatever the origins of this system of gender segregation that we practise in so many different ways, whether legitimate or not, is there a concern, though, for example, that if we move to all-gender multi-stall toilets—and there are obviously always resource issues about what you can do. But let's imagine a park in a country town where the council has only got the resources to build one facility and they decide to build a multi-stall all-gender toilet. Is that going to perhaps exclude some women, or a significant cohort of women, who, irrespective of the reality of dangers and risks—accepting what you've said—just won't use that loo because they don't feel that it's safe or they don't feel that it's culturally appropriate?

KATE TOYER: Sorry, Mr Lawrence. Can you clarify? I'm a little confused. You've said that there is one facility that's all-gendered, so I'm not entirely sure how a woman using that facility imagines she's going to encounter someone else within that facility.

The Hon. STEPHEN LAWRENCE: I'm talking about a multi-stall facility.

KATE TOYER: Okay. So now we are talking about a multi-stall facility?

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The Hon. STEPHEN LAWRENCE: Yes. Dr Gillard moved on, I think, to—

KATE TOYER: Apart from the extremely good evidence that Dr Gillard presented there, I have concerns that a lot of these arguments realistically are applying socially and politically acceptable band-aids over the underlying issue of men's violence. Addressing men's violence isn't about providing gendered toilets. We know that. I think the argument, if it was explored deeply, would philosophically and logically just fall apart.

The Hon. STEPHEN LAWRENCE: Accepting all of that—and I'm not necessarily trying to express an opinion here—I'm interested in the question about whether there are going to be women who feel excluded from all-gender toilets if that's the only option? I suppose that's what I'm getting at.

KATE TOYER: I can only speak to my experience. I have a cisgender wife, and we attend various events and parties together. I can tell you that at events where there are all-gender toilets, she actively feels safer in those facilities than she does at events which have gendered toilets. That is one person, obviously, but I think it speaks to the fact that inherently, in and of themselves, an all-gender toilet is no more threatening than two binary-gendered toilets, which in a lot of ways reinforce the concept of a gender binary. We could have discussions around whether or not gender binary generates a lot of violence within society.

The Hon. STEPHEN LAWRENCE: I think they are really important points, but I suppose what I am getting at is the diversity of views and perceptions that will exist across the community and what the practical impact would be in this sort of hypothetical situation. It did arise out of your submission, where you talk about multi-stall all-gender toilets as best practice. Would they potentially create a situation, maybe in the short or medium term—maybe not forever—where there is an exclusion of certain types of women, for example. I accept what you say about your wife, Dr Toyer. That is completely legitimate. I understand that. I think there will be many women who have that view. But I suspect that there will also be women who don't hold that view. I am interested in how you reconcile that.

RORY GILLARD: We definitely addressed that in our submission. Basically, our first recommendation is to create all-gender bathrooms, including single-stall and multi-stall. Then we have a second option. If there are specific locations where you get the public sentiment that they want a bathroom for women, you can turn the men's multi-stall bathroom into an all-gender bathroom and leave the women's bathroom as is. That recommendation was based on Sally Goldner, who made that recommendation in 2021 around stadiums in Victoria. That was what that was based on. I do note, though, that studies show that if you do make bathrooms all-gender across the board, it radically reduces wait times for women. I am happy to provide those references. The reality is that when we are talking about violence against women, which is incredibly important to talk about, we need to be talking about violence against trans- and gender-diverse communities broadly, as the current system perpetuates it.

The Hon. STEPHEN LAWRENCE: Absolutely.

The CHAIR: I might jump in. I have a question around the provision of sanitary products and sanitary bins. It is something that came up earlier in the inquiry in the context of people who experience incontinence. We have received evidence about things like the BINS4Blokes campaign. I note in some of your written submissions there are comments about the need for sanitary products and sanitary bins in men's toilets. Is that also an issue that we could address, given resourcing constraints for people like local councils, in terms of providing a sanitary bin in an all-gender toilet? Is that the preferred way forward?

KATE TOYER: Certainly, in our opinion, an all-gender toilet implies all genders. It is going to have a sanitary toilet. Every gender uses sanitary items. I think to imply that only one gender uses sanitary items is on multiple levels sexist, ableist and a variety of other exclusive positions. To be frank, I do not see how providing a sanitary bin in even single-stall male-gendered bathrooms in any way requires any sort of particular effort, other than to say, "This is what we are going to do." They are not difficult items to provide. They are bins.

BARBARA TAYLOR: Certainly, in our submission, our position is very clearly that there should be sanitary waste facilities. We would argue that sanitary products should be available in all toilets, regardless of the gender. Male or female—all genders—we just think that makes sense.

The CHAIR: PTYE, in your opening statement, you talked about research that you conducted in collaboration with Western Sydney University. Could you speak to that?

BARBARA TAYLOR: I can, and I can subsequently send you the details of that. Included in the research that we've done is that it is when children hit the school system—the primary school system—that there are suddenly all sorts of challenges around toileting. In the preschool system, it's not an issue; toilets are not gendered. Suddenly, kids get to school, and they are expected to fall into the binary norm of girls and boys. That is the case for toilets. At my kid's school, it was the case for which basket you put your lunchbox in, which group you line

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up with et cetera. Suddenly, this is occurring. Our experience is absolutely that the issue of which toilet a trans- or gender-diverse young person can use is a big issue that often requires a lot of negotiation between parents. We are just off the back of the beginning of another school year. There are parents all over the State having to advocate for their children to be able to get access to an appropriate toilet facility. The amount of energy that that requires from the parents—to get into that and have that as one of the first things that you end up discussing with your child's school—just seems crazy. There should be much clearer guidelines and clearer provisions. There should be all-gender toilet options in schools for kids. It would just make so much sense for the wellbeing of our young people and the flow-on impact to their families and their parents as well.

The CHAIR: My next question is for anyone who wants to answer it. In the previous session, we had a fairly detailed discussion around signage and communication and what kind of signage is helpful or harmful for people. Have you got views on that?

BARBARA TAYLOR: I don't have a particular view, but what I would ask is that the designers and the people who provide the facilities actually take on board the lived experience and input from the community. I think that is the key thing.

ELSTER COOK: I think our view with the example of signage that we submitted is that we believe the signage should more reflect the actual facilities in each bathroom, for example, if it has cubicles, is accessible or has urinals and such. Rather than any gender focus, the signage of an all-gender bathroom should reflect the facilities contained within the bathroom. That is the important part—not so much gendering it, but just knowing what facilities it contains.

RORY GILLARD: The point Miss Sasha Bailey made this morning was really great about the difference between all-gender and gender-neutral and how potentially people who are agender—that is, people who don't identify as having a gender—might feel more included under gender neutral. But we don't mind if it is gender neutral or all-gender.

KATE TOYER: We have nothing to add to the statements already made.

The Hon. STEPHEN LAWRENCE: Ms Taylor, did you want to expand on your submission that there should be a human rights Act in New South Wales and talk about what particular rights might be relevant to this inquiry and why you think it would be a good aid for the people of New South Wales in terms of interpreting laws and making laws dependant on human rights?

LANNEN DONNELLY: Queensland, the ACT and Victoria have human rights Acts; New South Wales does not. A human rights Act would ensure protections for trans people and our children so that they can have equal rights to use a toilet. There are more and more vigilantes out there who take on some sort of policing role over who they think can go into a toilet. Just to have a human rights Act or charter would mean we would then know that our kids are protected. When they go to school and a principal or teacher—or whoever it is, because schools aren't consistent themselves, and it depends on who is there that day—decides whether a child is allowed to use the toilet or not, it would be so great to know that they are protected by an Act. They are not protected under law in that way, under a human rights Act. They are not equal. It's really hard dealing with a school that does not see your child as equal to the other children. It's awful.

The Hon. STEPHEN LAWRENCE: Earlier in the inquiry, there was some discussion about the right—I am not actually sure which instrument it comes out of—to public toilets, coming out of a right to water and sanitation, which has been talked about. Then there are more general rights that can be embodied in instruments like equal protection rights, which are broader and can apply to lots of different situations.

LANNEN DONNELLY: Absolutely, because we've had an issue in New South Wales with our children's right to access medical affirmation when it's needed, and so a human rights Act would help from that perspective as well.

The Hon. STEPHEN LAWRENCE: I think in the American context, that's been litigated in terms of equal protection and an idea that certain medical treatments and the right to access them is protected through that clause.

KATE TOYER: The only thing I would add to that is that, drawing on the experiences of a friend of mine who's a disability advocate, a vast majority of anti-discrimination Acts are reactive. They require a complaint to be made. A human rights Act is proactive. It implies that there is that right and it is actually made, enacted and enforced.

The Hon. STEPHEN LAWRENCE: Yes, and it casts an obligation, for example, on government when preparing laws and policies that engage with rights to actually think about human rights and factor them into

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decision-making, and justify if they want to depart from them, in a public and transparent way, which I think would be of great assistance, frankly, to all of us in a whole range of different ways.

The Hon. AILEEN MacDONALD: My question can be to everyone. What changes in toilet design would make public spaces feel not only safer and more accessible, but also that you're supported as well? From the evidence I've heard, it doesn't appear that what I take for granted as going to a public toilet is everybody's experience. What could improve so that it would feel safer, more accessible and supported?

KATE TOYER: I think, again, signage is your jam.

ELSTER COOK: I think a big part of it on my end is, again, that sort of idea of signage and openness just being very blatant and up-front with purposes and why they've gone this way. I think public education is a huge part of it. Especially in public spaces, if there's that official recognition that we're doing this for the safety of people, it creates that atmosphere. Accessibility-wise, as someone who also does have some movement impairments, also having them be more open in their design and more generally for all use really helps with that idea of feeling a lot safer and able to go to public bathrooms, more than it currently is under the current system and design.

RORY GILLARD: I think for myself, as a non-binary trans person, too, in terms of feeling welcomed in public toilets, it has to do with broader public education, which I know that Miss Sasha Bailey raised as well. But also looking at the broader issue of the fact that, beyond just that immediate spatial setting, there's not mandatory LGBTQ+ inclusion training in most workplaces or mandatory trans and gender-diverse inclusion training in most workplaces. The Safe Schools program in New South Wales that taught people about LGBTQ+ communities got scrapped in 2016 when the Federal government funding stopped, and so that sort of sends a message.

For myself, I think a lot of people want to be trans and gender diverse inclusive but don't have the education. That's something the Trans Justice Project said in one of their guides about how to message around trans inclusion. For me, it's also that broader structural issue of, if kids aren't getting education in schools about LGBTQ+ identities, and then they enter the workplace and there's no mandatory requirement for training, you create these sorts of settings where there's a lot of social anxiety around trans and gender-diverse people. Those sorts of education campaigns and that sort of training, for me, would make me feel safer in public as well.

KATE TOYER: I think, with particular reference to signage—and reinforcing the points made by Bi+ Network and TJP with their signage recommendations earlier—clear and explicit signage that describes exactly what facilities are there is what we would advocate for. This then enables the individual to decide as to whether or not this is a facility that they feel comfortable using. If they know that it has urinals and they are comfortable with using urinals, then they can use that facility. If that does not make them comfortable, they can choose to use another facility. With regard to signage, clear and explicit signage that describes exactly what is there would be helpful and, obviously, as was mentioned by PTYE, consulting people with lived experience on making that signage and language inclusive.

LANNEN DONNELLY: I just wanted to also add that in addition to all of these things, where there is a gender-neutral option for bathrooms, single use or multi-stall, it means that people like my child that are non-binary don't have to feel guilt in using a disabled toilet and taking it away, potentially, from a disabled person. So there are so many multifaceted positives to having all-gender bathrooms.

The CHAIR: That's all we've got time for this morning. Thank you all so much again for sharing your experience and your expertise with us today. If there are supplementary questions from the Committee, the secretariat will be in touch with you about those.

(The witnesses withdrew.)

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Mrs LISA DONALDSON, Melanoma Prevention Advocate, sworn and examined

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

LISA DONALDSON: Yes. Good morning, and thank you so much for having me today. I'm here to propose a simple yet powerful public health initiative, and that's the provision of free sunscreen in public toilets across Australia. Australia has one of the highest rates of skin cancer in the world, and every year over 2,000 Australians die from skin cancer. The cost of treating melanoma alone is estimated at over \$500 million annually. Despite decades of awareness campaigns, sun protection is still inconsistent, especially for people caught unprepared when outdoors. Every 30 minutes someone is diagnosed with melanoma. Every six hours somebody dies here in Australia. These are my parents. Both of them have died from melanoma. They did not suntan, but rather Dad spent his life playing sports and Mum was out in nature, always gardening. They both died ahead of their time, and, although they both wore hats, the lack of sunscreen application ultimately cost them their lives. Providing free SPF50+ sunscreen in public toilets is a cost-effective preventative measure that could significantly reduce skin cancer rates. Public toilets are already a trusted location for hygiene and safety measures, like soap and hand sanitiser, as well as baby change stations. So sunscreen dispensers would be a logical and easy-to-implement addition.

Why public toilets? Well, there are high-traffic areas in parks and beaches and sporting grounds where people already are exposed to the sun. They offer a practical solution for forgotten or inaccessible sunscreen, ensuring everyone, especially children, has the opportunity to protect their skin. Similar initiatives have been trialled in locations around the world, showing that public sunscreen dispensers are both used and valued. How can this work? Dispensers could be funded through public health grants, partnerships with sunscreen brands or local councils. The cost of a dispenser is relatively low, and refilling them is minimal, compared to the long-term savings in skin cancer treatment.

For high-cost medications—those that my mother took, Braftovi and Mektovi—the Government's contribution is significant, potentially costing over \$13,500 per month per patient. Maintenance could be included in existing cleaning schedules for public amenities. This initiative, I believe, is a small but high-impact investment in public health, aligning with Australia's commitment to skin cancer prevention. I urge you all to consider this as part of a broader strategy to improve public amenities and to protect Australians from preventable health risks. Thank you for having me here today, and I welcome any questions. I'm neither a dermatologist nor a sunscreen manufacturer, but I'll do my best to answer any questions that I can today.

The CHAIR: Thank you. I might start with a couple of questions. You mentioned in your opening statement existing trials in other jurisdictions. Can you talk to us about where this has already been done?

LISA DONALDSON: Yes, I've got a few examples to share with you. I'll start with the Netherlands. In 2023 they actually converted all their hand sanitisers into being sunscreen dispensers. They got on that really quickly, and it was initially proposed by a dermatologist who thought that this would be a useful use of the hand sanitiser dispensers. It was a collaboration, actually, between health insurance companies and cancer council charity, and together they put out 100 sunscreen dispensers in parks and beaches and places like that, along with 120 schools. It meant that sun protection was readily available, and sunscreen suppliers reported a huge demand from sporting clubs and schools and councils for the upkeep of these dispensers with sunscreen in them. That was in the Netherlands in 2023, which I thought was really cool—a good use and environmentally sustainable way to make reuse of those hand sanitiser dispensers.

In Canada, at Memorial University—there are two of those, in Newfoundland and in Labrador—a university initiative put sunscreen dispensers throughout the campus. They had a real culture of proactive skin health awareness amongst students, faculty and staff. They installed these sunscreen dispensers across the campuses, and they were readily used. I'm not quite sure where they're at with that, but that was another example. The one that I feel matches closely to what I am proposing was in Philadelphia in the USA. It started in 2017, and they started with 23 sunscreen dispensers throughout the city in high-traffic areas. It was a collaborative effort, in terms of the funding, from the City of Philadelphia, a melanoma foundation and the Philadelphia Phillies, who are a baseball team. It was so successful that in 2023 they decided to put sunscreen dispensers at the exit of every shopping mall in Philadelphia. That was a real success story, and that's still ongoing.

In Australia, there have been a couple of trials of this. In 2019 in Coffs Harbour, they actually had sunscreen vending machines. Now, of course, people would need to pay for the sunscreen and things like that. I couldn't find the outcome of that. It was a 12-month trial, and I think the fact that people would have to pay for sunscreen was probably a bit off-putting to certain people. In Happy Valley Reservoir in South Australia, there was a single sunscreen dispenser put out, and over three months time there were over 5,000 sprays of this sunscreen dispenser,

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and their Lions Club supported that. I'm not quite sure if that still exists there, but they monitored it over the three months and over 5,000 sprays of that were administered.

In Brisbane, in 2019 there was an installation of free sunscreen stations across Brisbane public pools, and the view was that it was easy to access and the application would be easy, because it was free and accessible. Those are locations and places that I've been able to find that have implemented this. Where all of those are at individually, I can't tell you today. But I feel like everything that I've looked into in terms of putting sunscreen dispensers into toilets has been really positive. I feel like if we could do this here in Australia, starting with beautiful New South Wales, then I think it could have a really positive impact.

The CHAIR: Thank you. That was very comprehensive. It looks like you've got a sunscreen dispenser there. Is that something you want to show us?

LISA DONALDSON: I do. This is just a sunscreen dispenser that I bought from Officeworks, and I grabbed it from Officeworks because Officeworks is readily available. It's not a big fancy one. It's just a standard sunscreen dispenser. I have lovingly called it a SIMO station. My dad, Jeff Simpson, he was lovingly known as "Simo" by all his friends, and I made little stickers to say SIMO station; "Sunscreen is my option" is the acronym for SIMO. Just a really simple dispenser like this is about \$40, and it costs about \$70 to top up the sunscreen dispenser. For me, I feel like it doesn't attract a lot of attention. There are a lot of very fancy sunscreen dispensers that are quite tall and that you put your hands under, and it automatically dispenses the sunscreen. Although they are beautiful and they're excellent, I feel like they attract a lot of unwanted attention and that they might actually encourage children to come over and play with the automatic sunscreen dispensing. I've seen one in a school, and it was a mess because kids just like playing with that sunscreen dispensing mechanism. Something like a really simple sunscreen dispenser like this, I think, is fantastic because it's not terribly expensive. It doesn't attract too much unwanted attention. I just thought I'd make a little prop today so that you could see that. And that will hang in our house when I get home.

The Hon. STEPHEN LAWRENCE: Thanks so much for your submission and for attending today. It's really interesting. Is there any other place in the community where sunscreen is given out for free? You talked about some pools, but are there any other places?

LISA DONALDSON: Schools often have sunscreen dispensers of some description. But, as I was saying, with the big fancy ones—I mean, kids like to play with anything that's automatic and that kind of thing. A lot of schools and other locations might just have—what are they called?—a bracket with sunscreen put in there, and it's locked on. Schools are the ones that springs to mind. But when I've discussed this with people in my own world, they've said, "Let's get these into schools," and I feel like the place that I'd like to see them first are places like cricket grounds and football grounds and beaches.

This idea really came to mind for me when I was watching my nephew play cricket. I'm someone who wears a huge hat and always has sunscreen with us, but on that particular occasion, I was actually caught off guard because the clouds lifted and the sun was really intense and I could feel—I mean, I'm very attuned to sun and how it feels on my skin, but I was just like, "Gosh, we're going to burn here today." Anyway, my son needed to go to the toilet, and we walked over to the bathrooms, and there was a water station to fill up the water bottles. There was hand sanitiser, soaps and all sorts of things like that. At that point I was just like, "Gosh, a sunscreen dispenser here would be fantastic right now." In my mind, I'm like, if we could roll this out in just certain locations like ovals and fields where there is no shade and you're out there and you're scorching, I feel like that would be so beneficial. I don't think every single toilet in Australia needs one. That would be my dream come true. But those locations where there is not a whisper of shade and there's just nowhere you can retreat to—I feel like they could be really high-priority spots for a sunscreen dispenser.

The Hon. STEPHEN LAWRENCE: In terms of places where it has been trialled—and I assume the answer to this question is going to be no—are you aware of any evidence where they've investigated its impact on skin cancer rates or anything like that? It would be quite a difficult task, I imagine.

LISA DONALDSON: I've really tried to find as much evidence as I can around this. I feel like the 2009 investigation in Coffs Harbour would be the best one to look at. The reason that Coffs Harbour put some sunscreen dispensers in play was because the rates of melanoma in their community was higher than anywhere else in Australia, so they were onto that to try and make a difference in their community. I haven't been able to access a report on that 12-month trial, so I don't quite know where it went. The problem with that one was it was a vending machine and it was whether or not people were willing to pay for sunscreen. I know I would be, but a lot of people would just be like, "Oh, she'll be right."

The Hon. STEPHEN LAWRENCE: It would be hard to tease out any impact, I would have thought. But something that occurred to me was, if you rolled this out, there's going to be the direct benefit to the people

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who apply sunscreen but there's also going to be an awareness-raising exercise about the importance of it. You could have signage, for example, on the dispenser.

LISA DONALDSON: That's right. I imagine that around this would be some signage that explains how much to put on. I put a little pretend QR code on this example because, if people had allergies or intolerances, they might be able to use the QR code to have a look at the ingredients in there. From there, it might direct them to what melanoma can look like. When I think about mum and dad, dad's first melanoma looked like a clear-coloured pimple and it was just underneath a necklace he used to wear. He thought that it was just the rubbing of the necklace had made a bit of a mark on him. By the time he actually had that investigated, it was too late. He was 57 when he was first diagnosed. It was actually 10 years ago today that dad died so the timing of all this is not lost on me. When I got the email to say, "Come on up", I was actually getting a skin check that day myself.

Mum we lost two years ago. She did have a big kind of ugly mole on her leg. However, it wasn't something that was clearly visible or exposed to by the sun. I guess she didn't really pay much attention to it. She was of that generation where people didn't really wear sunscreen. I feel like it's the Gen X and the Baby Boomers that I'm most concerned about because I'm a Gen X woman and I feel like I had terrible exposure to sun as a child, even though mum and dad would put a T-shirt on us at the beach and we'd put zinc on our faces. But I remember peeling skin off my body from sunburn and on one occasion I had blisters all over my face. So I do worry about the people who are 40 and above in particular. I'm also concerned with some of the young people who are into tanning at the moment. There's a real trend for tanning and getting a tan line, which is really worrying as well. I feel like not only would the sunscreen being there and being prominent—but having some signage around that as well might also alert people. I definitely think it's worth a try.

The Hon. STEPHEN LAWRENCE: As someone who is regularly turning up to events and forgetting to put on sunscreen, it would be really good to be able to duck into the loo and put on some sunscreen.

LISA DONALDSON: That's a big point—is that sometimes people who try to be best prepared might sometimes be like, "Oh, gosh, we've forgotten it." And to know that I can duck into the bathroom because there's a SIMO there—I think that would be brilliant. I've been caught out myself and I would pay for sunscreen, but I know a lot of people wouldn't. To have it there that's free and accessible in the same way as hand sanitiser was rolled out would be brilliant.

The Hon. ANTHONY D'ADAM: Has there been any appetite for this from the Cancer Council or NSW Health?

LISA DONALDSON: Yes. This is how I met Amanda actually. I buddied up with the Australian Skin Cancer Foundation and Jay Allen, who is the CEO there, and we contacted lots of MPs to try and just get the word out about this. They are very busy getting their skin-check trucks out on the road. They're trying to get more of those out on the road. That's a high priority for them. When this opportunity came about, I just thought, "I'll just jump on this by myself because I know that I can come and I can talk to it." But the Australian Skin Cancer Foundation are very behind this and they see it as valuable as I do. Their priority at the moment, though, is getting those free skin-check trucks out on the roads so I just thought, "I'll come today. I'll pitch the idea", and hopefully something sparks in you guys to maybe investigate this or put this forward to other people as well.

The CHAIR: Have you got a view on, if we were to do a trial at a New South Wales level, who's actually responsible for putting them in or for maintaining them and for filling them up? Is this something that you'd see as a partnership with sports clubs or with councils? Have you given much thought to the mechanics?

LISA DONALDSON: I have thought about it and the easiest way in my view—even though I don't know how it all works—is that whoever is topping up the soap dispensers in the public toilets, I would hope, would just easily check one of these sunscreen dispensers and top it up as well. I feel like that would probably be the easiest because someone is already in that role and that's just something that they could check and make sure that that was well stocked. But I've had a lot of interest from swimming clubs and things like that. I feel like the opportunity for collaborations with different people—I've thought about places like the Men's Shed in terms of them being involved and getting them to keep an eye on them or install them and things like that. It gives them a sense of purpose and something to do and an ownership there as well.

I haven't approached them, but I just feel like there are so many people in our community who have been impacted in some way by melanoma or knowing someone that I feel like people would just be like, "Yes, I want to be involved." I feel like there are families who would love to sponsor a SIMO station and have that in their community. But, in terms of the actual logistics and who is going to top it up, I feel like the council and whoever is doing the soap would do that as well. But I feel like the actual cost of it—I feel like there is an opportunity for businesses and sporting clubs to sponsor one of these. In Philadelphia it was their softball team that helped fund

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the implementation of those as well. I'm just throwing ideas out there. But, yes, I feel like the councils topping that up is probably the easiest way to go.

The CHAIR: Thank you. I haven't got any more questions. Was there anything else that you wanted to get across that we haven't asked about?

LISA DONALDSON: No, I just really thank you for this time. I've been sitting on this and thinking about this for such a long time now. It's meaningful for me and for these two here in front of me.

The Hon. STEPHEN LAWRENCE: It's amazing what you've done—fantastic.

LISA DONALDSON: And it doesn't have to be called SIMO, but I think "Sunscreen is my option" is such a cool name and, yes, mum and dad would be proud today.

The CHAIR: I absolutely agree. We will take a short break until our next witnesses at quarter past.

(The witness withdrew.)

(Short adjournment)

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Mr AARON JONES, Political Coordinator, United Workers Union, affirmed and examined

Mr ALEX MORALES, Lead Organiser, Property Services, United Workers Union, affirmed and examined

Mr CHRIS THORSNESS, Member, United Workers Union, affirmed and examined

The CHAIR: Welcome to our last, but certainly not least, witnesses of today. Thank you so much for making the time to give evidence today. Would you like to start by making a short opening statement?

CHRIS THORSNESS: I work out at Castle Towers. I'm currently the CAF rep out there. I maintain the loading docks, but I have in the past done a lot of the toilets, and I'm in contact with the people who clean the toilets on a fairly regular basis.

AARON JONES: Thank you, Chair and Committee members, for having us here today. We're also joined by two of our members, Mitchell Elliott and Anne-Marie Costello, in the crowd. Mitchell and Anne-Marie work under the whole-of-government cleaning contract and, as Chris mentioned, he works for a commercial cleaner in a shopping centre. Whether our members are cleaning shopping centres or schools or TAFEs, the work that they do is absolutely essential for our communities. Unfortunately, cleaners experience some systemic challenges in their efforts to achieve good, secure and safe jobs. That comes down to the underpinning nature of the contracting and employment arrangements. That can result in a continuum of issues from underpayment of wages and superannuation through to, at worst, conditions that are indicative of modern slavery. We really appreciate your time here and we're really interested in talking through some of the ways in which those underpinning challenges affect how public toilets are cleaned and the accessibility and amenities that are so important for the public to access.

The CHAIR: In your opening statement, you've mentioned that connection between working conditions and the cleanliness of toilets and therefore the experience that the public has. Could you talk us through what those issues with working conditions are?

AARON JONES: Yes, and I'll turn to Chris in a moment about how that looks on the ground but, to step back to the big picture of where those underpinning problems come from, often cleaning work is performed by contractors that are awarded work under price-competitive bids. That has an effect of pushing the cost down and pushing the labour costs down. So, in order to win work, there's an incentive there for companies to bid as low as possible. Then, in order to fulfil the obligations of the contract, often those savings will be found by attempting to lower labour costs, whether that means directly breaching the award conditions or constructing subcontracting and sham subcontracting arrangements that enable a network of employers to effectively lower those labour costs.

The effect we see on the ground is workers in less secure positions. Less secure jobs paid, at best—if they're paid the award wage, it's 87 cents above the minimum wage. But, at worst, they're paid below the minimum wage. That affects both the stability but also the empowerment of people onsite to raise issues around their supplies, their rostering and safe staffing levels. That's where you see those problems actually come through into the cleanliness and cleaning of toilets. I'll turn to Chris on what that actually looks like cleaning the toilets.

CHRIS THORSNESS: At Castle Towers you have three levels—it's a very large shopping centre—spread right out, and you'll have one cleaner for the male and one for the female. But there are eight sets of toilets with all the urinals and the cubicles plus parents rooms plus eight lots of disabled toilets. You've got to do your rotations on a regular basis and go right around all those toilets. When it's not that busy, it's quite manageable. But when it gets busy, it becomes very difficult to maintain that because you're going from one to the next, but you're getting calls for—you'd be doing your rotation and you're trying to maintain that and keep going to the next toilet, but then you get a call about a major spill or a major accident in another toilet. You've got to backtrack—go back and clean that up because it's urgent—and you've got to get back onto your schedule and keep moving around. The logistics of doing that are quite difficult with the size of the building and only having one cleaner for those eight toilets spread out over a large building.

The previous contractor, we had two cleaners per set of toilets. Now it's only one. It was a big saving for QIC, but it has compromised the standard. QIC being a CAF member, they're fairly reasonable in their demands. But, when it's extremely busy, we can't maintain what they expect. It's very stressful going in with a cleaning trolley into a busy toilet when everyone's trying to use the cubicles. They want to use them but you want to clean them and you have to wait for them. That can put you behind on your schedule as well. So it's a tough call. It's quite stressful. And the public can be somewhat irate, belligerent and a bit impatient. If they're not clean, they can be downright rude—not everyone. Most people are reasonable, but some aren't, so it's not an easy job and that's the reality. I did it for a while and I'm glad I don't have to do it anymore. That's the way I see it.

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AARON JONES: Just to give that some context, the Castle Towers site that Chris works on is a CAF-certified building. CAF is the Cleaning Accountability Framework, which is an organisation that works with property owners and asset managers to ensure that they are taking a more active role in the supply chain compliance within the cleaning onsite. It's an example of a site where we have the ability to understand what the scope of the cleaning requirements are, and it's a site that has an enterprise bargaining agreement as well. Those real issues that Chris is pointing out is what is present on a site with perhaps some of the better approaches that there are. Outside of that certification system, often the challenge is lacking the—without having enterprise agreements in place, we don't have those structured mechanisms to deal with safe staffing levels and the underpinning requirements for cleaners.

The CHAIR: In your written submission—and thank you for the effort to prepare that—you specifically talk about the whole-of-government cleaning contract. We've had a fair bit of evidence already to this inquiry about things like the public toilets at train stations and other public buildings. Is this related to the maintenance of train station and other toilets?

AARON JONES: Train stations are not under the whole-of-government contract. The whole-of-government contract—education, public schools and TAFE is the largest share of that. Then there are thousands of other government sites across the State that are included within that contract—police stations, ambulance stations, electorate offices, courthouses and government office buildings—but train stations themselves aren't. A lot of those buildings are quasi-public spaces that the public can use, and certainly public sector employees, teachers and students. It goes to the point about the role of where the funding is and how those standards are set. We have an ongoing campaign to bring the whole-of-government cleaning work back in-house. That remains a constructive dialogue with the Government, about doing that. We think that that would really demonstrate a very strong leadership step in the standards in the sector. Having those cleaners brought back in-house and enabling us to negotiate directly with the Government as employer about pay and conditions, about workloads and about the expectations for clean bathrooms across all of those spaces would be a really positive move.

The CHAIR: You already described this issue of contracting and subcontracting, legally or illegally, for cleaning work. In your view, is that also related to the issue of supplies? I'm thinking particularly that we've heard lots about toilets where there isn't any soap or isn't any toilet paper or isn't any hand sanitiser. Would the availability of those essential items be improved by directly employing the cleaning staff as well?

AARON JONES: Definitely. It comes down to the pricing incentives throughout the system. One of the elements of the cleaning accountability framework is ensuring that procuring entities are using a pricing schedule that sets out all of the scope of cleaning work and the minimum labour standards that any contractor would need to meet. Included in that can be all the other supplies that are cleaning contractors are there so that you can ensure that, when you're awarding the work, there is a minimum adequate cost that contractors are accounting for in their bids. Without that, you have contractors that bid low to get the work and then try and find the savings everywhere else in the contract. I think Alex probably has some good examples.

ALEX MORALES: In effect, a lot of it comes down to budgeting. When the budgeting gets left to area managers and site supervisors that don't necessarily have control of the budget, sometimes they run out of stuff before the month is over. I guess the fact is that they are saving stuff. I've heard a lot of stories about cleaners buying their own chemicals because they ran out of chemicals or getting only one pair of gloves per shift or things like that because there isn't enough, or their manager doesn't get around to all the schools to deliver that. It's about time management and it's about managing your budget, but it's also about not having enough money in the budget in the first place to buy everything. They save on—you don't get as good a material. When I was a cleaner, you kept getting these bags that will rip open and you had to pick them up and then use another bag. They count the bags that you are going to use, so they're really trying to save as much as possible because the margins are really thin in cleaning. That affects toilet cleaning as much as it does any other area, especially with chemicals.

In toilet cleaning, they can't run out of toilet paper because then they'll get a complaint from the client or the school or the shopping centre, so they keep those things stocked up most of the time. Usually when you run out of toilet paper in a public toilet, which I have cleaned as well, it's usually because you can't get in there or because there's just not enough time to go around everywhere and replace all the stuff. You're under pressure to do other toilets as well. In Chris's shopping centre they have a male and a female toilet cleaner, because that's part of the EBA, but in other places you only have a male or a female and you have to either lock the toilet or put a barrier, which no-one tends to respect, so it's difficult to get into the opposite sex toilet and refill some stuff so sometimes things run out—soap, it depends, everything. Some people take the toilet paper too, if you leave replacement there. This is the reason why toilet paper and things that the public will complain about running out run out. Things like materials—like gloves or PPE or things like that—run out because that's where they're trying

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to save on the chemicals and the things that the public don't see. The masks are used much more now than before COVID.

The CHAIR: One follow-up question because you've talked about the logistical challenge that the gendered bathrooms create with access for cleaning staff—we've had a very detailed discussion earlier today about the potential benefits of universal design, all-gender cubicles, a single cubicle that's got the wash basin inside it, rather than a traditional toilet block that's got multiple stalls. Would that kind of design also be easier to clean?

ALEX MORALES: It is a good idea. A lot of people use the disabled toilet because it's lockable and they're the only ones in there. As long as they remember to lock it, it's a safe space for them. They also use that because usually less people use it so it's cleaner. It's always stocked so lot of people go in there and use that. If you give enough time for the job to be done—it's much more difficult to open every door and lock every door and do that kind of work but it takes a little bit more time. If you give the cleaners a little bit more time, it would be a better system.

AARON JONES: I'll add to that point that it comes down to the importance of how the scope of work is being costed and, if you are creating a different structure of bathrooms, that you're accounting for that time difference. I think that's why it's important that the clause in the enterprise agreement that Alex mentioned establishes that the default is a male-identifying cleaner cleaning the male bathroom and a female-identifying cleaner cleaning the female bathroom, and when that's not available, that they are able to cordon off the toilets, and also sets out the supplies and the barriers that cleaners have to be supplied with in order to do that. Having that set in the enterprise agreement feeds back through the pricing and time allocation. If you know that that is the available cleaners on your roster, you have to account for that time. I think having more gender-neutral bathrooms would be the same in that you have to account for that time in your rostering and staffing.

The Hon. ANTHONY D'ADAM: I might start by placing on the record that I used to work with Aaron, for transparency purposes. Thank you all for your attendance today. I want to come back to something that Mr Thorsness said in his initial comments around having two cleaners but previously having four. I'm assuming that then affects the speed with which you can get through the cleaning in the facilities.

CHRIS THORSNESS: Definitely, yes. There's double the workload. We lost a lot of man-hours when the previous contract was cancelled. Glad cleaning is the new contractor. They took over the contract. They've managed fairly well, given the less hours. They've tightened up and made it more efficient but there are gaps there. When it's flat out—the whole floor, be it on the floor—people maintain the floor, but with the bins, the spills and slip hazards and what-have-you, and the toilets, it is very difficult to maintain it properly.

The Hon. ANTHONY D'ADAM: Does the contract specify how frequently the toilet needs to be cleaned?

CHRIS THORSNESS: They have a schedule, and they're supposed to do a certain number of rotations a day. I believe it's four rotations, but that's four rotations of eight lots of toilets.

The Hon. ANTHONY D'ADAM: Did that schedule change with the reduction in staff, or did they just keep it at the same schedule with fewer staff?

CHRIS THORSNESS: Prior to that, yes, it was higher. They had it like six, so the previous cleaners were two cleaners per set of toilets. They had a lot easier job. It just got a lot tougher.

The Hon. ANTHONY D'ADAM: Intensifying the work for the cleaners, but also reducing the number of rotations.

CHRIS THORSNESS: That's right.

The Hon. ANTHONY D'ADAM: Ultimately, the general public, there's a consequence for them, too.

CHRIS THORSNESS: Exactly. It's what you'd expect. There's that same issue with toilet rolls. We've got plenty of toilet rolls in storage. It's a matter of getting them out there and getting into the toilet cubicles. If it's too busy, you can't do that with only one cleaner. Of course, especially with ladies, but even men, if they run out of toilet rolls, they ring centre management or security, and they're pretty angry. We get the call and then you've got to backtrack and fill up the toilet rolls. But then, while you're down there, the other toilet, you're getting calls. If it's really busy, all the problems all come at once in a shopping centre. The spills all seem to come in a similar time frame, mostly. You get all the accidents. You get the ambulance calls when people are slipping over and collapsing.

The Hon. ANTHONY D'ADAM: Is there allowance in the contract for those kind of unexpected events, like the spills and the additional stuff that needs to be done that you can't necessarily predict how frequently it will occur? That obviously eats into the time that's available for cleaners to do their normal rotations.

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CHRIS THORSNESS: It's not a formal allowance. You've got to do every 20 minutes a rotation of your area, if you're doing the floor, for instance. If you get a major spill, and it takes a lot of time to clean it up, they realise you couldn't get that rotation done, but you've got to get a certain number of KPI number of rotations on the floor, likewise with the toilets. We're lucky that QIC are CAF certified, and I believe they try to follow the rules, so they're fairly realistic when it's peak periods, like a Saturday or Christmas. But, you see, I'm saying we're quite fortunate. Most buildings are not CAF certified. They don't maintain these standards. They don't make these allowances, so we're one of the fortunate few who, most of the time, have it fairly reasonable. But in the peak periods, you just can't get the job done and it is stressful for the cleaners.

The Hon. ANTHONY D'ADAM: This may be a general question about in those type of contracts, how do they determine how many rotations are appropriate?

ALEX MORALES: The thing with cleaning in general in terms of how they determine how much a cleaner can clean in a certain amount of time, there's no measure. There's no standard. It's mostly down to—they like to do square metreage sometimes. That doesn't work because we know specifically in toilets, they are a very small area but very concentrated work, very intensive work and there's a lot of detail in toilets. Square metreage doesn't work in toilets. There is no universal way of working it out. Usually, when you're talking about rotations, they take, I guess—they don't take the busiest time; they take the least busy time to calculate. I guess that brings the rotation time down and it's hard to keep up the rotation. If you don't have anything and the rotation is just walking around, you probably could do it but when you have things to do—spills, or things that happen that are not accounted for in the time—you do fall behind.

In other shopping centres, that can bring a warning or it can bring, "You're not keeping up with rotations." The reason shopping centres are a bit different is that the rotations are part of their liability insurance. If someone spills and you say, "Well, we were doing our rotations", then of course you're not liable—or not as liable, I guess. But if you're not keeping up with your rotations, then there are problems there.

The Hon. ANTHONY D'ADAM: There's no public standard or Australian standard in terms of how frequently a toilet should be cleaned based on how frequently it's used?

ALEX MORALES: No.

The Hon. ANTHONY D'ADAM: Presumably, the toilets at a stadium get a lot of use over a short period of time, intensively. Hundreds of people are using them. Presumably, they need a higher cleaning frequency than perhaps toilets in a courthouse, where maybe someone's using it once every 15 minutes or so.

ALEX MORALES: There is no standard. Some companies do recognise, for example, that Thursday night is busier because it's shopping night and they put more people on, but that doesn't necessarily mean there's a standard measure of how many people you need to put on. Usually, they'll under-calculate the amount of workers that you need. That's what happens. There isn't really a measure you can point to. Like I said, the award sometimes calculates a building in terms of cleanable area and says, "A building this size has to have at least four hours minimum start." Apart from that, there is no real measure.

The Hon. ANTHONY D'ADAM: Is that something the union would support being put in place—some kind of standard in terms of assessing so that those kinds of contracts can take into account a publicly established cleaning standard for toilets?

AARON JONES: I think that one of the approaches that CAF has is having a square metreage productivity rate and also require the scoping out of the number of toilets, the number of urinals, the number of disabled toilets so that you can combine both the client expectations around the rotations and the work that needs to be done. I think if there was a sort of standardised frequency of cleaning that took into account the different venue and use types, then I think the approach would be to further ingrain that in the contracting requirements that are tendered out.

The Hon. ANTHONY D'ADAM: I wanted to ask about the work health and safety aspect of the work. Are there particular hazards that cleaners encounter, whether they're from members of the public or clients who might get irritable, or dealing with chemicals? What kind of work health and safety hazards are there for cleaners?

AARON JONES: I think we can broadly group it into three categories. You have your physical hazards—trips and falls from wet floors, and any rubbish or obstructions in bathrooms as well as overuse injuries that come from cleaning, effectively. Then you have your exposure risks, such as both cleaning chemicals in confined spaces as well as biological matter, human faeces and fluid in bathrooms. Then you have your interactions with the public that can range from aggravated, aggressive or disrespectful people in a bathroom through to encountering people quite acute situations, whether that's affected by drugs and alcohol, or having some other crisis.

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The CHAIR: We have only one minute left. Is there anything in particular you wanted to put on record that we haven't asked about?

AARON JONES: Yes. I think it is our point about the consistency of achieving an employment environment in which people are secure. A lot of these individual issues that we're talking through—health and safety and rostering—are dealt with when people have secure jobs. When you have a contracting and employment arrangement, that supports when people are empowered to raise health and safety issues and where you can form effective work health and safety committees that people trust will be able to deal with those issues, and people have that longevity onsite to deal with those problems. We think that there's a role for the State Government through its employment practices, through its contracting where that remains and also when it's a tenant—looking to add certification as a requirement when the Government is a tenant, but not directly contracting for cleaning. That will really raise the standards across the sector, I think.

Chris's work site is a good one to point to where the agreement has minimum rates of pay 6 per cent above the award. When you have the owner, that cost is factored into how it contracts and pays. That reflects the standard that we've called for in public contracting to ensure that we have above award payments when the Government is contracting that work.

The CHAIR: Thanks so much for the time you've taken to give evidence today and for your submission. Absolutely, for us, to be able to achieve improvement in public toilet quality that the public is asking us for, we need to be able to support the people who do that really important work.

(The witnesses withdrew.)

The Committee adjourned at 12:45.