REPORT ON PROCEEDINGS BEFORE

PORTFOLIO COMMITTEE NO. 8 - CUSTOMER SERVICE

PUBLIC TOILETS

CORRECTED

At Jubilee Room, Parliament House, Sydney, on Tuesday 29 April 2025

The Committee met at 10:15.

PRESENT

Dr Amanda Cohn (Chair)

The Hon. Anthony D'Adam
The Hon. Aileen MacDonald (Deputy Chair)
The Hon. Natasha Maclaren-Jones
The Hon. Peter Primrose

PRESENT VIA VIDEOCONFERENCE

Ms Abigail Boyd
The Hon. Stephen Lawrence

The CHAIR: Welcome to the fifth hearing of the Committee's inquiry into public toilets. I acknowledge the Gadigal people of the Eora nation, the traditional custodians of the lands on which we are meeting today. I pay my respect to Elders, past and present, and celebrate the diversity of Aboriginal peoples and their ongoing cultures and connections to the lands and waters of New South Wales. I also acknowledge and pay my respects to any Aboriginal and Torres Strait Islander people joining us today. My name is Dr Amanda Cohn and I am the Chair of the inquiry. I ask everyone in the room to please turn their mobile phones to silent. Parliamentary privilege applies to witnesses in relation to the evidence they give today. However, it does not apply to what witnesses say outside of the hearing. I urge witnesses to be careful about making comments to the media or to others after completing their evidence. In addition, the Legislative Council has adopted rules to provide procedural fairness for inquiry participants. I encourage Committee members and witnesses to be mindful of these procedures.

Dr STEPHEN CONATY, Director, Environmental Health Branch, Health Protection NSW, NSW Health, affirmed and examined

The CHAIR: Welcome, and thank you for making time to give evidence today. I note that we have a couple of our Committee members attending remotely via videoconference today. If they have questions, they will appear on the screen in front of you. Would you like to start by making a short opening statement?

STEPHEN CONATY: No, I don't have a prepared opening statement.

The CHAIR: I'll start with a couple of questions from myself and then we'll go to other Committee members. As I'm sure you've been following with this inquiry, there has been significant discussion around the right to sanitation. I hope you can talk us through what the health implications are if those needs are not met. What are the public health implications of inadequate provision of toilets in public spaces?

STEPHEN CONATY: If I interpreted the question correctly, if we have too few public toilets, I assume that people will go to the toilet elsewhere, or they may not go out. I think, generally, from a public health point of view, that would have consequences particularly for physical activity, which is a very important priority for NSW Health. That would be a disincentive for people to go out and about, and also to enjoy life generally.

The CHAIR: I think that fits with a lot of the evidence that we've already received. I'm also interested from a public health perspective, from an infectious diseases perspective, because there is no legislation or regulation of the way that toilets must be provided—for example, some facilities not providing soap as a cost-cutting measure, or providing what users see as inadequate cleaning schedules and that sort of thing. What are the risks when this isn't done correctly from an infectious disease point of view?

STEPHEN CONATY: Most people that are using public toilets are probably well, so that would provide some degree of protection for people who subsequently use the public toilet. It's different to environments where there may be concentrations of people who are less well, which may include hospital environments, for example. There are obviously guidelines around handwashing and what should be done to prevent cross-infection from one person to another. They are easily found, and they are included or incorporated, for example, in the *Infection Prevention and Control Manual* that is produced by the Clinical Excellence Commission.

That's obviously a very high priority within our hospitals. The same standard should generally apply to public toilets to try to prevent cross-infection from one user to the next. That would require elements such as a handbasin, soap, running water and something to dry your hands with. Normally, those are the required elements to ensure that cross-infection is minimised. Also, you would need to have proper provision of toilet paper and ability to flush a toilet. There are lots of functional characteristics that you would expect of a public toilet to prevent infection from one user to the next.

In terms of what would be the burden of infection, for example, from a public toilet, I don't think we have—or at least I am not aware of—evidence around that. We don't have much in the way of local evidence because we don't have an effective means of collecting information. Most of the common gastrointestinal infections are not notifiable. There are some exceptions. Probably the most common bacterial infection, campylobacter, is notifiable, but there is no mechanism that we have for identifying public toilets as the source, for example. Generally speaking, the main method that we have of locating or finding a location that may have been the source of infection is through some sort of active follow-up. That is resource intensive and most of that work that is done is done by public health units. For example, cryptosporidiosis, which is a notifiable disease—if we do a follow-up and we find that there are several people who are reporting that they attended a public swimming pool, then that may give us sufficient evidence to act and to get back to the owner of that public swimming pool to ensure they might take an action such as superchlorination.

We don't have that evidence for public toilets, so it's very difficult to estimate how important they would be. They are not a place where we get congregations of people. Generally, in places where we have many people grouped together, there is a higher probability of infection from one person to another. That's why we are concerned about institutions, and we have specific notification requirements for aged-care facilities and other institutions where there are large groupings of people. So we don't have any specific provisions that really shed light on how important public toilets may be. We have got isolated case reports that have occurred in the literature, so I am aware of some of those, but I think they only really come to light when it involves a particular organism that is notifiable.

I noticed in the literature—just having a quick look recently—that one of the outbreaks that is cited is an outbreak of hepatitis A. Hepatitis A is notifiable in New South Wales but, essentially, has ceased to become an endemic infection. We don't see any hepatitis A anymore, so we don't have an opportunity to see those clusters of disease that may be then linked back to a particular location. My own view is that there is probably not a great

deal of infection that is associated with public toilets. At least, my experience as a public health physician and working in public health units is that it is uncommon for any notifiable disease to be attributed to a public toilet facility. So in terms of ranking in any particular order the sort of settings or places, I would certainly put aged-care facilities, childcare centres and other places like that, that are conducive to transmission of infection because there are large numbers of people or children together, as more important places than public toilets.

The CHAIR: Thank you. That's helpful. We've also had significant discussion around design and materials used in public toilets, and you've already listed, I suppose, what you see as the minimum items to be provided in terms of design. But in terms of materials and ease of cleaning, and risk of infection and transmission, do you have any particular views on materials that should be used or shouldn't be used in the design and construction?

STEPHEN CONATY: I hesitate to offer an opinion, just because my expertise is not particularly in infection control or cleaning. However, I would think that some of the things that may be relevant would be impervious surfaces—surfaces that are cleanable. So surfaces where there are cracks, crevices, or wear in a particular way so that there are places where bacteria and organisms, and dirt and other things, can remain would be discouraged in the construction of a public toilet. Apart from that, I would not venture an opinion and I would probably have to take on notice any other specific consideration about a design.

The CHAIR: You're very welcome to take that on notice and consult with your colleagues. I have one last question from myself, which I imagine you're going to take on notice as well. Specifically in regard to the Western Sydney Local Health District Healthy Places program, it's been mentioned to this Committee that they were looking at public toilet access as part of their work improving health through urban environments. Are you aware of any of the details of that work?

STEPHEN CONATY: Only very generally. I think it's a very useful initiative. I don't know exactly what they've examined. I am familiar with some of the personnel that work in both health protection and health promotion in Western Sydney, and I think it just underlines the fact that NSW Health is very interested in ways of promoting physical activity, particularly for older adults because that is very important for health. They've obviously identified this as a particular barrier. If they're working collaboratively with Blacktown council, I think that's excellent.

The CHAIR: Thank you very much. If you could please take on notice providing us with some of the detail of the ways that toilets were considered by the LHD in that work, we'd really appreciate it.

STEPHEN CONATY: Sure.

The Hon. ANTHONY D'ADAM: Dr Conaty, Health didn't make a submission to this inquiry. I'm wondering why that was, given there's clearly some public health dimension to the terms of reference. Are you able to elaborate? There also seems to be perhaps some reticence from the department to actually engage with this inquiry. I wonder if you could perhaps elaborate on why that is?

STEPHEN CONATY: I'm not sure I can give all the reasons. I personally was unaware of the inquiry and perhaps it had not been brought to the attention of relevant people within the Ministry of Health. Or perhaps it had been brought to the attention and the terms of reference did not appear to be entirely relevant for Health. When I myself looked at the terms of reference, although I could see that there might be some Health aspects, I did think that the main work of the Committee would be around accessibility of public toilets. Aside from that, I can't give any particular explanation of why it was not brought to the attention—or whether it was therefore brought to the attention, it was not given any particular priority.

The Hon. ANTHONY D'ADAM: I suppose the adjunct to that question is that one of the things that the Committee has been considering is that there is obviously an absence of a regulatory framework that deals with public toilets. We have had SafeWork here talking about an aspect of their regulatory oversight in terms of toilets that are available for workers but not for the general public, and then obviously there is the dimension that involves local councils. One of the things that we are considering as a Committee is the idea of perhaps putting some of that regulatory framework in the Public Health Act. I wonder if you could offer some comment about the suitability of that as an appropriate way to fill the regulatory gap that we have identified.

STEPHEN CONATY: Sure, I can provide some comments. The Public Health Act is something that our branch has a fair amount to do with. The overall assessment of what should and should not be in the Public Health Act is maybe not for me to decide, but it certainly is there. The objects of the Act, which I can read out because I've got it open in front of me, are:

(a) to promote, protect and improve public health,

(b) to control the risks to public health,

(c) to promote the control of infectious diseases,

(d) to prevent the spread of infectious diseases,

(e) to recognise the role of local government in protecting public health,

(f) to monitor diseases and conditions affecting public health.

They are reasonably broad, but I think that the main objective is a focus on real and serious risks to public health. As an example, our particular branch is involved in some of the elements to do with safety of drinking water, legionella control and skin penetration. Legionella control, obviously, is important because it's something that does result in serious infection, ICU admission and death. We have had a recent example in the city of an outbreak like that. Control of warm water systems and cooling towers is important to try to prevent those kinds of infections.

Similar, with drinking water, the risk there with drinking water, if there are failures in drinking water supply, is potentially the infection of very large numbers of people. You can see that there is a good reason to have that in the Public Health Act. Similarly, for skin penetration, the main reason for regulating that area is to try to prevent cross-contamination, usually in healthcare settings where there are practices that might engage in tattooing or cosmetic procedures. They need to make sure that instruments are sterilised so that there is no cross-infection of hepatitis B or hepatitis C, which, again, are reasonably serious infections. That is where we place the emphasis in the Public Health Act.

The Hon. ANTHONY D'ADAM: Perhaps I will break down some of what you have said. Obviously there are the regulatory functions for the public health branch fulfilled under the auspices of the Public Health Act. But is it not the case that local government has some regulatory functions under the Public Health Act as well?

STEPHEN CONATY: They do. Local government participate with Health in implementing the Public Health Act. If you go to an individual local health district, there will be an agreement of some sort. Sometimes it may not be a formal agreement but it can also be something like a memorandum of understanding so that the local environmental health officers and local government are doing some activities, for example, checking on some of the places like beauty parlours where there might be a skin penetration activity. They may be administering the bulk of that—they might be doing the bulk of the work associated with administering the Public Health Act in those particular settings.

The Hon. ANTHONY D'ADAM: So it's feasible that we could have a regulatory regime embedded in the Public Health Act around public toilets with the actual regulatory functions devolved to perhaps local government under the current scheme? That wouldn't be at odds with the current framework for how the Public Health Act operates?

STEPHEN CONATY: It wouldn't be at odds with the current framework. Yes, that's correct.

The Hon. ANTHONY D'ADAM: For example, you've raised the issue around sharps and skin penetration, a requirement around sharps disposal in public toilets. That would sit pretty comfortably, wouldn't it, in a Public Health Act framework?

STEPHEN CONATY: Yes, the sharps disposal provisions that we have at the moment are generally in those settings where sharps are used on patients and the skin is broken rather than for provisions for needles that might've been used by diabetics or injecting drug users. The main problem, I suppose, with the administration of the Public Health Act is that local government is constrained in what it can particularly do and so there are some local governments that are not able to always fulfil all of those joint regulatory functions under the Public Health Act. If there was to be another layer that was added, of course there would need to be a significant consultation with local government.

The Hon. NATASHA MACLAREN-JONES: You said that local government was constrained to fulfil some of the requirements in the Public Health Act. Could you outline what they are?

STEPHEN CONATY: What the local government needs to do or usually does?

The Hon. NATASHA MACLAREN-JONES: What is not being done and the reasons for it. Is it funding? Is it an infrastructure issue? Obviously, there are requirements that should be done. You've indicated that it's not currently being fulfilled so I'm interested to know what those are specifically and what the barriers are.

STEPHEN CONATY: I can't answer the specifics because I think that's probably the role of either local government to answer or the specific local government authority.

The Hon. NATASHA MACLAREN-JONES: But you would be aware of some of the challenges.

STEPHEN CONATY: I am aware of some instances where—and I'd have to take that on notice to actually tell you about the local government authorities that we're aware of. But there are some that, I believe, have withdrawn from administering elements of the Public Health Act just because they don't have the resources to commit to it, either resources in terms of staff—that is, generally, environmental health officers—or they don't have the resources in terms of money, I suppose. That's a very general answer but I can provide perhaps some greater detail for you.

The Hon. NATASHA MACLAREN-JONES: I'm happy, if you don't necessarily want to name councils—I'm more interested if they're withdrawing from adhering to an Act because of resourcing. That's a big issue, particularly when it comes to public health.

STEPHEN CONATY: Sure.

The Hon. NATASHA MACLAREN-JONES: You talked about some of the basic standards, whether it's running water and having paper available. I travel, like a lot of my colleagues, through regional country roads quite often and you will stop along the roadside and you will come quite often across public toilets where, in some cases, the water doesn't work at all. Do you think it is appropriate or timely to do, basically, an audit of some of these toilets from a health perspective to ensure that the standards are there?

STEPHEN CONATY: I hesitate to provide an answer because I'm very conscious of the enormous number of public toilets that there may be. Any sort of audit is resource intensive and it's probably, I would say, beyond the capability at least of Health and our public health workforce, which is not enormous. Usually in any local health district, in a population of a million, we might have three or four environmental health officers. They would be kept busy for a long time, so it would need to be done as a kind of self-audit or something like that. I don't believe we would have the means or capacity to be able to do an audit such as that.

The Hon. NATASHA MACLAREN-JONES: From a Department of Health perspective, what role do you actually play when it comes to ensuring public toilet accessibility or availability? Is there any particular part of an Act or anything, or is it more just general?

STEPHEN CONATY: We play no role that I'm aware of.

The Hon. AILEEN MacDONALD: Just so that I have a base, what public health standards currently apply to the maintenance of public toilets across New South Wales?

STEPHEN CONATY: I'm not aware of any public health standards that apply—that is, standards that we control or administer in any way. We have policy directives for the public health that relate to public toilets in our public facilities, and there are also design standards for public toilets in public health facilities.

The Hon. ANTHONY D'ADAM: On notice, perhaps, can you provide those to the Committee?

STEPHEN CONATY: Sure, I can provide the links to those. But no standards generally, that I'm aware of, so that would be through other means—Australian standards or something like that.

The Hon. AILEEN MacDONALD: Are there minimum expectations for the cleaning frequency or facility design to support the public health outcomes?

STEPHEN CONATY: Cleaning frequency, I would have to take that on notice.

The Hon. AILEEN MacDONALD: Yes, if you could.

STEPHEN CONATY: But there would be some standards within public health facilities. They may not be directly applicable to public toilets that are less frequently used or where the risk profile of the clients that use them might be different.

The Hon. AILEEN MacDONALD: Has the experience of managing COVID-19 changed hygiene expectations for public toilets?

STEPHEN CONATY: I would say not.

The Hon. AILEEN MacDONALD: Would you support integrating minimum hygiene standards into public toilet design regulations?

STEPHEN CONATY: Of course I would support that, and I would have thought that that was part of the design task.

The Hon. AILEEN MacDONALD: How important is rapid maintenance of public toilets to overall public health? Like, if there's graffiti or broken taps and things like that, you can't fulfil cleaning your hands, and things like that.

STEPHEN CONATY: I think that's a difficult question to answer. Obviously that affects accessibility and that goes to the overall question of the importance of public toilets generally for amenity, physical activity and people getting out and about. I can't provide an answer to that question.

The Hon. AILEEN MacDONALD: I have one final question. If there aren't any standards, do you communicate with councils or other services where public toilets are provided, to say what the minimum expectations are? Or how are we informed about what the minimum standards would be?

STEPHEN CONATY: I would say that that almost never happens. It's not really on the Health radar. We, as Environmental Health Branch, don't have any policy involvement that would lead us to provide any advice to local government shopping centres or anywhere else about how public toilets should be designed, run or organised. I would say that environmental health officers in local government would get involved, perhaps, in some of those discussions, occasionally. But, on the whole, it's not something that is in our range of responsibilities.

The Hon. AILEEN MacDONALD: Are you consulted at all?

STEPHEN CONATY: No.

The Hon. ANTHONY D'ADAM: We've heard some evidence from Incontinence Australia about the preponderance of incontinence in the population. I think the suggestion was one in four people have incontinence. Obviously, there's a public health dimension to making sure of the provision of adequate facilities to manage incontinence. Also, there's the ancillary issue, which is about the mental health impacts of people who suffer from incontinence and therefore feel constrained in terms of their ability to get out and about. Within Health as an organisation, how are you grappling with those issues and the intersection between the public health provision but also the mental health impacts? Obviously it's not the environmental branch. How does that work within the organisation? How do you grapple with a problem that's intersecting various aspects of a public health problem and the mental health space?

STEPHEN CONATY: You identify a more general problem in a very large organisation like NSW Health where we've got different sections. Different branches will have different views and responsibilities. That may not involve the Environmental Health Branch. It could involve the Centre for Population Health, which generally has the role of looking at physical activity and that that's a constraint. If that's the main lens that you're viewing that problem through, then it may be something that they address. It could also be something that becomes within the remit of the Clinical Excellence Commission or a more clinical entity within Health, who is dealing with the issues of incontinence. But there's no single postbox, that's for sure.

The Hon. ANTHONY D'ADAM: Here's the question, then. Here's a problem that requires some level of interagency coordination. What would be the tool that Health would use to try to address this at a policy level, where you've got a number of stakeholders, one of which is obviously local government and their expectation that they would provide these facilities? Is there some kind of mechanism or a standard in terms of how Health would provide guidance to local government to address a population health problem like this?

STEPHEN CONATY: There are always mechanisms for working across government, and depending on the area that you work in then you will have your key relationships. The challenge is to, I suppose, find part of government that sees it as their responsibility primarily. So if it's a question of what are we going to do about incontinence generally, the access to public toilets is going to be a very small aspect of that. I guess it needs to be put to government to try to find out—or there needs to be a recommendation to some section of government. I can't really say that Health is the natural place to begin to address a cross-government issue like this.

The Hon. ANTHONY D'ADAM: Well, who would it be? Obviously, it's clearly a health problem. It's got mental health, physical health and population health dimensions. What other agency would be appropriate? I suppose we're trying to find the appropriate place in terms of crafting recommendations from this Committee about dealing with the issue of public toilets. There's clearly a regulatory void. I think you highlight in your evidence, I suppose, the various—for want of a less pejorative term—silos that exist within Health, and public toilets don't really fit anywhere. We're trying to overcome that void and find a place to locate the lead authority. Where's the appropriate place in Health for that?

STEPHEN CONATY: It's probably not for me to venture an opinion. However, I will point out that there are other government departments that will have a stake: the department of local government and the department of planning. Some of the business, I would think, of the Committee is about where are the model designs and are the existing standards sufficient, and where should they be housed. So I don't know whether Health is the place where you find model designs that then drive either construction or maintenance of existing facilities.

The Hon. ANTHONY D'ADAM: Is it fair to say, though, that there's obviously the solution end of the problem—that there's the policy goal—and most of those relate to health-related issues: mental health, hygiene, access to safe facilities for a range of populations that are potentially vulnerable? Isn't Health a policy locus for this, given that they're trying to address health-related problems? The solutions might be in local government or might be in planning—some aspects of it—but in terms of the objects of solving the policy problem, doesn't that appropriately lie with Health?

STEPHEN CONATY: I think there are some elements that are relevant to Health. I don't know whether the total policy objective sits with Health because I think a lot of it is about appropriate accessibility provisions, and they're not strictly a Health concern. They're more about rights and entitlements and equity and fairness. They're things that Health is cognisant of, but I don't think the overall objective is about improving health; it's about improving amenity, I think.

The Hon. STEPHEN LAWRENCE: I have just a couple of questions. Thanks so much for your evidence, Mr Conaty. I've come in late because I had an event to go to, so apologies if my questions are repetitive. Just on that last question you answered, I was wondering if you could explain a bit more what you see as the distinction between amenity and health here. In what sense is this an amenity issue rather than a health issue? We have had quite a lot of evidence about health issues. Some could be characterised as strictly health issues but others, I would have thought, might be characterised as issues that go to wellbeing, inclusion and things like that that seem quite cognate to health, at the very least. I was wondering if you could expand on that last point.

STEPHEN CONATY: I'll do my best, but I don't think it is a hard or fixed line. There are many issues where there is an interface between or a spectrum along which you'll find amenity issues and health issues. From the perspective of an elderly member of our community who doesn't have fantastic bladder function, being able to get out and be confident that they will be able to find a public toilet and it will be convenient and clean—these are all amenity considerations, I think. The same for members of the community with a disability—if they can find a public toilet that they can use. That will of course improve their physical activity and probably their health and probably their mental health. If we don't have some of the negative consequences of using a public toilet because it is clean and hygienic and doesn't transmit disease, or the risks of using it are very low, then, yes, they're health considerations. But I think they're difficult to tease apart.

The Hon. STEPHEN LAWRENCE: Thanks for that answer. Is there an analogy here with another area of policy, maybe waste management or something like that, where you could explain how your area of the health department provides assistance or guidance in that respect? I ask that because I saw on the website of your particular division of the health department that environmental health includes waste management, or that sort of concept could include waste management, garbage disposal and the like. Is that an area where State Health works with local government, whether by way of guidelines or policy assistance or things of that nature? Or is that more a legislative area of intervention, indeed, that I'm unaware of?

STEPHEN CONATY: It's probably not the best area to take as an analogy, largely because Health over time has had less and less to do with waste. Historically Health—and Environmental Health, which is a reasonably old part of the Ministry of Health, if you like—has moved away from the administration of waste. Now it's much more firmly within the realm of local government and also the EPA, which has more significant tranches of legislation that deal with waste. We don't really regulate waste any further. We did have a role, particularly with hospital waste and contaminated waste and how that should be dealt with, but that has also largely been handed over to HealthShare, which is a different part of Health.

The Hon. STEPHEN LAWRENCE: Is your area involved in things that might broadly be considered planning issues but things which, on a population-wide level, might, for instance, lead to injury or ill health? Is there an analogy somewhere there?

STEPHEN CONATY: Health largely plays an advisory role. However, we do have—and we work with the department of planning, mainly in providing advice on major projects. So there is a mechanism for various agencies to make submissions on major projects if they may involve Health. It's not the only intersection that we have with the department of planning, but it's probably the one which takes the most time for us.

The Hon. STEPHEN LAWRENCE: Has Health been involved in advising on population-wide health consequences for particular projects? Is that what you mean by that?

STEPHEN CONATY: Major projects like those that appear on the major projects website for the department of planning—that might be for mines, major roadways, very large housing developments, energy infrastructure et cetera—they're the ones where the secretary of the department of planning has requirements which must be met by the proponent. They also invite other agencies to both submit against the environmental impact statement and to sometimes have their own requirements on a particular project.

The Hon. STEPHEN LAWRENCE: Is that because there's a body of expertise inside Health who might have something to say about the public health implications of those sorts of projects?

STEPHEN CONATY: Yes, there are sometimes human health risk assessments that are done that are associated with these larger projects. Yes, our branch has some expertise in human health risk assessments and reviewing those. That might have to do with air pollution, noise or other consequences of particular kinds of developments.

The CHAIR: Sorry to interrupt you, Mr Lawrence. We're actually out of time, so I might ask that your remaining questions be submitted as supplementary questions.

The Hon. STEPHEN LAWRENCE: I'll do that. Thanks, Dr Conaty.

The CHAIR: Thank you so much, Dr Conaty, for the time you've provided today to provide evidence to us. The secretariat will be in touch about the questions you've taken on notice, and I imagine there are going to be some supplementary questions as well.

(The witness withdrew.)

Mr BOB TRIMING, Chairperson and Secretary, Bathurst Regional Access Committee, sworn and examined

The CHAIR: Good morning. You've made quite a trip to be with us today. We really appreciate it. Would you like to start by making a short opening statement?

BOB TRIMING: First off, thanks for facilitating our attendance here—and thanks for getting rid of the rain. My wife is here as a member of BRAC but also as my carer because I need her assistance. I wish to make full use of my time and yours whilst here. Please note that in BRAC's submission I was described as being a member of the PDCN Lived Experience Advisory Panel at the time of writing. That has now concluded. Being from Bathurst, we come from the land of the Wiradjuri. I am on the NSW Health public advisory panel for the redevelopment of Bathurst hospital, which is currently in operation. I've been on that for a couple of years. All my comments, and BRAC's submission, are based on the lived experience of myself, our members and members of the public who consistently contact BRAC for assistance.

We are not an official committee of council. We're independent. We have considerable experience, having been in existence for over 34 years, advocating for the general public and tackling not only council-related issues but all those that involve the built environment, including commercial and private entities, as well as providing advice to builders and developers. Thank you. I hope my comments will help your deliberations.

The CHAIR: Thank you very much, and thank you for the quite detailed written submission you've provided as well, which is full of photos. That has been really helpful to us, having not been able to visit Bathurst ourselves.

BOB TRIMING: May I just say, I have difficulty hearing, so if people could speak up—without me sounding rude, but I want to be able to understand.

The CHAIR: No problem. Thanks for letting us know. My first question is about the provision of information in the Bathurst community. The Committee has heard a lot of evidence about the National Public Toilet Map app. Your written submission also mentioned the council having a CBD toilet map and an accessible guide to the region. Could you talk about the way that information is provided in your local community?

BOB TRIMING: Yes, that forms a booklet called the accessible guide to Bathurst, which is available at the tourist bureau and on the council website for both tourism. Also, the council provides us with a page on their website for the access committee, and there's links to it on that. In the middle of that—it's a complete, accessible guide for those relevant businesses, such as restaurants, hotels, pharmacies and so forth. The access committee are the ones who provide the information to council, and we do a lot of work every year. When I'm chairperson of it, I'm verifying phone numbers and so forth and making sure that our ratings—we also have a map in the centre of it that has the CBD and the positions of all the accessible toilets. This week, hopefully, it will be upgraded to also include the new permanent adult change room that has just been completed as well as the mobile adult change room that's owned and operated by Vivability. That sits beside or near the Adventure Playground, which is our major playground for kids, and it has some all-ability equipment in it. It also gets moved to things like the Bathurst show and the races, which we're famous for, and other venues for public events. That's owned and operated by Vivability in Bathurst.

The CHAIR: You've obviously put a huge amount of work into successfully advocating for important upgrades for accessible toilets at key council facilities in Bathurst. Could you speak to your experience in advocating for that change? What did it take to get the decision-makers to agree to do that work?

BOB TRIMING: In short, otherwise you'll be here all day. You would have seen in the submission that we're still waiting, after 15 years now—it was 14 years when the submission was written—for a proper accessible toilet at the library art gallery. My wife often uses the library. I can't go with her because I can't get into the toilet, as you would have seen by the photo we supplied with the support of the *Western Advocate*. I attend most council general meetings and policy meetings where there's a public forum, and I speak. The only time I don't attend is if it's heavy rain or if I'm crook. We get good support from the council officers. However, the difficulty in a council area is that it's the councillors that supply the senior staff with the money to provide the facilities, and that just doesn't happen. To wait for 15 years—even in council chambers. The meeting room for the access committee is in council chambers because we're voluntary and we don't have any funds whatsoever. It took me nine years, I think it was, to get an accessible toilet in council chambers.

It all boils down to money. The senior staff are willing. I guess I could give you an example of when I found out that the accessible toilet at Sofala, one of our main tourist villages—they were closing it, except for when the progress association had events on in the town. Council built the septic toilet there next to all the community halls but it was the progress association that had to pay for the maintenance and upkeep. The septic tank was built too small. They couldn't get anywhere with council so they spoke to me because I used to, up until

last year, conduct the Anzac Day services for them on behalf of the RSL. They spoke to me, so I raised it with council, which resulted in council now maintaining, but also rebuilding the size of the septic system, so it can now be open seven days a week.

There are a lot of facilities like that. We've got a toilet on the main entrance to the city from Orange way, opposite the jail, which is the main place it goes to. That was in my submission, the picture of that accessible toilet with the graffiti on the walls et cetera. That's slated to be rebuilt this year, but now it's been put on the backburner because I disagreed with the location. It would have meant all the little kids on the playground and whatnot would have to cross an access road into this tourist rest area, to a centre island. That's where they were going to put the toilets together with the new accessible toilet. So that's been put on the backburner because they've now got to wipe out the existing toilet block and put it in.

But, once again, it's finance. You're probably aware that Bathurst council is seriously financially deficient. And like the art gallery toilets promised to me for about the last five years, I ended up getting a guarantee of a rebuild. The plans have been approved last year, and it was supposed to be built, but now we have to wait for land sales to happen for council to have the finances to do it. So it is a big financial burden, and more so when the national building codes now require ambulant toilets. So any rebuild, that just adds to the cost, which I think should be helped by the State Government in this case.

The Hon. STEPHEN LAWRENCE: Thanks, Mr Triming, for your submission. I've got to say, it's one of the best community group submissions that I've seen. It's excellent. Thank you for drawing our attention to those newspaper headlines, which did bring a smile to my face, some of them. I am curious, firstly, on page three of the submission, there's a picture of a public toilet in Bathurst. Is that the public toilet on the western entrance to Bathurst?

BOB TRIMING: Yes, it is, opposite the jail in Hector Park.

The Hon. STEPHEN LAWRENCE: Yes, I've stopped and used that a few times. Is that a particular example of what you would say is very much a substandard, out-of-date public toilet in the Bathurst area?

BOB TRIMING: Not only the Bathurst area but across the State. When we travel—and I'm now restricted in my travel because I can barely get to Orange for disability conferences, much less anywhere else, because of my issues. Whilst that's in the CBD, I only got a report—and I wasn't able to study it before coming here—from a person out at Wattle Flat who complained to me about the toilets. But that will take a special effort to get out there to see what she's talking about and see how the access committee can help. With narrow doors and the graffiti—and that accessible toilet is actually so small. I thought the art gallery was the world's smallest inaccessible accessible toilet, but this one is even smaller. You wouldn't even fit a pushed wheelchair in it. That's why it is being rebuilt but, once again, we have to wait on finances.

The Hon. STEPHEN LAWRENCE: You make an interesting point right at the end of the submission. You say:

> Access to accessible toilets is something that should not have to be fought for on an ongoing basis, it should be automatic and take precedence over the millions spent on non-essential feel-good facilities.

What do you think is the mechanism to address the first part of that sentence? What is the best mechanism to make sure that access to accessible toilets is something that is not going to have to be fought for on an ongoing basis? Do you think that we need a law that mandates councils and other relevant stakeholders to do it? Do you think we need a policy or a requirement that they all develop policies? What do you think is the best way?

BOB TRIMING: I do think it needs the State Government to pressure councils into making them a priority. The reason I state that is that I get a bit sick and tired—it's great to have sporting facilities and they are a great necessity in any community. But the millions upon millions that we're spending on football fields and sealed car parks for those football fields, not just one football field but multiples of buildings and fields and car parking for, I think it was, around 600 cars or something in Bathurst—I know it has got 15 disability parking spots—it just gets annoying that money is spent on new infrastructure but nothing gets done about existing council infrastructure. That's our biggest beef. If council infrastructure was up to standard, we would get into more places.

The Bathurst Memorial Entertainment Centre has an accessible toilet on the bottom floor. On the top floor, where there are meeting rooms and also access to the entertainment centre seating for the stage et cetera, there are toilets for those without disability but not those who have a disability. If it's deemed necessary to have a toilet for people who don't have a disability, do they think people with a disability don't need to go to the toilet? We've hassled that quite a bit, but we've lost that one. Once again, there's no money. With any enforcement that you may bring in, somehow there has got to be a complaints section instead of going through the Human Rights Commission or the New South Wales disability board of discrimination.

I give, as an example, how long has a new commercial building been required to have access—sorry, not necessarily a new build. We had an incident in Bathurst where a restaurant in an existing building, in a multi-tenanted building, put in a new entrance. On the plans it said it was going to be accessible—because I studied the plans. It was created as inaccessible—brand-new entrance—and council has now permitted it. If council is not obligated to abide by the Australian building standards and nothing can be enforced, apparently, how are we going to have standards set by the State Government that councils have to abide by and make sure they're enforced?

There needs to be someone that people like me or anyone with a disability can send an email or correspondence and say, "Look, this is the issue we've got. It's not being done as per the required guidelines." Then whatever that regulatory body is can then suggest to council, "Hey, you've got to do it." Perhaps that would persuade councillors then to provide the money to the staff. I repeat: It's not the senior staff that are the issue. We've now got one councillor in Bathurst who runs one of Bathurst's biggest disability organisations, but he's one of nine. He does an excellent job and he's the councillor delegate to the access committee. We get the general manager attend our meetings, who takes copious notes on council issues. But, once again, no-one can do anything unless the council has provided the dough.

The Hon. STEPHEN LAWRENCE: Does Bathurst Regional Council have a public toilet policy, to your knowledge?

BOB TRIMING: No, I can't answer that. I guess, by now, over the 20 or so years that I've been involved, I think I would have come across it. I know we've got a footpath policy and goodness knows what else. I heard the previous speaker. There's not an issue in Bathurst. If I ring council and say that there's a dirty public toilet that needs cleaning during the day, they'll immediately send the cleaners out. In the CBD I know they're cleaned three or so times a day but, let's face it, you could clean the toilet now and by the time the next person has used it, it could be totally disgusting. That's the issue that councils are faced with. As for the cleaning of village toilets and public toilets, I can't say.

The Hon. NATASHA MACLAREN-JONES: In relation to funding—you've touched on it in your submission—I was wondering whether or not you or your committee were ever given an overall budget of what council was being asked for. I'm keen to know across all different areas how much it actually costs, whether it's a rebuild or a brand-new accessible toilet in an area.

BOB TRIMING: The art gallery toilet was originally too dear. They were going to build a standalone toilet that could be used after hours. Now they're going to revamp the interior toilets, because my understanding is the women's toilets are not too crash hot either. That budget was $500,000—not saying that that is what it will take to finish the build. For the Hector Park toilets, as described there, the rough budget was $800,000. The question was raised because in council, when the public ask the questions of council, it's "Bob's public toilet". It's not the public toilet for everyone. For some reason everything belongs to me when it comes to disability, which I get annoyed at. That was $800,000.

The newly completed adult change room, together with an ambulant toilet, and male and female toilets—and I think that block may have a unisex toilet as well, but don't take my memory on that—was closer to a million dollars, $950,000 or $960,000. There was a big blue that was raised as to why the expensive cost, because we actually wanted the adult change room to be positioned in Machattie Park, which is central to where the winter festival, the CBD and everything is. But instead they put it down near the river in Peace Park, simply because they had to rebuild that toilet block. According to the director of engineering, they try to do a complete rebuild of one public toilet a year, which is all they can afford.

The Hon. NATASHA MACLAREN-JONES: How many cubicles did the million-dollar one include?

BOB TRIMING: I can't tell you because I haven't been into the—the disability toilet is one and, the whole block, you enter each section individually by an accessible path. The adult change room is at one end and that's run by an MLAK electronic sliding door, which I thought was absolutely fantastic because one of my biggest beefs with toilets is the opening force. It was what was raised when they built the new hospital at Bathurst 15 years ago and you couldn't get into the disability toilets. They're now double swing doors, which is excellent. But I prefer the electronic sliding door, and it's controlled by an MLAK key, and the same goes with the accessible toilet. The accessible toilet is controlled by an MLAK key, but it's open during the day for anyone to use. The adult change room, the only way to get in it is with an MLAK key.

The Hon. NATASHA MACLAREN-JONES: That brings me to my next questions about the MLAK key. Could you just outline for the Committee how that works? You've raised concerns about who can actually get access to that key.

BOB TRIMING: Yes, my concerns were more to misinformation. I'd heard and read that only doctors can prescribe or can give permission for an MLAK key, and of course that's totally wrong. I can provide a letter

of advice, being a disability organisation. Whilst it's a $20 deposit, we try to push the MLAK key whenever we can. It's just a shame—and I might note, with respect, that you guys call it an MLAC key. It's not; it's MLAK, so you might like to sort that out in your correspondence. It's readily available from any of the master locksmiths of Australia's key places, or you can send to Melbourne and the Master Locksmiths Association, upon you sending 20 bucks, will send an MLAK key as long as you've got a letter of authorisation. Some places have an MLAK key and they have a sign up saying the MLAK key is located at such and such a place. That's not really feasible for council public toilets.

The thing with disability is people have also got to help themselves. Some people with disability expect everything to be done for them. I carry an MLAK key here. It's with the wheelchair, so I always have it. It's not on my car key ring or anything else. People have to self-educate in items like that. But, also, the correct signage is something like, "This toilet is operated by an MLAK key." If I rolled up to a toilet and didn't know what an MLAK key was, I'd ask someone or ask council, "What's an MLAK key?" You'd be told, and you'd be told where to get one. I've suggested that perhaps, tongue in cheek, maybe council or State Government could help subsidise the keys, because $20 is a lot for a person on a pension. But it does help.

I notice the metro toilets in the new train stations here—I was in one this morning just before I got here, and it didn't need an MLAK key, and it was the best accessible toilet I've ever been in. That's the one in Martin Place. It had electronic entry, an electronic push button for the toilet—you name it. Even the colour scheme was appropriate for people with vision impairment. One of the issues that was raised a couple of BRAC meetings ago, by a person with vision impairment attending, was signage on public toilets, because normally it's black on dark grey. Technically, it's a 30 per cent luminance contrast, as per the rules. But people with vision impairment really need black on white or something like the Martin Place toilet, which was black on a very, very light grey.

You've got to take into account that if a person with vision impairment goes into a toilet and there's a white bowl, white walls and white floor, yes, great, it looks lovely and clean, but people with vision impairment can't see where the toilet bowl is. Things like that have to be taken into account. That's where we provide advice. Whilst builders have access to the Australian Building Code, I don't. I can't afford it, which is something else: To me, voluntary organisations who help people with disability should somehow be allowed to procure one copy, because it's well over 1,000 bucks, and we can't afford that. So I bombard the director of planning and the director of engineering with unlimited questions, and they're excellent in their responses. I hope that answered your question.

The Hon. NATASHA MACLAREN-JONES: That helps. Thank you very much.

The CHAIR: We are over time for this session. Thank you again so much for making the trip to provide evidence for us today. I imagine that there will be supplementary questions from Committee members, and the secretariat will be in touch with you about those questions.

BOB TRIMING: Yes, no worries. Thanks very much for your time.

(The witness withdrew.)

(Short adjournment)

Mr DAMIAN GRIFFIS, Chief Executive Officer, First Peoples Disability Network, affirmed and examined

Miss KATHERINE WOLFGRAMME, Community and Advocacy Officer, BlaQ Aboriginal Corporation, affirmed and examined

The CHAIR: Welcome. Thank you so much for making the time to give evidence to the Committee today.

KATHERINE WOLFGRAMME: I'm speaking in place of my CEO. She's an apology.

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

DAMIAN GRIFFIS: I'm happy to. I'd like to make some opening remarks, if I may. The First Peoples Disability Network are a national peak organisation representing First Nations people with disability and their families. We are a unique organisation in that we are governed by First Nations people with disability. Most of our staff are First Nations people with disabilities as well, including several staff who are wheelchair users with significant physical disability. Access to accessible toilets is a right, not a favour. I think that's something that needs to be evolved in understanding the provision of accessible bathrooms. Often, when I reflect upon the life of my colleagues with physical disability, their opportunity to live a spontaneous life is naturally very restricted, and often restricted by the lack of accessible public toilets. Perhaps as myself, as an able-bodied person, if I want to go to the movies this afternoon, I can go to the movies this afternoon. But if you're a wheelchair user, you have to plan every moment of your life, and your opportunity to live a spontaneous life is very restricted by physical access, especially access to accessible public toilets.

In my travels throughout the country, but particularly in New South Wales, including far western New South Wales, to be honest, once we go beyond the Blue Mountains and Sydney, Newcastle and Wollongong, the provision of accessible toilets is often highly problematic and random, really, when I consider how difficult it's been for some of my colleagues to travel who are wheelchair users. So there are particular challenges in regional and remote New South Wales. I think the previous speaker touched on some of those issues, certainly in the Bathurst region, but we would be very concerned about the situation in more remote parts of the State, particularly in the western part of the State.

Also, access is many different things. There's not just physical access to public toilets. Toilets—perhaps I'm sharing a personal experience here—appear to be becoming far more complicated. I've certainly had that experience and made rather a fool of myself a number of times—whether the soap dispenser is sensory or the water—whatever it might be. There's no signage usually to provide instruction on how to use such facilities. That can be very problematic for people perhaps with cognitive impairment in accessing bathrooms. The previous speaker spoke about access for people with vision impairment, but also intensity of lighting. Sometimes the way tiles are arranged can be confusing for some people. They may have a very sensory disability as well. Perhaps if they're on the spectrum they may be triggered by particular lighting or particular designs as well. So I think we need to think more beyond just physical access. It also relates to people with vision impairment and people with cognitive impairment, and other ranges of disability as well.

The CHAIR: Thank you very much. Do you have an opening statement?

KATHERINE WOLFGRAMME: Yes. Please forgive me—I was only called in this morning—if I seem unprepared. BlaQ Aboriginal Corporation is the peak LGBT First Nations organisation in New South Wales. Even though I'm not Aboriginal, I do come to the table with lived experience of a transgender woman of colour for 35 years, with that lens, and what those hurdles bring as well. I'd also like for you to consider that Aboriginal people face daily discrimination and, on top of that, our members face discrimination for being LGBT. So that's double discrimination, which makes them doubly vulnerable to situations.

In the case of transgender people, there are stages to transition. The first stage is that you don't wake up looking glorious. You're very obvious to everyone that you are transgender. That is when you are most vulnerable to violence and to discrimination, especially with the climate around the world at the moment where we see the bathroom debate arise. Objections to transgender people using bathrooms will only be at the very start of their transition. There will be no question, of course, once we have developed. I think this is an opportune time to be able to discuss this.

With the debates swirling around, I have moved more to the gender-neutral toilets. They're cleaner and they're bigger. But I think it's quite difficult to ask for these things sometimes. I have asked at the train station for the gender-neutral toilet, because it's always locked, especially at the old stations. They've always pointed me towards the women's loo, and I've had to insist on the gender-neutral toilets. It would be great to have more availability and more access, for gender-neutral toilets to be available, particularly outside of the CBD. Not that I travel that far, but I'm sure that there would be less availability of gender-neutral toilets. We extend that also to

schools, where young people are now transitioning. There is not always the availability of a gender-neutral bathroom. I feel that it is something that I can strongly recommend, as an advocate for my population, that it's an opportune time to bring this up.

The CHAIR: I have a couple of my own questions, and then we'll go to questions from other members of the Committee. I'll start with you, Mr Griffis, but please feel free, both of you, to answer this question. You mentioned in your opening statement that it's your view that access to toilets is a right rather than a favour. We've heard through this inquiry that there currently isn't any legislation or responsible body to ensure that toilets are provided to a certain standard or in certain locations. What would be your view on legislating a positive duty on public or private entities—or both—to ensure access to public toilets?

DAMIAN GRIFFIS: I would absolutely support that, Chair. The UN Convention on the Rights of Persons with Disabilities discusses liberty and freedom of movement, and those sorts of provisions, so there are rights already enshrined in international law that could be a reference point for framing such legislation. I think too often in Australia—and perhaps it's a more general observation—having been CEO of my organisation for 25 years now and seen the evolution of disability rights in Australia, we still have a very long way to go. In many ways, people with disability are still viewed as, perhaps, a burden or not-valued members of society.

We've seen some evolution in that, and I think that's positive and that should be recognised and acknowledged. But the lack of understanding by decision-makers about the lived experience of people with disability is still a long way off. The point I made earlier about the things that we get to enjoy as able-bodied people are not well understood in terms of what—we understand our experience, but understanding the experience of people whose lives are seriously restricted every day and are effectively captives of care, in many ways, is really critical to making positive change. A simple premise as well in any potential legislation—and a fairly logical approach, I would argue—is having wheelchair users assist with drafting that legislation.

I'm sure you've probably already heard in the Committee plenty of examples—and I've seen these over the years as well—of well-intentioned accessible facilities that are not accessible at all. That's often because they weren't designed by a wheelchair user. Perhaps the wrong slope, for example, in entering a building—a pretty simple fix there would be to ask a person who uses such a facility, "Have we got this right?" I think, in any legislative approach, it has to involve people who are users of accessible toilets themselves. Hopefully that's a logical response in many ways.

The CHAIR: You're touching on perhaps the distinction here between consultation and actual co-design. Decision-makers and government agencies often talk about consultation. Can you speak further to the importance of co-design and how that actually could or should be done, if it's done well?

DAMIAN GRIFFIS: I think in New South Wales and even Australia more generally we still have a long way to go. Decision-makers living with disability are uncommon in the bureaucracy and in the parliamentary system. That means you can't be what you can't see. I've learnt this valuable lesson over many years as an advocate. I'm a person who identifies with psychosocial disability, but I am still learning every day, through my colleagues, about the barriers they face. I can assume to understand, but I must have the insight to recognise that the person with the lived experience is the expert. It's not a great stretch to create an environment where those people have a voice—but more than a voice—and are actually recognised for the expertise they have. Being a wheelchair user, perhaps we could sit in a wheelchair for 10 minutes. That may give us some insight, but to be the true expert is to have the experience yourself. I think we need to do much better in terms of decision-makers and having Australians with disability and people from this State with disability in prominent positions as decision-makers. Until we see that evolution, I think we're still not going to be best practice in terms of creating a universally accessible world for all people.

KATHERINE WOLFGRAMME: I would actually like to add to that. I would like to second Mr Griffis's comment about consultation with people with lived experience in the design of public amenities, because needs are different. With all due respect, empathy and sympathy are very nice, but they're not always sufficient to help with designing ease of access for things.

The CHAIR: I had a question for you, Miss Wolfgramme, but I imagine you'll both have a view on this as well. To follow up on your opening statement, you spoke quite eloquently about your own lived experience and the benefit of being able to access an all-gender toilet, a gender-neutral toilet or a unisex toilet—it's called all sorts of things. Is it adequate that often the only gender-neutral option is also the disability accessible toilet, or is there a need for a separate able-bodied or all-gender toilet, separate from the disability access toilet?

KATHERINE WOLFGRAMME: I think disability access and gender-neutral go hand in hand for a variety of reasons, one of them being economics. For myself, I can only speak about years into the past—35 years ago, when I first started transitioning, it was a very nervous experience to use toilets around other people for

physical reasons and psychological reasons. As long as there is privacy in the gender-neutral toilet to be able to do things naturally but in peace, I think that is sufficient. Also, one must consider politics. If you move to give trans people a toilet, then there will be people who will be upset about that because of special treatment, and they're usually the same people who don't want us to use their loos. That's the political minefield that we have to navigate. Personally, I'm very happy just to use the disability loos. Like I said, there's more room and they're generally cleaner.

The CHAIR: Could I just ask a follow-up question picking up on that?

KATHERINE WOLFGRAMME: Of course.

The CHAIR: It sounds like what you're saying is—and I want to clarify my understanding—your preference for using a disability toilet is because it's often a single-use cubicle where you have privacy rather than a shared area.

KATHERINE WOLFGRAMME: Yes, absolutely. I'm using it because I'm a prominent trans advocate, so I don't want to be singled out for using a women's loo or anything like that. I'm just pre-empting any political situation that I might enter. That's why I started using the gender-neutral loos, but I have come to enjoy them. Like I said, asking for them sometimes is difficult, especially at railway stations outside of the city. I'll point to the gender-neutral toilet and they'll go, "Oh, the women's toilet is open." I'll go, "Yes, but I want to use the gender-neutral toilet." I'm not going to say anything. I don't want to shock the poor man, so I usually just use the women's loo then. But my reasoning for using the gender-neutral toilets is political. It's just to keep peace in this climate.

The CHAIR: It's a lot of effort to go to just to pee like everybody else.

KATHERINE WOLFGRAMME: Isn't it? And no-one really considers that. But it goes back to what Mr Griffis was saying about having to plan your day around using a loo. Where is the access to this, and where am I safe to go to the loo? Where do I feel culturally safe to go to the loo? These are all the things to be considered.

The CHAIR: Did you want to add anything?

DAMIAN GRIFFIS: No. I think that's very powerful testimony from my colleague here. Obviously, safety is fundamental for everybody, and I think that's a very powerful sentiment that my colleague has made there.

The Hon. AILEEN MacDONALD: Could I follow up on the safety and feeling welcome, even though we say it's just a toilet? But it shouldn't be just a toilet, so what design or signage changes would make public toilets feel safer and more welcoming? That's to both of you.

DAMIAN GRIFFIS: Did you want to go first?

KATHERINE WOLFGRAMME: I think I would, around safety, have proper lighting outside as well as inside to know that you can see—those sorts of things. Security cameras are good, just in case, heaven forbid, something should happen. But I'm talking in the most idealised situation. I would like cameras outside the entrance of the bathrooms so that there can be a witness to anything unsafe. It's a good deterrent too.

DAMIAN GRIFFIS: It's an uncomfortable truth that people with disability are extremely vulnerable to abuse. We know from the disability royal commission that for women with disability not to have experienced abuse of some form—physical, sexual—would be pretty exceptional. It's a hidden issue, frankly. Public toilets are places of risk for some women with disability, I would say, so anything that creates a potentially safer environment, I'd support the ideas put forward by my colleague.

The other challenge, I think, is how to create these spaces in a dignified way, and the principles of universal design can help with some of this. It's a naturally very segregated environment by definition and, again, adds to a perception that people with disability are of a different kind of human, to be honest, so we need to get to a place in society—and perhaps the lesson from First Nations people is really helpful here. In traditional language, we have no comparable word to "disability". Disability has always been an accepted part of the human experience. We know that now because of an archaeological site at Lake Mungo, which has uncovered a single male footprint. The archaeologists theorised that the person was moving at speed with a stick and participating in a hunt. That's been dated at 25,000 years ago, so that shows we've always had modifications and supports for our community members with disability.

The challenge we find now is we're in a world where labelling is what you need to take to get access to various supports. Ultimately, it'd be wonderful for society to evolve into a place where we have universal design. Toilets are for everybody. I think we're a long way off that, sadly, but there are some valuable lessons from my community about how a culture of inclusion is inherent in how we see the world, and evolving to that place is

where we need to get to as a society. Sadly, we are a very long way off when we hear of not only the discrimination faced by people with disability, but friends from the transgender community as well. How we create an environment that's dignified, that doesn't clearly label this as "That's your space over there," is the challenge going forward, I think. But safety is the number one priority, clearly.

The Hon. AILEEN MacDONALD: As a follow-on, how could government better engage with, say, First Nations people with disability in that planning stage?

DAMIAN GRIFFIS: The co-design principles—I don't mean to be flippant when I say this but I'm a little bit nervous about the language of co-design; it's very popular now. Genuine co-design, which is about equal power sharing and recognising that people that have the lived experience are the experts—I've worked with many colleagues with very significant disability. I have several colleagues with severe cerebral palsy. They are the experts in their life. I can assume to understand and I can travel with them and see the challenges they face and the barriers they face, but they themselves know their own needs. It doesn't seem to be a leap to me. I don't quite understand why we haven't evolved into that thinking in some ways. There are mechanisms established—the New South Wales Disability Council. There's legislative protections in terms of anti-discrimination, but it's the decision-makers and the people that have authority having greater access and lived experience, I think, is where we need to aspire to as well.

The Hon. AILEEN MacDONALD: Is there an example that you could say is a successful inclusive design in regional or remote or even metro New South Wales that you could point to? Based on my previous question, maybe there wasn't co-design in that, but as a starting point?

DAMIAN GRIFFIS: I couldn't. I could perhaps try and find something and take it on notice. I think the previous witness talked about access committees. Again, the power and authority that those committees have within big local council structures is the elephant in the room. How much influence do they actually have in creating change? Unfortunately—and, again, any members who are from regional New South Wales know this as well as I do—disability-related infrastructure is very poor in regional or remote parts of the State, even down to footpaths.

We spend a lot of time in far western New South Wales. If you're a wheelchair user, your wheelchair usually gets damaged pretty quickly. It's not because of mismanagement; it's because there are potholes in the footpath. You can't even use a footpath, actually. You have to use your wheelchair on the road. And then people don't have the appropriate wheelchairs, for example—all-terrain wheelchairs. That's a very common story. People then have to get their wheelchairs shipped off to Sydney or Adelaide or wherever it might be for repair and then they are without a wheelchair while that happens.

The infrastructure in disability is highly problematic, particularly in regional and remote New South Wales. I often can't travel with my colleagues who have physical disability into more regional or remote parts of the State because they would fear that they wouldn't be able to do that travel. Yet we need them to be able to do that so they can start talking to the local access committee. So, yes, regional New South Wales in particular. I'm sure my colleague would have views as well.

KATHERINE WOLFGRAMME: That is a very important point. It's all very well to have a fantastically designed loo, but if you're unable to access it for physical reasons, then that loo is useless. That's all I have to say about that.

The Hon. AILEEN MacDONALD: Miss Wolfgramme, how does the lack of all-gender or gender-neutral or safe toilets impact Aboriginal and LGBTQI+ people?

KATHERINE WOLFGRAMME: First Nations people have the same experiences as all people in reasons for transitioning, and everything else is exactly the same. The issues will be exactly the same for a trans man. It will be, especially at the start, about how to navigate going to the loo discreetly. A trans man in a men's room is a very vulnerable man indeed, and that's the same for trans women. It doesn't matter what race or what community; the issues will be the same. Of course, there are some very racist places in this country where they will not be allowed access to the public toilets anyway. That's outside of the eastern seaboard. We're talking about deep into central Australia. Discrimination does exist. I've experienced it myself and so I know. I think even access to a locked-up loo might be difficult for them because they're Aboriginal, let alone LGBT.

The Hon. ANTHONY D'ADAM: You spoke about access to disability toilets being a preferred option. I note that access to the MLAK system is premised on having a disability. Do you think the requirements for access to MLAK should be extended to people in the transgender community?

KATHERINE WOLFGRAMME: I think you need to determine what disability is. If you determine that disability is a barrier, then transgender people face many barriers. They're just not physical; most of them are

social. The barriers are in place for social reasons. I do go back to start of transition. That is the physical disabilities. Yes, I think that that is quite appropriate. Does that answer your question?

The Hon. ANTHONY D'ADAM: Yes, that does.

The Hon. STEPHEN LAWRENCE: I've just got one question as well. It's sort of been answered by aspects of the opening statements and the other questions, but I'm interested to know how inconsistent across the State in terms of local government areas is the provision of disability accessible toilets in a proper way. To the extent there is inconsistency, how much is that to the detriment of Aboriginal people in terms of them perhaps disproportionately living in those areas that aren't as well serviced?

DAMIAN GRIFFIS: Thanks for the question. I'd probably answer it anecdotally. I don't have data specific to that, but I'm basing it on experience when travelling in regional and remote parts of the State. Far western New South Wales communities, particularly the smaller ones, don't have accessible toilets. I've never seen them. But then I'd argue even in our larger regional centres beyond the Blue Mountains there are challenges as well. I think the previous speaker talked about where these toilets are placed, as well, as being problematic. It's also true that in our home State here we don't meet the adult changing facilities. I think we're only about a third of the capacity of what's happening in Victoria, for example. That's highly problematic as well.

What that lends itself to is less visibility of people with physical disability in regional and remote parts of the State, and that's not good. That doesn't reflect the reality of society either. It means that people are effectively, in some cases, locked away—for want of a better term—because they can't move around their community the same way other people can. That's still a problem certainly in our community. We saw some of these challenges exposed during COVID, for example, as well—as you'd be very familiar, I'm sure—in some of our remote communities where we have a high proportion of Aboriginal people as well. Yes, I think there's a very long way to go. I think in metropolitan Sydney it's generally a better experience. Newcastle, Wollongong—not too bad. But, yes, once you get even out to Dubbo—I spend a lot of time in Dubbo—there are parts of that large town which are not too bad in terms of access, but it's a long way off being universally accessible.

The Hon. STEPHEN LAWRENCE: What about Western Sydney, in your experience? Does that have a different level?

DAMIAN GRIFFIS: Yes, could do better as well, certainly. It's not uncommon for people who are wheelchair users to access shopping centres, for example, to use bathroom facilities because that might be their best option. Again, the lack of spontaneity, having to plan every moment of your life—I think we have to try and understand that more, that the things that we take for granted are not the experience of, certainly, my colleagues with physical disability. Their life is odd in many ways. I don't mean that in an offensive way but in the sense of having to plan every moment of every day. Of course, the health impact is very serious if you can't access—and I'm sure you probably heard testimony around that. My colleagues who have physical disability—if they can't toilet regularly like everyone else does, that can have very serious health consequences. That is dangerous when you don't have the sensations of knowing of when to go to the bathroom.

These things are actually health issues as well, which is another part of why it should be framed as a right and not just doing someone a favour or some sort of act of kindness. The only other thing I wanted to just touch on—and my colleague's direct, powerful testimony has reminded me of how contested public toilets are in terms of historically and even still today. It's a highly contested public space, and we don't have to go too far into our recent history in our State of the segregation of Aboriginal people. I was reflecting on the Freedom Rides as Katherine was talking, and a lot of that was around access to public spaces, including public toilets. Public toilets, as you all know, are highly contested public spaces. We have further evidence of that today, and it seems that we still have a long way to go in that regard too.

The Hon. STEPHEN LAWRENCE: Yes, we seem to have this issue around cost shifting. It will, I'm sure, be raised in terms of any proposal to cast an obligation on local government. But we also seem to have this issue about what is essential. Obviously councils do lots of things, and they're all very important, but we had some evidence earlier today suggesting that councils are investing in lots of different things that maybe aren't as important as this. I wonder if that rights perspective, as well as just airing these issues generally, is how to maybe change the calculus a bit because, ultimately, councils are political bodies responding to what communities are saying.

DAMIAN GRIFFIS: If I may, I would completely agree with that sentiment, and I think that's where things need to evolve—again, that we have decision-makers who understand these issues. It's not an act of kindness or doing someone a favour; it's a fundamental right. I think framing the conversation that way would potentially evolve things. The other thing that we're missing here is an opportunity for employment, and I really believe that. There needs to be a workforce to build and maintain these facilities, and I think we're missing an

opportunity to create little micro-economies, in our very remote communities especially, where there can be people employed.

I'd be very confident that community members who had that role would be valued members in the community, and they would see their value. The role could broaden out into maintaining footpaths and a workforce that is dedicated towards ensuring disability access. I think there's an opportunity there, and a very real one. That's a good story in itself, and local councils would hopefully be attracted to that idea as well. Definitely you would know better than I do, but we hear that story all the time in regional and remote parts of the State. The cost implications are very real. It is very expensive to build things in regional and remote parts of the State, but there are innovative ways that we could come up with other solutions, I'm sure.

The Hon. STEPHEN LAWRENCE: You're absolutely right. There are large parts of most regional towns, I suspect—certainly the smaller ones—where there are not footpaths. That's not unusual at all.

DAMIAN GRIFFIS: I'd say there are, yes.

KATHERINE WOLFGRAMME: I would also tend to agree with Damian. I think employment opportunities for advisory roles, at the very least, to councils in remote areas would not only empower people from remote communities; it would also lend to a language of trust. BlaQ Aboriginal Corporation is the only LGBT organisation in the plan to close the gap. We lead digital inclusion, and one of the issues when you gather information from communities is distrust. Because of colonial issues and past things that have happened, there is a distrust. But when we find someone from the community that we compensate, there is a language of trust because we're not just taking from them; we're giving back to the community. I think that that's a fantastic idea.

The Hon. STEPHEN LAWRENCE: Thanks very much for that evidence.

The CHAIR: I have one more for Mr Griffis, particularly because you're a national organisation. Are there any other jurisdictions that do this better than New South Wales that we should look to?

DAMIAN GRIFFIS: Yes, certainly Victoria. They have a much higher rollout of the adult changing facilities. I think there are perhaps three times as many as in New South Wales. It's a smaller State and perhaps easier to do, of course. But Victoria is certainly a stand-out in that provision.

The CHAIR: Thank you. That's helpful. If there are no more questions from my colleagues, perhaps, in closing, is there anything that you'd like to clarify or add or that we haven't asked about?

DAMIAN GRIFFIS: I'm fine, thank you.

KATHERINE WOLFGRAMME: No, I'm fine. Thank you very much. This has been a fantastic experience, but that's it.

The CHAIR: In that case, we'll conclude today's hearing. Thank you both so much for sharing your experience and your expertise with us today. It's a really valuable perspective for us to have heard. The secretariat will be in touch with you if there are any supplementary questions from the Committee.

(The witnesses withdrew.)

The Committee adjourned at 12:35.