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House of Representatives Standing Committee on
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Dear Standing Committee Members

Physical Disability Australia would like to thank the committee for the opportunity to comment on the Draft Disability (Access to Premises – Buildings) Standard as set out in this document.

Executive Summary:

Physical Disability Australia Ltd has serious concerns about the Draft Disability (Access to Premises – Buildings) Standard and recommends that the committee take the following issues into account when deciding on outcomes of these consultations:

1. The 1000mm corridors as in AS1428 part 1 should be 1200mm to allow for safe and comfortable travel and passing and to bring this into line with other changes to AS1428. part 1 which cater for 90% of wheelchair users (see attached drawings Annexure A, which illustrate the inadequacy of the 1000mm wide passageway).
2. Car Parks - 2200mm in AS2890 part 6 needs to be increased to 2300mm in new car parks to accommodate 4 WD vehicles and Commuter Vans used for transporting people with disabilities;
3. The draft requires disability access in small accommodation facilities like homes converted to Bed and Breakfast (B&B's) venues, purpose built B&B's, cabins in caravan parks and eco villages (only when there are four (4) or more cabins).

The draft standard lumps together newly built buildings with converted, existing facilities. Having a threshold of four (4) means almost all B&B's will be excluded. Exempting new B&B's, new cabins in caravan parks, and new eco-lodges is considered unnecessary and detrimental to people with disability.

4. The number of designated disability parking spaces required is 1 or 2% (depending on the type of facility). This is demonstrably inadequate as the number of disability parking permits on issue represents the order of 10 to 13% of registered vehicles.
5. No access is required to levels of a multi-storey car park which do not have designated disability parking spaces.

Some people with disability use vehicles with rear access and park in regular parking spaces (particularly parents with a child with a disability). In future these people will only be able to park on those levels with designated disability spaces.

6. Motels and hotels, and aged care facilities (hostels and nursing homes) must, in addition to having access to common areas, have some accessible bedrooms with accessible en-suite facilities.

There is no guidance as to what is needed in a bedroom to provide adequate access. Also the number of bedrooms required to be accessible in aged care facilities (the same as for motels) is most inadequate.

7. There is an urgent need for all of the Australian Standards covering lifts (AS1735 all parts) to be reviewed to ensure lifts are accessible and safe. Currently the draft document has no specifications for the size of lift lobbies, which may mean a person may not be able to turn their wheelchair to continue their journey after exiting the lift.
8. There is no discussion or provision for Egress or Emergency Exits and in light of recent bush fires in Australia and other major catastrophes, this seems extraordinarily neglectful.

Fire isolated stairs are exempt from requirements for access features that would assist blind people and people with ambulant disability, (such as handrails on both sides of stairs, no open treads, and no Tactile Ground Surface Indicators (TGSI's)).

9. Number of hearing augmentation receivers is limited to 3.5% of audience

This needs to be increased to at least 10% to allow for increasing populations and the ageing population.

10. The current draft excludes Class 2 buildings.

If the exclusion of Class 2 buildings is allowed to remain, it will set back the building industry for many years as many Local Councils have already worked to adopt appropriate Development Control Plans which require access to these premises..

Allowing developers to build inaccessible Class 2 building will prevent people with disability from ever owning a unit in any such block and prevent their visiting family and friends residing there – thus exacerbating social isolation.

As mentioned elsewhere in this document, including access to common areas in Class 2

buildings would NOT impose an additional cost as most Councils require it now.

11. There is little or no discussion on way-finding for people who are blind or vision impaired despite considerable research in recent years. Appropriate way finding benefits all people including people with disabilities;
12. Home Unit Blocks (Class 2 Buildings) are not covered by the draft standard at all (but were covered in the 2004 draft!) This means that Local Councils might amend their Development Control Plans and allow developers to return to building blocks of home units with no access to common areas and no adaptable units (both are presently required by many councils).

Class 2 buildings with accessible common areas and adaptable units have the potential to house people with disabilities in an inclusive way.

13. Not enough emphasis has been placed on the need for a Review period, which should be 5 years after the onset of the DDA Access to premises Standard, similar to that of the DDA Transport Standard review process.

PDA recommends that a review occur five (5) years after the Premises Standard is enacted. The review would serve to assess whether the natural building upgrade cycle in existing buildings had in fact triggered the requirement for the owner to upgrade the building to the Premises Standards.

The review would assess whether the agreed compliance target for existing buildings had been met (i.e 50% of existing buildings having undertaken works which resulted in the inclusion of all 'critical building access elements').*

If the review found that neither the natural building upgrade cycle or the major building works trigger had resulted in the application of the Premises Standards, specific to the 'critical building access elements', building owners would be required to submit a Building Upgrades Plan to a State based Access Panel.

The 'Building Upgrades Plan' was originally discussed in Article 7 of the ABCB's Administrative Protocol (2004). In this proposal, building owners would be required to submit a Plan which details how and when the 'critical building access elements' would be upgraded over the next five years to provide compliance with the Premises Standards.

Owners would be required to submit a yearly update on the progress of the access improvements to the Access Panel.

The Building Upgrades Plan would not provide a safe-haven from a disability discrimination complaint. It would however exist as a valued and submittable document against such a claim.

****Critical building access elements are defined in 1.1, 1.2 (a-d), 1.3 and 1.4.

Suggested Mechanism for Review Process

The review and compliance schedule proposed is as follows:

1. An accessibility compliance target for existing buildings will be developed. Similar to the Disability Standards for Accessible Public Transport (2002) the Premises Standards could set a compliance target for existing buildings. For example:

- 50% of existing buildings to include all 'critical building access elements' within years of the Premises Standard being enacted.*

The 'critical building access elements' would include:

1.1 the principle entrance being made accessible.

1.2 a clear and accessible path of travel was provided to each common access building element including, but not limited to:

- a. carparking facilities (if open to the public) and the access pathway/s from the parking area into the building*
- b. at least one unisex accessible toilet facility and the access pathway/s to the amenity. (At a minimum, this amenity should be available on the entrance floor of the building).*
- c. lift accesses and the access pathway/s to the lifts from the principle entrance/s.*

1.3 presence of Braille and tactual signage as detailed in the BCA

1.4 inclusion of hearing augmentation as detailed in the BCA

2. To assess compliance a formal review of the accessibility status of existing buildings would be undertaken five (5) years after the Premises Standard is enacted. The formal review would assess the presence of the 'critical building access elements': The formal review could become a function of each State's Access Panel.

3. In the event that the five (5) year review found:

- the upgrade cycle of existing buildings had not met the compliance target set for the 'critical building access elements', and/or*
- no major works had been undertaken by the owner to trigger the requirements of the Premises Standard and/or*
- no works had been undertaken to improve the 'critical building access elements',*

The building owner would be required to upgrade the 'critical building access elements' within the five (5) years which follow the review. Owners would be required to submit a Building Upgrade Plan (similar to the current DDA Action Plan). The Building Plan

would detail how and when the 'critical building access elements' would be upgraded over the next five years to provide compliance with the Premises Standards.

4. Owners would be required to submit a yearly update on the progress of the access improvements.

5. The Building Access Plan would not provide a safe-haven from a disability discrimination complaint. It would however exist as a valued and submittable document against such a claim.

14. The Draft Australian Standards have been posted on the Committee website, but there is no guarantee that these will be the final version and could be changed at any time in the future.

In addition to the above mentioned issues of concern, we draw your attention to two further issues to be taken into account when considering the Access to Premises Standard. That of the ageing population in Australia and the Regulatory Impact Statement for the Draft DDA Access to Premises Standard:

1. POPULATION SIZE AND GROWTH

Australia's estimated resident population (ERP) at 30 June 2007 of 21.0 million people is projected to increase to between 30.9 and 42.5 million people by 2056, and to between 33.7 and 62.2 million people by 2101. Series A projects the highest growth, while Series C projects the lowest growth.

The age composition of Australia's population is projected to change considerably as a result of population ageing. By 2056 there will be a greater proportion of people aged 65 years and over than at 30 June 2007, and a lower proportion of people aged under 15 years. In 2007 people aged 65 years and over made up 13% of Australia's population. This proportion is projected to increase to between 23% and 25% in 2056 (Series B and C respectively) and to between 25% and 28% in 2101 (Series B and C). The proportion of people aged under 15 years is projected to decrease from 19% in 2007 to between 15% and 18% in 2056 (Series C and A respectively) and to between 14% and 17% in 2101 (Series C and A).

There were 344,100 people aged 85 years and over in Australia at 30 June 2007, making up 1.6% of the population. This group is projected to grow rapidly throughout the projection period, to between 4.9% and 7.3% by 2056 (Series B and A respectively), and to between 5.8% and 9.3% by 2101^a

Physical Disability Australia believes that within these projected figures, 50% of this population will have a disability of some kind, and 50% of those with disabilities will have a mobility disability, necessitating an increased need for access to premises.

2. REGULATORY IMPACT STATEMENT

a 3222.0 - Population Projections, Australia, 2006 to 2101. Australian Bureau of Statistics

Physical Disability Australia Ltd would like to draw the committee's attention to the fact that the Regulatory Impact Statement (RIS) resulted in a net benefit:

In aggregate terms, the Present Value (PV) of the expected benefits over 30 years is estimated at \$11.4 (\$7.3¹) billion, while the costs are estimated to total \$9.3 (\$6.9) billion over the same period. Thus, the adoption of the currently proposed Premises Standard is expected to result in a positive Net Present Value (NPV) of almost \$2.1 (\$0.4) billion over a 30 year time horizon.

Also: *'One tangible benefit is the likely increase in participation in employment for people with a disability due to the availability of more accessible workplaces. However, while such a benefit is certainly possible, it is subject to uncertainty in light of experience from the United States which has similar provisions.*

Another potential benefit is the likely reduction in the costs of living for people with a disability that would result from the implementation of the Premises Standard.'^b

And:

An additional source of benefits identified by several access experts is a reduction in accidents and, therefore, in associated health care costs and costs in terms of lost production. These safety-related benefits would accrue in respect of all building users, not just people with a disability.

PDA would further add that an appropriate and inclusive Access to Premises Standard will result in:

- Benefits to the greater community;
- A stimulating of the economy; and
- Increased intergenerational sustainability, as building will not need to be modified to accommodate an ageing population.

¹ The draft RIS employed a 4% real discount rate to determine the Net Present Value of future costs and benefits. Therefore, to allow for a proper comparison and consistency between the draft and final proposals, we have again used a rate of 4%. We note that the Victorian Competition and Efficiency Commission recommend a rate of 3.5% (*Guidance Note on Discounting*, VCEC Melbourne 2007). However, the Commonwealth Office of Best Practice Regulation recommends a 7% real discount rate. For this reason, both figures are shown throughout this RIS with the 7% rate shown in brackets.

^b b Proposal to Formulate Disability (Access to Premises - Buildings) Standards and Amend the Access Provisions of the Building Code of Australia (R¹IS 2008-02) Australian Building Codes Board. October 2008

Physical Disability Australia Ltd

Physical Disability Australia welcomes the opportunity to have input into the consultation for the Draft DDA Access to Premises Standard. As people with physical disability we are excited by the potential for a new Access to Premises Standard as this is seriously needed and has been long awaited,

Physical Disability Australia (Ltd) represents the largest sector of people with disabilities in Australia. We are a national peak organisation funded by the Federal Government through the Department of Families and Housing, Community Services and Indigenous Affairs annually.

The Physical disability sector, according to the ABS in 2003,^c includes the following disability conditions:

^c 4430.0.55.001 (2003) Disability Ageing and Carers, Australia: Disability and Long Term Health Conditions: Australian Bureau of Statistics.

Table 2: ALL PERSONS, State of Residence by All Long Term Health Conditions and Whether Has a Disability

Long Term Health Conditions	New South Wales	Victoria	Queensland	South Australia	Western Australia	Tasmania	Australia(a)
	'000	'000	'000	'000	'000	'000	'000
DISABILITY							
Physical conditions							
Cancer/lymphomas/leukaemias	41.0	32.3	28.3	15.4	14.5	2.6	135.6
Endocrine/nutritional/metabolic disorder	226.2	192.8	150.6	69.5	68.1	15.4	732.6
Diseases of the nervous system(b)	154.0	161.6	125.4	54.9	58.4	18.9	581.7
Diseases of the eye and adnexa	85.5	60.6	67.7	19.1	27.2	5.9	270.2
Diseases of the ear and mastoid process	324.1	276.3	224.1	101.4	107.4	27.7	1074.1
Diseases of the circulatory system	446.6	366.4	271.0	114.0	108.1	39.4	1363.7
Diseases of the respiratory system	184.9	172.9	142.6	72.7	74.3	20.5	680.8
Diseases of the digestive system	71.6	68.8	60.5	27.9	24.6	9.7	266.9
Musculo-skeletal disorders(c)	641.8	546.3	455.9	203.4	219.1	65.7	2163.7
Congenital/perinatal disorders(d)	26.8	26.1	23.8	9.0	9.8	3.3	102.1
Injury/poisoning/other external causes(e)	231.2	207.3	208.9	74.1	84.2	24.1	845.3
Other physical conditions(f)	200.3	193.2	151.9	69.6	69.7	16.2	713.5
All physical conditions(g)	1113.4	942.1	782.7	339.0	368.5	106.0	3710.4

We are people first and foremost and we are large in number across the World. We are people who have a physical disability and we also live in Australia within the rich colourful tapestry of society. A society that embraces difference and welcomes change.

However as people with disabilities, we are often made to feel as if we do not belong or are welcome in this society? That our differences are unacceptable! We do not exclude those without disability, in fact many of us marry those without disability, many of us are friends with and/or related to people without disability. Many of us live with or near those without disability, and some of us might live alone or in shared accommodation.

As people we are we are big and small, we are male and female, we are adults, youth and we are children. We are single and married, we have children, we have families, or we live alone. We have friends and acquaintances, just like others in society without a disability.

We work or study or volunteer. We shop and our spending contributes to society's good. In fact the Social Capital of people with disability is never included in any research, yet statistics show that Volunteering, contributes a significant amount to the Australian economy, yet it is rarely recognised that many people with disability, volunteer their time freely in order to effect change in the lives of those who have a disability.

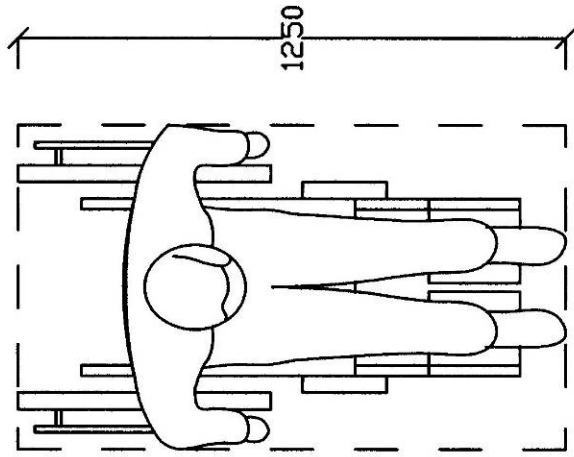
As people with a disability we vote (even though Electoral venues are not always accessible), we attend public performances and we pay the same amount as those without disability to do so. We go on holidays (or try to) and our contributions to the Hospitality sector are the same as those without disability. Yet, we do not receive equal service or hospitality, because we are often expected to enter a hotel or a restaurant by the back or side door, and tolerate inadequate rooms or facilities or services that do not accommodate our needs. Why is this?

We pay the same money as those without disability therefore we should be entitled to enter premises through the front door in the same way as all other Australians? Aren't we entitled also to go to the second floor of a building via a lift, instead of missing out or being dragged up 20 or more steps risking our own lives and health and the health of others? It would seem that many in the business world think we should not be allowed to do this as it would cost them too much financially to provide such facilities! We ask, how can you put a monetary figure on social inclusion and what kind of attitude is this, that limits the life experiences of almost 21% of the population?

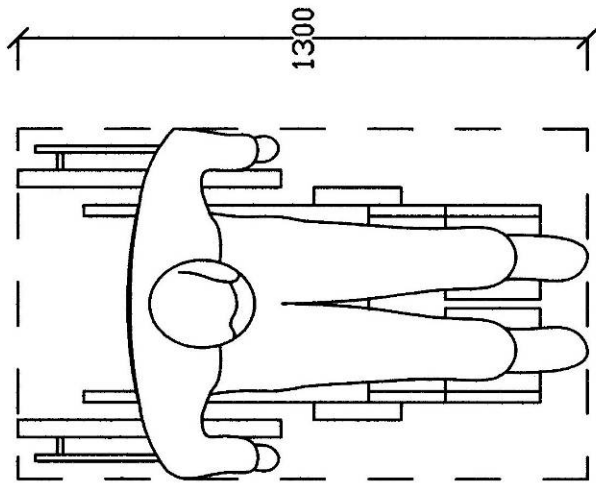
Regardless of individual differences, it can be said that people with physical disability:

- a. Regularly experience discrimination within the community in some form and consistently fail to have these issues addressed at the Human Rights Commission through the current complaints mechanism;
- b. Have great difficulty gaining access to public and private buildings because of physical barriers such as steps, steepness of site and lack of parking, services on upper floors, inappropriate lifting devices such as platform lifts, inappropriate signage;
- c. Face far greater costs than other people because of their disability (such as equipment, modifications to vehicles, household appliances and housing, home maintenance, transport, personal, medical and health care costs, heating and cooling, as well as necessary foods and generally managing a household);
- d. For the most part, we cannot access public transport at all levels of a journey and are reliant on taxis, with varying levels of subsidy throughout Australia, or on private vehicles;
- e. Face significant discrimination in finding a job and obtaining promotional opportunities, despite the supposed avenues for redress through disability discrimination legislation;
- f. Have on average, lower incomes than their age/education peers due to greater difficulties in getting employment and in achieving promotion
- g. Have fluctuating income if the impairment is associated with medical conditions leading to episodic periods of hospitalisation and/or absence from work. (Such people include people with spinal cord injury, multiple sclerosis, muscular dystrophy, motor neurone disease, cerebral palsy etc).
- h. Lack access to affordable, secure and appropriately designed housing, which is a critical issue for people with a physical disability. Lack of access to such housing has a major impact on our capacity to participate fully in the life of the community and to live as independently as possible within our own households;
- i. Lack the support to live independently in our own homes of choice;

- j. Fail to receive equipment which is essential to our survival and inclusion in society, because of lack of funds, long waiting lists;
- k. Tolerate experts telling us what we need, when we need it and how much they will pay for our life inclusion!

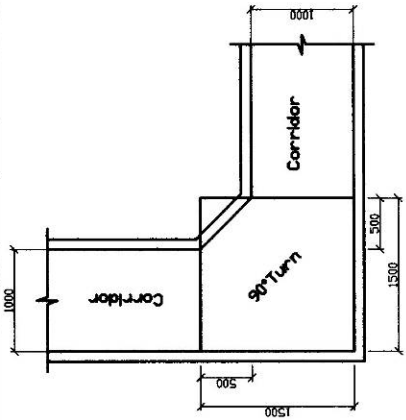


A80
Occupied
wheelchair

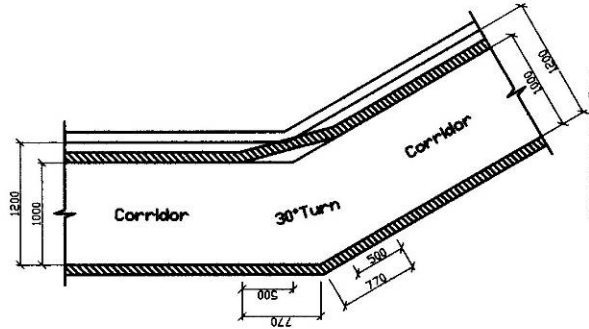


A90
Occupied
wheelchair

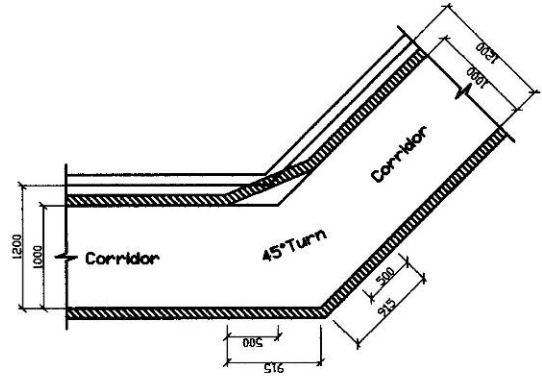
FIGURE 1:
Footprint of
Occupied Wheelchair
Source: Balls (1983)



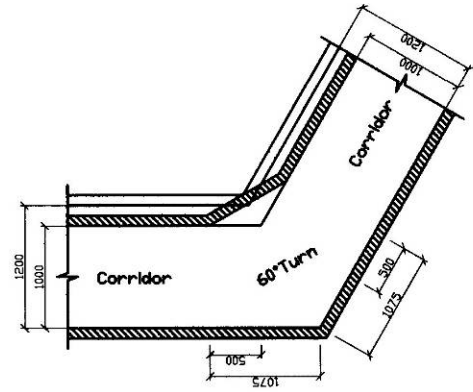
Corridor Landing
90° Turn
Passing not possible



Corridor Landing
30° Turn possible
Passing not possible



Corridor Landing
45° Turn possible
Passing not possible



Corridor Landing
60° Turn possible
Passing not possible

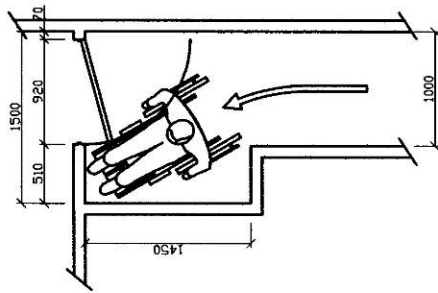


FIGURE 4(a)

Proposed Access to Doorway by Interfacing Corridor Width from AS1428 Part 1-2001 with Door Circulation Space from AS1428 Part 2-1992. This layout would not be accessible to many wheelchair users and would waste the additional space.

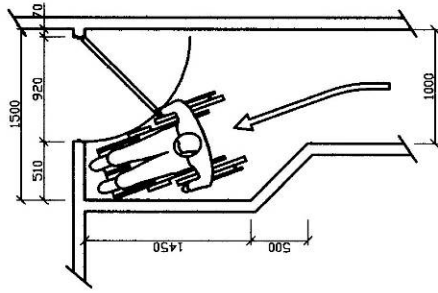


FIGURE 4(b)

Corrected Requirement Suggested for AS1428 Part 1-20XX. This layout would be expensive to construct and would encroach further on the adjoining room space.

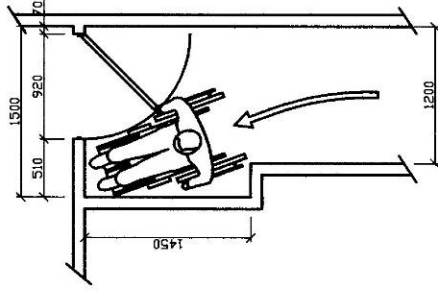


FIGURE 4(c)

Access to Doorway by Providing Corridor Width and Door Circulation Space from AS1428 Part 2-1992. This layout would be inexpensive to construct and would encroach little on the adjoining room space.

FIGURE 4
 REDUCED ACCESS RESULTING FROM INTERFACING CORRIDOR WIDTH FROM AS1428 PART 1-2001 WITH DOOR CIRCULATION SPACE TO AS1428 PART 2-1992

FIGURE 2:
Minimum width of Corridor
AS1428.1-2001

While a 1000 wide corridor may be accessible by most users, it clearly does not permit passing of wheelchair users by larger ambulant persons. Further, it creates difficulty for larger ambulant persons to pass each other.

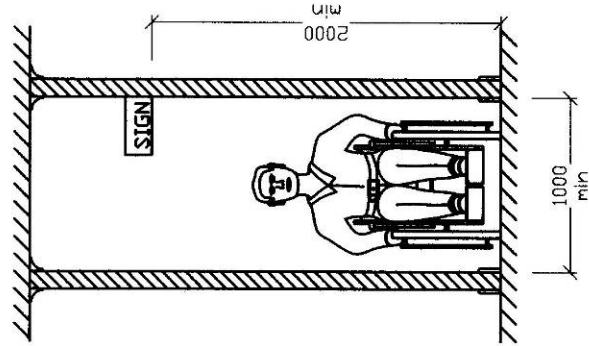


FIGURE 2(a)

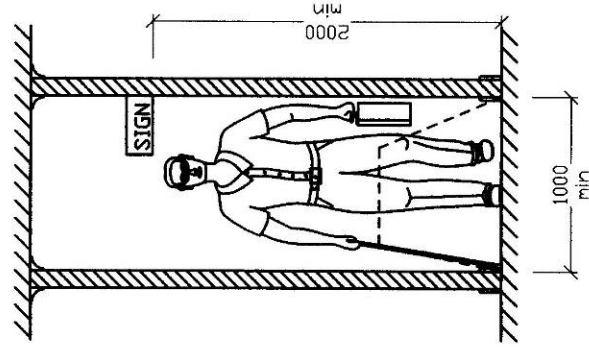


FIGURE 2(b)

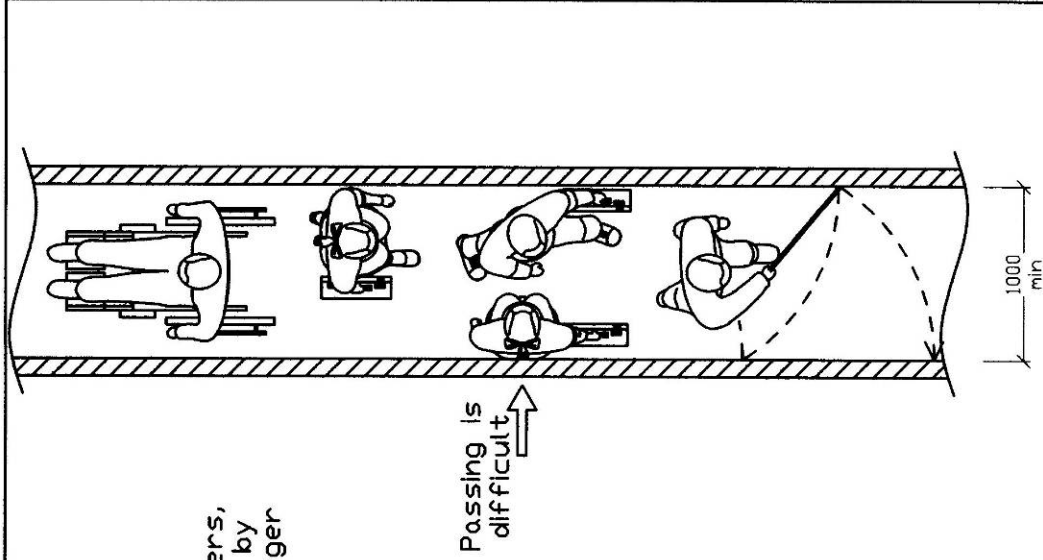


FIGURE 2(c)

FIGURE 1:
Minimum width of Corridor
AS1428.2-1992

A 1200 wide corridor will be accessible to all users. Although it will permit larger ambulant persons to pass each other with ease, it is still difficult for an ambulant person and wheelchair user to pass.

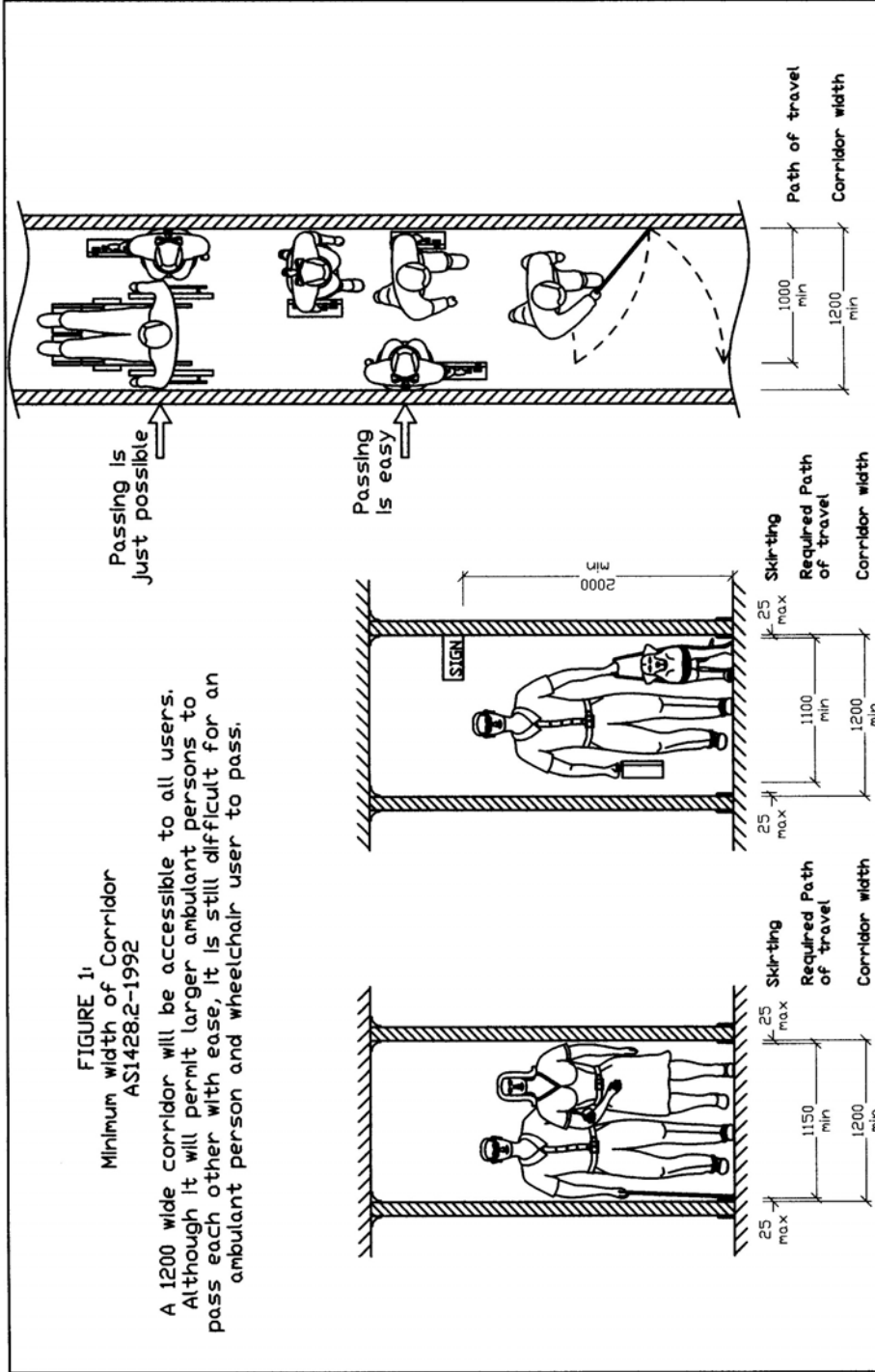


FIGURE 1(a)

FIGURE 1(b)

FIGURE 1(c)

Copyright: Max Murray, Access Designs, 2005

Drawing shows A90 occupied wheelchair and A90 fit, ambulant persons.
Source: Pheasant, S. (1986, 2001) Bodyspace. Taylor and Francis: London.