



Submission No 5

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**Submission regarding Premises Standards and
existing regulatory schemes operating in state and
territory jurisdictions, including the appropriateness
and effectiveness of the proposed Model Process to
Administer Building Access for People with
a Disability.**

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1. **Brief Background.** This submission is being made by me as an individual although I am aware that Advocacy, Community and Support Groups in which I am involved have made or will be making submissions. I feel strongly that speaking out as a person with a disability is important as an educative process for the Committee itself and the wider community,

I have a severe respiratory disease and also a degenerative spinal condition. These conditions limit my mobility to an extensive degree. I need to be on oxygen continuously and cannot walk without difficulty for more than 200m (on a good day!) I cannot climb stairs. However, I remain completely mobile by using a small scooter and portable oxygen tanks when leaving the house. I am able to travel comfortably and can still legally drive. This latter point is vital to my well being.

However, I do need to be able to access disabled parking and “scooter friendly” environments. Having worked overseas, I am well aware of how incredibly lucky I am to live in a society which makes a good effort to integrate people with disabilities into mainstream activities. This does not mean that there is no room for improvement and that some of these improvements are very simple and not costly. The ability to integrate and keep active is not the main point of this enquiry but, of course, the more independence I can maintain, the less drain I am on the health system generally and the more I can continue to contribute to society generally means that the more saved money you can recommend to the parliament to alleviate the really important issues facing people with disabilities.

2. **Barriers to Equity of Access.** The barriers most often encountered are lack of access to disabled parking, the impossible access of someone with my level of mobility problems to public transport (including taxis) and a lack of general awareness and training of a range of staff within areas such as shopping centres, medical services etc. Such training is not only lacking within the general community, but, regrettably markedly lacking in some areas of the health care system. With increasing privatisation of car parking, there is also now a financial barrier creeping into access problems. Many of these access problems are not expensive to fix and a considerable number of them could be significantly alleviated with some small changes. *In the draft document, I have seen little evidence that this is recognised.*
3. **Disabled Parking.** On a lighter note, I would much prefer the term “parking for people with a disability”. I actually need very “abled” parking. Even though my husband is my full time carer, I would point out that he is entitled to a disabled parking sticker himself because of his own disabilities so it should not be assumed that there is always an “able bodied” person on hand. This is not an unusual situation with older people with disabilities. Also, I am at the mercy of the weather. If it is too hot, I cannot cope and if it is too cold, I cannot cope. This means that the ideal parking would be as close as possible to the entrance of the establishment being visited and preferably under at least shade cloth, tree and wind protected. I also question the policing of the disabled car parking system. Using the system for a few years now, I have never been asked by anyone in authority to produce more than the label on

the window, which, of course, could belong to anyone. I am always loath to question the rights of people to a sticker as I am aware that not all chronic and debilitating illnesses are readily discernable at a purely physical level. On the other hand, when a car load of very active people or some well heeled person in an upmarket car, parks next to me and they leap out, I do get annoyed. I therefore recommend that any new regulations enacted as a result of this enquiry include at the very least a more stringent policing within the car parks concerned to check people's rights to be so using.

4. I am also aware that we do not have a high enough ratio of disabled car parks within most shopping centres and other public venues. As a general rule of thumb, it is recognised that up to 10% of Australians will suffer from a debilitating disability during their life time.¹ In the draft document regarding Premises Standards, I could not find any reference to this level of recognition of the problem or provision of services. In fact, the ratio seems to be extraordinarily low. I am aware that in San Francisco at least 10% of all parking areas near to shopping malls must be designated as "disabled".
5. One of the "perks" of having a disability sticker used to be that one could park for free for much of the time in the publically owned car parks. When I say "perks" this should be not construed that I think people with disabilities should not pull their weight where they can but when it takes about 10 minutes to get out of the car before one even commences one's chores, it can be seen that paid parking can become an unaffordable luxury very quickly.
6. Free or subsidised parking is no longer the case as we move towards the privatisation of many basic services. I and many of my friends with disabilities avoid the privatised parking in Civic like the plague (and I am sure there are other nationwide examples). No longer can we park a longer before incurring a charge and to a pensioner, the charges at the private car parks are high!
7. It should also be borne in mind that the actual length of time taken in shopping or moving around is very physically limited so that a job which might take an able person a few minutes can take a person with a disability well over an hour. I would also like to see the committee review the number of disabled car parks at places such as the major community centres, health centres etc. I have recently been forced to move from a clinic at Wanniassa to a clinic in Phillip. There is one disabled park on site on the current clinic site in Phillip! I have not counted the number of car parks at Phillip, but there would be in excess of thirty and it is noted that the car parks most accessible to the building are reserved for medical practitioners. At Wanniassa, patients were not so restricted. Not only was their easily accessible disabled parking at the rear of the actual building on site but also, the nearby Wanniassa complex could deal with any overflow.

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8. **Public Transport.** In order not to waste time, I should just state quite categorically that there is no method of public transport in the ACT which meets my needs.
9. **Taxis.** I was encouraged to apply for Taxi Vouchers in case both myself and husband could not drive to important appointments. I had one emergency situation where neither of us could drive but we did not know this until the day of the appointment. I was unable to access a taxi. I was treated as a supplicant. I no longer have the vouchers as they are of no use to me at all and I refuse to beg for a service. As a former tax payer, I subsidised this scheme for many years and as a current pensioner, I have to pay for the service I receive according to my needs and means.
10. **Doors! (Toilets etc)** When working in new Parliament house a few years ago, I used to call the Senate side entrance doors "sexist" as often I could not open them – I was NOT considered disabled then. I fail to understand why so many doors – *especially to toilets for people with a disability* – are almost all so heavy that negotiating one as an individual requires the immediate access to Ventolin. I know we do not want toilet doors "flapping open" but on the other hand, I would like to access them without feeling I was doing a major work out (as good as physical exercise might assist me).
11. **The Rights of workers with a disability.** This is not an area of expertise for me, but I do get concerned at the implications that standards "behind the scenes" including a lessening of rules regarding access and the general comfort of people in work with a disability seems to be a major thrust of the draft paper. If disabled persons are going to have a chance to work, they must be able to access the workplace! (I would draw the Committee's attention here to the undue burden which was placed on women workers over many years achieving some sort of equality because of access to toilets etc. This was used over the years to deny women the right to promotion etc). These are stupid barriers and we can make workplaces safe and accessible to all so very easily. It seems as though the draft document goes to extraordinary lengths to exclude areas which are seen as work areas and not publically accessible areas. I am concerned as to how this might impact on workers with a disability
12. **Staff Training.** This, of course is vital at a variety of levels. We need to train staff in all face to face public positions that being on a scooter or in a wheel chair does not mean I am intellectually disabled nor does it mean I am deaf. There is also a need for workers (especially supervisors and managers) to understand that even if one has wide aisle and turning circles, if free standing displays are scattered all over such areas, the areas become impassable for customers with a disability with walkers, wheelchairs and mini scooters. As far as I am currently aware, my dollar spending value is not diminished because of my disability.

13. Evacuation procedures for workers with a disability and also clients in shopping malls and other Public Buildings. All procedures to evacuate people safely from situations such as fires **MUST** be clear to all concerned.² For staff members, audible and visual warnings should be available. As for clients/customers such as myself, I know that I cannot use a lift in an emergency but I am not quite sure what else might be in place. Do I burn at the stake? Even if I was considered dispensable, it would be useful to know this as I might make more effort to “get out” of a dangerous situation. I cannot recall ever seeing an alternative procedure stated for people with disabilities on any of the emergency plans displayed on walls in public buildings.

14. New Buildings. According to the draft document, many existing buildings will be exempt from the requirements of the new legislation. That is fair enough as far as it goes. Existing building owners/managers should be encouraged to provide as much access as they can by means such as portable ramps, etc. However, there are a number of relatively new buildings in Canberra (less than 3 to 4 years old) which do not only not comply with suggested law changes but which, I do not believe, enter into the spirit of the meaning of the old law. For example:

- **The New Clinical Building at John James Hospital.** The disabled parking is either not available or so badly sign posted that I have not yet been able to find it or access this building without major difficulty. (I am aware of TWO parking spaces immediately to the East of the building)
- **The Dendy Theatre in Civic.** There is no designated entry for people who have mobility problems. It is possible to get in and the staff is supportive, but the access is really not good at all.
- **The new off leash Dog Park in Forde.** Very accessible to dogs but no way can a person in a wheelchair or even with a walker can get access in order to exercise their dog. (To be fair, this is currently being addressed by the staff concerned and may have a good outcome) However, why in 2009 do I need to address an issue such as this?

General Note – I am very keen that our built environment be user friendly and very attractive so I am not “anti” interesting tile treatment on pavements and roads but a little bit of thought would go a long way here. Cobblestones may look pretty and uneven pavers may not seem like a life and death situation. If any Committee Members feel this way, I offer them a free ride on the scooter. The main criteria should be that there are no grossly uneven surfaces. This is not only very dangerous to people with major disabilities but also to the elderly generally. Committee Members will be aware that falls are a major factor in the ability of elderly persons to maintain their independence.

² www.marcom.com.au/SGuides/88FAHB.pdf