

Accessible Design in Australia

A National Approach
for an Integrated Future

A Discussion Paper



Acknowledgments:

The generous financial assistance and support of Hal Kendig and other academics within the Faculty of Health Sciences, the University of Sydney, made possible the original colloquium, the meetings of the members and publication of this discussion paper. The actual development of this discussion paper drew on the work and knowledge of many people. In particular we would like to acknowledge the work of Jane Woodruff in preparing our initial draft, Catherine Bridge for final compilation and David Urquhart/Bill Casey for proofing. Mark Relf, Helen McAuley, Michael Fox, Howard Leslie and Jean Halcrow all also made editorial comments and suggestions. At the time of going to press, the composition of the working party was as follows:

- ◆ Mark Relf and Emilio Savla (Physical Disability Council of Australia)
- ◆ Ivan Peterson (Blind citizens Australia)
- ◆ Catherine Bridge and Colin James (Faculties of Health Sciences and Architecture, The University of Sydney)
- ◆ Peter Kerley and Brian Hovey (National Deafness Forum)
- ◆ Jane Bringolf (Independent Living Centres Australia)
- ◆ Sue Hodgson (Head Injury Council of Australia)
- ◆ Michael Fox (International Commission on Technology and Accessibility)
- ◆ Richard Weller (Standards Australia)
- ◆ Kevin Byrne (Disability Council of NSW)
- ◆ Stan Imer (Council on the Ageing)
- ◆ David Urquhart and Bill Casey (People with Disabilities – NSW)
- ◆ Terry Fletcher (National Post-Polio Network)
- ◆ Helen McAuley (ACROD National)
- ◆ Howard Leslie (CSIRO-Construction and Engineering Division)
- ◆ Jane Woodruff (Olympic Co-ordination Authority)
- ◆ Helen Menzies and Robert Sawyer (Ageing and Disability Department of NSW)
- ◆ Jean Halcrow (AAOT-National)
- ◆ Ross Maxwell and Harry Sprintz (RAIA)
- ◆ Trevor Beardsmore (Property Council of Australia)
- ◆ Ralph Farnbach (Australian Rehabilitation & Assistive Technology Association)

©National Access Working Group Copyright 1999

ISBN 1 86487 277 2

Please copy and distribute freely. This publication is available in PDF format for download from the Internet. Copies are also available on request on computer disk, in large print, or on cassette tape. All inquiries should be addressed to:

**Secretariat for the National Access Working Group
C/- School of Occupation and Leisure Sciences,
Faculty of Health Sciences, The University of Sydney.
PO Box 170, Lidcombe NSW 1825
Tel: (02) 9351 9376 Fax: (02) 9351 9197
Email: C.Bridge@cchs.usyd.edu.au
<http://www.ot.cchs.usyd.edu.au/NAWG/DiscussionPaper.html>**

AA



CONVENOR'S FOREWARD

It is time to improve the dissemination and coordination of information and research needed to achieve a greater level of environmental accessibility across Australia.

Design has the potential to both enhance and seriously impede quality of life for all concerned. Very good design can be enabling and motivating for those otherwise denied access through physical barriers and poor design. This is evident by the change from older inaccessible transport systems to modern accessible transport which allows easy access for all. In reverse bad design, at the very least, can seriously inconvenience, be cost inefficient and/or hazardous.

This discussion paper sets out some ideas for understanding the current system. We need ways to improve our system that complements recent initiatives by Governments, business and community organizations.

Across Australia, government agencies, councils, community and industry all play a role in creating and manufacturing our environment. We need to build on international developments like 'Universal Design' initiatives in conjunction with social and legislative reforms already in place to create a more accessible and equitable society.

To achieve this we believe that an integrated and coordinated national approach that brings together all essential stakeholders is required. This discussion paper makes the case that a National Access Institute can enable improved access outcomes by working to address issues of coordination, research and dissemination of information.

AA



The process of writing this paper was of necessity lengthy and required input from many people. The draft discussion paper was circulated to all members of the working party in July and every attempt was made to incorporate different perspectives. It does however, represent a majority view. The working group therefore acknowledges that the content as presented may not sit well with all stakeholders.

In the development of this discussion paper effort has been made to consider all states and territories. However, with limited resources and an attempt to keep this paper concise we also recognise that your part of Australia may not appear to be well represented.

To rectify any apparent imbalance we are therefore extremely keen to receive your comments on the ideas presented in the paper. Especially means for exploring how all states and territories can come together to be a national group committed to creating accessible communities. Now is your opportunity to make a constructive contribution towards a better and more equitable future for all Australians.

Mark Relf

Convenor of the National Access Working Group

AA



CONTENTS

ABOUT THE DISCUSSION PAPER	6
<i>Origins.....</i>	6
<i>How can you have a say?</i>	7
<i>Next steps?</i>	8
<i>Where do I send my submission?</i>	8
EXECUTIVE SUMMARY	9
<i>Coordination</i>	9
<i>Information</i>	9
<i>Research.....</i>	10
<i>Education</i>	10
PART ONE: GENERAL BACKGROUND INFORMATION.....	11
<i>What is Access and why is it important?</i>	11
<i>People with disabilities</i>	12
<i>The effect of having a disability</i>	13
<i>Benefits of planning for access</i>	14
<i>Legislation, Regulation and Access Monitoring</i>	17
<i>Relationship between the Disability Discrimination Act and Australian building regulations and codes</i>	20
PART TWO: GOALS AND STRATEGIES	35
<i>What are the Gaps and Issues?</i>	35
<i>What has happened in other Countries?</i>	42
<i>The move towards a National Access Body in Australia</i>	43
<i>What should the purpose of a National Access Body be?.....</i>	45
<i>Whats in a Name?</i>	45
<i>How important is location? Does it have to be Physical or can it be Virtual?</i>	46
<i>What should the relationship of a new Collaborative Body be to existing Agencies, Regulatory Bodies etc.</i>	47
<i>Participation and Management</i>	49
<i>Potential Roles.....</i>	50
<i>Funding</i>	51
<i>In Conclusion</i>	52
<i>References</i>	53A National Approach



ABOUT THE DISCUSSION PAPER

This Discussion paper seeks comment and explores direction and strategies needed to improve accessibility of the built environment for all Australians.

This document contains:

- ◆ Executive Summary
- ◆ Part One: This provides general background on access needs and current processes in Australia for meeting those needs
- ◆ Part Two: This discusses goals and possible strategies at a National level for meeting them.
- ◆ Comments Section: An optional pull out 'Response Form' for your feedback and comment.

Origins

An informal group of concerned individuals from both professional and peak bodies started meeting late in 1998 because they were concerned about why, despite legislation, goodwill and many positive initiatives, an inclusive environment still wasn't being achieved.

Those involved in these preliminary discussions decided that the best way to proceed towards solutions was to hold an open forum to bring together a wide group of stakeholders with cross sector expertise, including people with disabilities, architects, occupational therapists, building surveyors, etc.

Over 150 people, including people with disabilities, older people, building owners, regulators, educators, therapists, designers, builders and peak bodies from all over Australia attended this Colloquium on the 19th of February 1999 at Sydney's Powerhouse Museum.

At the end of the day, support was expressed for the idea of a cooperative national effort, involving all interest groups, towards establishing a national access body in Australia, with specific goals in information provision, research, and education.

AA



A summary of the colloquium outcomes and a list of the groups and individuals that participated can be obtained from the Secretariat should you require them. This discussion paper is the direct result of this initial discussion process and incorporates essential outcomes agreed to at the colloquium.

Specifically the steering committee was asked to:

- ◆ Expand the steering committee to ensure a majority of membership are people that represent and have a mandate to represent people with disabilities and disability advocacy groups.
- ◆ Continue discussions on the role of a national body with emphasis on lobbying existing bodies to fulfil their existing responsibilities.
- ◆ Prepare a report on proposals within six months.
- ◆ Undertake an inclusive consultation process immediately following the release of the report.

The paper has been prepared to assist a wider understanding of access, its value and importance in the Australian context. The Australian context is unique and results from legislation, arrangements and actions of many stakeholders.

The paper is broad in the issues it raises and it does not seek one particular solution on its own. Rather it attempts to focus attention on issues that require your comment. Pertinent issues covered include an overview of gaps and issues, strategies implemented in other developed countries and reasons why a coordinated national approach may be needed in Australia.

How can you have a say?

The paper aims to help you to structure your comments. Public comment and submissions on this paper are invited and should be received by **Friday February the 25th, 2000**. The Paper does not claim to cover every issue or possible solution - your comments are invited to fill gaps, suggest solutions, correct information, or raise other issues.

AA



Next steps?

Comments will be collated, summarised, and added to a Proposal Paper. This paper and the subsequent Proposal will be forwarded to key organisations such as the Human Rights and Equal Opportunities Commission, Commonwealth/State/Territory Offices of Disability and Ageing, The Australian Building Codes Board and Standards Australia.

It is hoped that a second National Access Forum can be organised in 2000 - those on the mailing list will be notified of details. If you would like to add your name to this mailing list, please let the Secretariat know.

Where do I send my submission?

Submissions can be sent to:

Secretariat for the National Access Working Group
C/- School of Occupation and Leisure Sciences,
Faculty of Health Sciences, The University of Sydney.
PO Box 170,
Lidcombe NSW 1825

Or faxed to:
(02) 9351 9197

or e-mailed to:
C.Bridge@cchs.usyd.edu.au
You may also access the comments page on the Internet at
<http://www.ot.cchs.usyd.edu.au/NAWG/Comments.html>

The discussion paper is available free from the secretariat (address as above) or from the internet at
<http://www.ot.cchs.usyd.edu.au/NAWG/DiscussionPaper.html>

AA



EXECUTIVE SUMMARY

Many activities are occurring around Australia in the area of providing access for people with disabilities to the built environment - publications, standards development, local improvements, etc. Awareness is much greater than it was ten years ago and Local, State and Federal Governments, many non-government bodies and individual consumers, many designers, and some major businesses and companies, are contributing to improving the accessibility of the built environment. There's also a lot of information from overseas that we can modify for Australia. There's so much happening, and so many people involved at different levels that it is hard to keep in touch with it all, or to ensure that it is all happening in the right direction and with consistency across Australia.

Despite all this activity, access is a long way from being a universal reality on the ground. Where the system needs input, and the Working Group believes a National Access Institute could assist, is in four main areas:

Coordination

Many groups and individuals will continue to be involved with access provision. It is not expected that a national body would take "control" of these activities; rather, it could provide links between activities, and serve a coordinating function, in order that activities are consistent and integrated.

Information

People working in access in any capacity need correct and up-to-date information - from overseas and around Australia. This could be done through email lists, a website, a library, seminars, conferences, journal, etc. The proposed Institute could potentially provide a national clearing house and information dissemination function, and a one-stop-shop referral and information point for inquirers.

AA



Research

Processes with Standards Australia and Building Code requirements, and various other guidelines, depend on ongoing research. Research into the ergonomic and access requirements of people with disabilities have generally been one-off projects. An Institute with the capacity to coordinate, and possibly undertake, ongoing research as questions arise, would be of great benefit to those developing standards and guidelines.

Education

It has long been thought that if only we could get builders, designers, plumbers etc. to understand access, things would improve. An Institute could play a part in developing curricula, and promoting courses and units in access through tertiary and trade courses. In addition, seminars and conferences to assist general community awareness, and those whose work involves knowledge of access, could be an Institute function.

Following a national Colloquium in February 1999, there was widespread support from many key groups involved in access for people with disabilities for the development of a National Access Institute. Such a body could potentially build on the positive initiatives happening all around Australia, by fulfilling the above four functions which at present no other body at national level has the capacity to fulfil.

AA



PART ONE: GENERAL BACKGROUND INFORMATION

What is Access and why is it important?

Accessible environments are those which can be used by all people, in a way that is independent, equitable and dignified. In the context of this Paper, “access” covers all aspects of the built environment - urban planning, buildings, landscaped areas, streetscapes, transport and the linkages between transport and buildings, facilities within buildings, interiors, equipment, communications (phones, computers etc), information and signage, and operations and methods of service provision. While other aspects of “access” are important, such as eligibility for services, income security, non-discriminatory access to education or employment etc, these matters are outside the scope of this paper.

Designed environments that provide a high degree of accessibility will also accrue benefits for the wider population, often in terms of being safer and enhancing patronage to all forms of commercial operations. Accessible environments should adequately reflect the diverse and varying access needs of the community.

Equality of access is also a process that is essential to the breaking down of barriers to citizenship and full participation (see Figure 1: The ups and downs of access). There are a number of other components of access that are not covered in this paper as the intention of the discussion is to focus on ‘accessible environments’. The cost of services or other forms of discrimination which restrict access, such as access by people with special cultural needs are not addressed here.

AA



Access depends on integration, interfaces and linkages. Typical requirements include attention to design, construction and maintenance of:

- ◆ **Access, egress and circulation**, for example continuous accessible pathways of travel within premises (ramps and stairways, paving and floor finishes, lifts and emergency provisions) and transport, and linkages between transport and premises (taxis, buses, ferries, trains, light rail and planes)
- ◆ **amenities**, for example seating, toilets, furniture, fittings and equipment
- ◆ **communications**, for example hearing augmentation, telephones. lighting, signage and tactual maps, and
- ◆ **operations**, ie the way facilities are managed, venues operated and goods and services provided



Your Say?

Is access sufficiently well defined, If not is there anything you want to add or that you think should be excluded?

People with disabilities

Determining the exact number of individuals with disabilities or limitations due to ageing is not an easy or precise task. Reasons may include older people do not want to be socially stigmatized or to be thought of as disabled and people who are employed or are occupationally productive despite significant functional impairment also don't consider themselves 'disabled'. Indeed, estimates vary depending on the definition of disability used and the sources of the data.

AA



The difficulty of definitions and labelling aside, In 1998, an estimated 3.6 million people or 19% of the Australian population were classified as having a disability (ABS, 1998). This is similar to data from other developed countries such as the United States which indicates 20.3% of the population have disabilities (Czajka, 1984).

It is apparent from surveys over the last 20 years that the incidence of disability is increasing. In Australia the difference between the 1993 and the 1998 Aged and Disabled Carers survey, indicates that there has been an increase of between 1-2% in disability percentages per capita of population.

Moreover, the prevalence of disability increases with age, rising from 4% for children 0-4 years, 40% in the 65-69 year age-group, to 84% for those over 85 years. As our population ages, the numbers of people with a disability increase.



Your Say?

Is there anything that should be said about types of disability, e.g. psychiatric disability or brain injury?

The effect of having a disability

Whilst the degree and type of disability varies with individual circumstances, people with disabilities may experience the following:

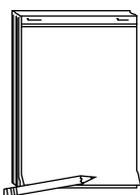
- ◆ blindness or vision impairment (even when wearing glasses or contact lenses)
- ◆ reduced hearing or hearing impaired (even when fitted with a hearing aid)
- ◆ chemical sensitivity

AA



- ◆ impaired or absent skin sensitivity
- ◆ speech difficulties in native languages
- ◆ blackouts, fits or loss of consciousness
- ◆ difficulty in maintaining physical stamina over distance or during long waiting periods
- ◆ slowness at learning or understanding
- ◆ acute anxiety
- ◆ difficulty making decisions
- ◆ incomplete use of hands or arms
- ◆ difficulty in gripping or holding small objects
- ◆ lack of balance and coordination
- ◆ incomplete use of feet or legs, and
- ◆ difficulty maintaining orientation in unfamiliar surroundings

People with disabilities face barriers with everyday activities such as hearing what is said, reading small print, climbing stairs or understanding signage.



Your Say?

Are there any other types of functional restrictions or disability limitations that should be included?

Benefits of planning for access

Viewing design, construction and maintenance of the built environment from a preventive perspective makes its value obvious. Planning for access works to reduce the risk of injury, prevent premature entry into aged care facilities and improve ease-of-use for everyone (i.e. people using strollers and moving furniture).

AA



A move to view environments as enablers of independence and as a means for creating and maintaining quality of life for all is required. The quality of the design and or fabrication of the product becomes the focus instead of the users and their level of ability. Developing an inclusive approach that appeals to ‘us’ not just ‘them’, requires consumers, suppliers and people within the building and manufacturing industry to work together to create and sustain viable markets.

Consumer spending

People with disabilities have the same needs as other members of the community – they are consumers of goods and services and are an increasingly visible part of a growing market. As potential customers, they and their friends and families, are attracted to businesses whose services and facilities are accessible.

For instance, Simon Darcy in his study of tourism estimated that people with physical disabilities are worth \$304 million dollars per annum Australia wide to the day trip industry alone (Darcy, 1998). Moreover, the same study found that 83% of people with physical disabilities who travelled in groups, were typically the only person with a disability in that group. Providing better access for people with physical disabilities implies that restaurants, entertainment venues, museums, shops and hotels/motels can also increase custom from able bodied family, friends and carers who accompany people with disabilities.

Social and healthcare costs

Research from overseas, indicates that there are substantial savings for the taxpayer in terms of reduced health care and burden of care costs by thoughtful urban and residential design. Current design and construct

AA



practices such as urban consolidation programs place the general 'non disabled' population at risk because more homes are being constructed with multiple levels or internal stairs (Wylde, 1998).

A recent randomised clinical trial in the United States demonstrated that home modifications for frail older people reduced overall cost of health related services and reduced the incidence of serious falls (Mann, Ottenbacher, Fraas, Tomita & Granger, 1999). While several Australian studies indicate that changes to the built environment such as improved night lighting, grabrails, handrails, non slip surfacing etc. can effectively reduce the incidence of injury (McLean & Lord, 1996; Clemson, Cumming, & Roland, 1996).

Cost of modification

Incorporating accessible or adaptable features from the beginning will save businesses and others from having to make expensive modifications later, perhaps following a discrimination complaint. Addressing access once a building or facility is constructed is the most expensive method and generally includes, lost business opportunities, hidden societal costs as well as legal fees and unplanned building modification costs.

Accessible or adaptable accommodation currently represents a miniscule percentage of the total housing market and has traditionally been provided by public housing authorities. Given that public housing authorities manage less than 40% of our total housing stock it is clear that the potential market is as yet untapped.

AA



Wider Benefits

Planning for people with disabilities provides benefits to other members of the community who may be disadvantaged in terms of access.

Examples include:

- ◆ parents with prams
- ◆ seniors or small children who may find it difficult to negotiate steps or steep gradients
- ◆ people who have a temporary disability through accident or illness
- ◆ tourists and people from culturally linguistically diverse backgrounds who may find it difficult to read signs or understand information and
- ◆ those delivering goods or carrying heavy loads.

Legislation, Regulation and Access Monitoring

Legislation exists in Australia to protect the right of people with disabilities. The legislative framework is provided by the Commonwealth Disability Discrimination Act - 1992 (DDA) whilst States and Territories have complimentary anti discrimination legislation.

Disability Discrimination

The DDA is administered by the Human Rights and Equal Opportunity Commission (HREOC). The objectives of the Commonwealth Disability Discrimination Act 1992 are to:

- ◆ **eliminate**, as far as possible, discrimination against persons on the grounds of disability in the areas of work, accommodation, education, access to premises, clubs and sport and the provision of goods, facilities, services and land, existing laws and the administration of Commonwealth laws and programs

AA



- ◆ **ensure**, as far as practicable, that persons with disabilities have the same rights to equality before the law as the rest of the community
- ◆ **promote** recognition and acceptance within the community of the principle that persons with disabilities have the same fundamental rights as the rest of the community

The definition of disability in the DDA is broad and includes

- ◆ physical, intellectual, psychiatric, sensory or neurological disability. learning disabilities, physical disfigurement and the presence in the body of disease causing organisms.

The DDA also protects relatives, friends, carers and co-workers of people with disabilities from discrimination, and protects people with disabilities if they:

- ◆ are accompanied by an assistant, interpreter or reader;
- ◆ are accompanied by a trained animal, such as a guide or hearing dog; or
- ◆ use equipment or an aid.

The DDA prohibits discrimination in access to or use of premises open to the public or a section of the public (Section 23) and in the provision of goods, services and facilities (Section 24)

The introduction of the DDA has been a major milestone in disability rights, and access to premises is a fundamental tenet. The advent of the DDA has caused a fundamental rethink of what “non-discriminatory access” means, and has led to a full review of the access requirements in building legislation in Australia.

A recent amendment to the DDA allows the development of a DDA Standard in relation to access to premises (other DDA Standards are being developed in areas of education, transport, and information provision).

The DDA encourages companies, building owners, and facility managers and other providers to develop and lodge Action Plans with HREOC.

AA



Relationship between the Disability Discrimination Act and Australian building regulations and codes

Building Code of Australia (BCA)

The BCA is a statement of the minimum technical requirements for the design and construction of buildings and other related structures. The Australian Building Codes Board (ABCB) produces the BCA in conjunction with, and on behalf of the State, Territory and Commonwealth Governments, who each have statutory responsibility for building regulation within their jurisdiction. Each Government adopts the BCA as the technical building code, so it is uniform across Australia.

The BCA, by means of State and Territory building legislation, requires most public buildings to have features to enable access and use by people with disabilities, and specifies which classes of buildings, which areas, and how many facilities, should be accessible. It refers to Australian Standards, e.g. AS1428.1 and AS1735.12, as means of compliance.

From 1996, the DDA was viewed as having precedence over other legislation, and a review of the BCA commenced, with the aim of harmonising BCA requirements with DDA expectations.

The BCA has a limited scope - that of requirements for new public buildings and works. It does not cover areas beyond the building block (streetscapes or parks), nor does it cover furniture or fittings, equipment, or interiors.

Because the BCA is relatively recent, and at first there were various concessions (e.g. for smaller buildings) older and smaller buildings are not reliably accessible. In addition, matters still under review by the ABCB include emergency egress provisions, and vertical access in some 2-3 storey buildings.

The ABCB and its Building Access Policy Committee are aiming to harmonise their requirements with the expectations of the DDA in relation to those

AA



buildings within the scope of the BCA, i.e. new public buildings. A major cause of delay in this harmonisation process is the lack of empirical research on the needs of people with disabilities, and options for meeting these needs.

Australian Standards

Since 1968, we have had Australian Standards on designing buildings to cater for people with disabilities, and the first edition of AS1428 was published in 1977. Standards are written by expert committees set up and supported by Standards Australia, and are under continuous review, being updated regularly to take account of changing technology, industry practices, and community expectations.

The major Australian Standards relating to access are:

- AS1428.1 1998 General requirements for access - new building work
- AS1428.2 1992 Enhanced and additional requirements - buildings and facilities
- AS1428.3 1992 Requirements for children and adolescents with physical disabilities
- AS1428.4 1992 Tactile ground surface indicators for people with vision impairment
- AS4299 1995 Adaptable Housing
- AS1735.12 1999 Lifts in public buildings -Access for people with disabilities
- AS1735 (other parts) For instance, those covering stairway and platform lifts
- AS2890 Parts 1 & 5 Parking (on and off-street)

The degree to which Standards are implemented depends on whether they are called up in legislation. Currently for instance, AS1428.1, parts of AS1428.4, and parts of AS1735.12 are called up in the BCA.

The review underway of the 1428 suite of Standards aims to write Standards which will be capable of becoming DDA Access Standards, as it is recognised by all involved that consistency across standards is essential. Existing Standards in the 1428 series, the Adaptable Housing and Parking Standards,

AA



are all being reviewed, and new Standards are being written covering the Outdoors; Furniture, Fittings & Equipment; and Design for Aged Persons.

Advisory Notes on Access to Premises

In acknowledgment of the length of time required to complete a review of the BCA in regards to new buildings, and recognising that “premises” in the context of the DDA is much wider than buildings, the Human Rights and Equal Opportunity Commission (HREOC) developed and published the ‘Advisory Notes on Access to Premises’ (these were first issued in 1997 and then amended and reissued in 1998).

These Advisory Notes on Access aimed to:

- ◆ provide an interim approach in assisting the Commission in understanding access and conciliation of complaints, and
- ◆ produce a document to educate building owners and regulators about what constitutes the design issues in the built environment relevant to people with disabilities.

The guidelines have been a useful interim document, but have no legal force and will remain as advisory notes until a DDA Access Standard is developed. It is hoped that the part of the DDA Access Standard relating to new building works will adopt the BCA, so there will be certainty for designers and developers, and consistency between various requirements.

Precedence of DDA legislation including Heritage legislation

The DDA also overrides other relevant acts such as the Australian Heritage Commission Act (AHCA). However, consistency with existing laws where feasible is encouraged. Consistency meaning in this context that any existing conservation plans shouldn't be ignored and that consideration should be given to ensuring that any alterations undertaken are visually compatible or ‘sympathetic’ and are relatively unobtrusive (Martin, 1997).

AA



State Planning Policies and Local Planning Ordinances

Local planning varies between States and Territories but has great potential for enhancing access. Successful implementation of Standards and legislative requirements depends on understanding of those requirements and commitment to enforcement, through many layers of people and processes.

In Australia, planning and activities with an “access” component cover a large range of government authorities at Federal, State, and Local level, and have great potential for either enhancing or restricting access. Various pieces of Federal and State legislation, and Local Government Plans are involved, in the areas of Environmental Planning, Local Government Plans, Building Control, Public Works Committee, etc.

The key piece of legislation regarding land use and building controls in Australia is the Environmental Planning and Assessment Act (EPAA) which provides for the creation of environmental policy and planning instruments at State, Regional and Local levels.

Detailed environmental plans for a locality, a region or a whole State are contained in Environmental Planning Instruments or EPI's. They take effect when they are published in the Government Gazette (a government paper). EPI's may include any or all of the following:

- ◆ A Local Environmental Plan (LEP)
- ◆ A Regional Environmental Plan (REP)
- ◆ A State Environmental Planning Policy (SEPP)
- ◆ And Building Application approvals (BA's)

As well as these formal instruments, the relevant Minister can make directions and determinations under a State Act to formally guide local authorities in the format, structure and content of LEP's. How effective the system is in practice varies from State to State.

AA



For example, some State systems have traditionally not considered access as a key component in deliberations. In some states reviews are underway and the NSW Department of Urban Affairs and Planning, in a recent discussion paper identified the following strengths and weaknesses (DUAP NSW,1999):

The perceived strengths include:

- ◆ the broad objects of the Act and the potential for plans to address a similarly broad range of issues (including access)
- ◆ the potential for the Act to be used as a central platform for integrating environmental management and other issues with land use planning
- ◆ the formal opportunities for public participation in the making of plans
- ◆ the formal recognition of State, regional and local interests.

The perceived weaknesses and limitations include:

- ◆ increasing complexity of the system
- ◆ problems of compliance and consistency caused by the trend towards the introduction of Private Certifiers
- ◆ a perceived weakness in the setting of State direction and strategic regional planning
- ◆ the generally low level of public input by people with disabilities in the early stages of developing a plan.

Local governments have the major responsibility for implementing the provisions of the BCA, via the building approval and certification process. In many States, processes for Plan and Building Approval are moving toward private certifiers. The ABCB has issued a Discussion Paper canvassing views on certification processes, and on options for monitoring access provisions through Access Panels of some type. Options for resolving cases of “unjustifiable hardship”, especially in new building works within existing buildings, are also being discussed by the ABCB (these discussion papers are available via the ABCB website - www.abcb.gov.au).

AA



Many Local Governments have Access Committees involving consumers and access consultants, but they vary in their authority and constitution.

Hierarchy of Building Control

As previously discussed, there are a number of national requirements which apply to all locations in Australia. These are essentially the DDA (see previous section), the Building Code of Australia (BCA) and relevant Australian Standards (see previous section). Table 1, below shows the hierarchy of building control and its impact on access outcomes.

WHAT (constitutes building)	State Building Act (maybe incorporated into State Development Planning Act) regulates all new building and renovating existing buildings. The Building Act calls up the Building Code of Australia.
WHO (may undertake building)	State Building Licencing Act controls licensing of builders and allied trades.
WHERE & WHEN (access is required)	The Building Code of Australia (BCA) sets out “where and when” access must be provided. The classification of buildings to which it applies is set out in the BCA.
WAY (access is provided)	The BCA defines “how” access is provided by calling up the Australian Standard on Access which is AS1428.1. AS1428.1 is mandatory for all new buildings where access is required by the BCA. AS1428.1 in turn calls up other mandatory standards for lifts, car parking and automatic teller machines etc.
WHY (access must be provided)	Commonwealth Disability Discrimination Act (DDA) can be used to ensure that new buildings are accessible at the point of occupancy.

Table 1: Hierarchy of building administration control (Material reprinted with permission from a “Wheelchair access – The reality” by M. Murray as presented at the Access Expo, Melbourne in October 1999)

AA



The process is relatively simple for new buildings and consequently all new buildings should be accessible. The table above however, does indicate the potential for gaps between national, state/territory and local jurisdictions concerning the coordination of many issues relevant to making communities accessible. The table also highlights the number of stakeholders and the regulatory processes involved. Most notably, breakdowns of process may be attributed to differing values and beliefs about relative priority, lack of research, insufficient education/information dissemination and or breakdowns in communication between players.

As, the DDA is complaints based legislation. This means that there is a considerable time lag between a complaint being made and a legal precedent being set and understood by the community. This process is thus largely reactive not proactive. This means that access issues may only be considered after the design/development approval has already been given. Therefore, the impact of legislation and regulation is at the wrong end of the planning, design and communication process.

Ideally:

- ◆ Service planning should be part of an overall planning process.
- ◆ There should be a focus on integration, rather than division, of people, departments, programs and activities including a whole of government approach.
- ◆ There should be a shared vision and a systematic coordinated proactive approach to acknowledge diversity and improve well-being.

AA



Your Say?



Are there any other issues relating to planning, legislation regulation and processes for enforcement? Do you have any other suggestions for improving communication and coordination between agencies? If so please list them.

Who coordinates access?

At present no one body coordinates access in Australia. The importance of coordination and prioritisation becomes particularly apparent when we consider the fact that all development occurs in the context of existing infrastructure. All new development, has to be fitted into existing service and transport infrastructure and must conform to many other regulations including site use, structure and fire safety to name but a few. As discussed there are many government departments, regulatory bodies, professional associations and individuals who are involved in the design, construction and maintenance of accessible and safe environments. Each group has different knowledge, needs and priorities. The priorities and concerns of these groups may be contradictory or incompatible at times and it may be difficult or impossible to incorporate these into a conclusive brief.

Town planning and streetscaping projects involve many decisions about issues such as kerbing and guttering, crossings, seating, water fountains, bus shelters and signage that are central to achievement of a continuous accessible path of travel. For instance, the height of a kerb is critical to operation of platform lifts on public transport and appropriately arranged kerb ramps are integral to being able to cross a vehicular trafficway or road safely.

AA



To ensure something as seemingly simple as a continuous accessible path of travel, a large number of agencies may need to coordinate and harmonise their infrastructure, planning, design, construction and management processes. For example, the coordination of a pedestrian and mobility plan may include but may not necessarily be limited to the following agencies:

- ◆ Department of Public Works and Services
- ◆ Department of Transport and transport providers
- ◆ State Transit Authority
- ◆ State Rail Authority
- ◆ Roads and Traffic Authority
- ◆ Department of Local government and individual local councils
- ◆ Waterways Authority
- ◆ Department of Urban Affairs and Planning
- ◆ Specific place management agencies.

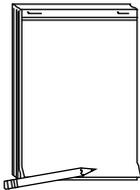
Typically individual jurisdictions and agencies oversee their 'bit' of the access issue, with no-one being recognised as having responsibility for the essential matter of whether it all fits together (NSW Ageing and Disability Department, 1998).

Negotiating these concerns needs to be a priority in order to achieve a satisfying and, importantly, appropriate (i.e, safe and accessible) outcome. However, no coordinated approach to such negotiation exists and relevant parties may not even be consulted. Addressing this problem requires both the development of a standard regarding level of consultancy and a formalised process to ensure that the interests of all relevant stakeholders are represented.

AA



Your Say?



Are there any other issues relating to coordination or complexity of access related design decisions and processes that should be included, If so please list them?

How is access monitored?

At present access monitoring is largely complaints based and is dependent on people with disabilities, being motivated enough to pursue a matter in the courts. This means, engaging and briefing a lawyer and pursuing often lengthy arbitration and court processes with associated personal costs in time and money. Moreover, the experience of many people who have been involved in this process is uncertain as appeals can be lodged and prior decisions overturned.

However, the DDA encourages building owners and facility managers to develop and lodge Action Plans with the Human Rights and Equal Opportunity Commission (HREOC, 1999). Action Plans assist owners and operators to:

- ◆ eliminate discrimination in an active way
- ◆ reduce the likelihood of complaints being made
- ◆ increase the likelihood of being able to successfully defend complaints
- ◆ increase the likelihood of avoiding costly legal action
- ◆ allow for planned and managed change in business or services.

Action plans are primarily about self-monitoring, and are based on audits of existing facilities. However what is or isn't audited and the skill and

AA



knowledge of the audit team and thus audit outcomes vary widely. Thus, the mere existence of an Action Plan does not in itself, constitute a defence under the DDA. However, HREOC must consider any registered plan (or any other relevant document) when considering a defence to unlawful discrimination on the basis of unjustifiable hardship.

Access Committees attached in varying ways to Local Government around Australia assist in this process by providing advice to council about access related decisions. However while some Access Committees may have certain powers or authority, many do not. There are thus issues surrounding what a “properly constituted “ committee might be. If the Access Committee is purely advisory, responsibility (and liability) is uncertain.

In addition, the Australian Building Codes Board has recently introduced an accreditation program to monitor the BCA in all new development. Audits of this type are carried out by Building Surveyors and a building can then be certified regarding its compliance with the BCA’s performance criteria (see previous section).



Your Say?

Are there any other issues relating to how access is evaluated and monitored, If so please list them?

Can tighter enforcement and/or more regulation fix matters?

While there is a growing amount of material available on minimum standards for accessible design, there is a much less material that promotes best practice or establishes function based performance guidelines likely to lead

AA



to better access outcomes. The BCA (see previous section) has moved to performance evaluation but enforcement is still typically about checking criteria against minima. For instance, provision of automatic opening doors are generally more accessible for a wider range of people but are not mentioned as a part of regulatory standards. Furthermore, access outcomes for people with disabilities fall short when standards are not regulatory such as within the home.

While inclusive or Universal Design principles are particularly desirable in terms of best practice, we are currently hindered by the fact that human factor or anthropometric data sets often exclude people with disabilities, are based on small population subsets or are incomplete (Diffrient, Tilley, & Harman, 1981; Kroemer, 1987). Moreover, individuals may have more than one disability, which is a common occurrence particularly among older people, it is thus possible to design a product to include 95th percentile criteria and still end up with a product that can be used by far less than 95% of the target population (Vanderheiden, 1998).



Your Say?

Are there any other issues relating to research and how relevant application data is gathered and implemented, If so please list them?

How do people find out about accessible facilities?

Appropriate and timely, information is required by people with disabilities, carers and families when planning home modifications, planning holidays and in making decisions about where to live. Not to mention, the everyday challenges associated with finding accessible services (medical, housing, educational, financial, self-maintenance and entertainment etc).

AA



It is a fact that people do not utilise services they are unaware of, accessible services must be not only constructed but also be marketed appropriately. Moreover, often the information available is patchy and or unavailable in accessible formats (large print, audio, braille etc.).

Some of the places that currently provide access information include but are not limited to the following:

- ◆ NICAN (National Information Communication Awareness Network)
- ◆ Disability Information Resource Centre (DIRC-Australia)
- ◆ Independent Living Centres
- ◆ Professional associations and bodies (i.e. ACROD, ARATA, RAIA, OT-Australia etc.)
- ◆ Government Departments

NICAN, for instance is a Commonwealth funded information service, which maintains a database of entries on organisations, activities, services, etc. for people with a disability, their support workers, families and friends. While DIRC is another information provision organization that provides data about access and legislation.

The problem is that none of the preceeding specialise in access, for all existing information providers, access advice is just one of many other functions provided either for the community or for members. Given that there are in fact a large number of organisations providing access advice the issue then becomes one of how to initiate contact and requires a knowledge of who does what, where, when and how.

AA



How do people learn about access?

Designers, architects, builders and tradespeople have similar problems in acquiring a working knowledge of access issues. Although several educational institutions are now making significant efforts to include accessibility as a part of basic professional training. This is however by no means universal and no access curriculum framework or guidelines have as yet been negotiated or nationally implemented.

Where access is taught, it is either as special electives centred around specific projects for people with disabilities or more rarely it is integrated into basic training courses. The most common means of learning about access is however in practice, when people involved in the building and construction industry are required to comply with codes. The problem with this situation is that codes are generally viewed as ‘constraints’ in the design and construction process. Accessible design is thus more often viewed as a problem not as an opportunity for good design.



Your Say?

Are there any other issues relating to information dissemination, professional education and training that should be included, If so please list them?

AA



AA



PART TWO: GOALS AND STRATEGIES

What are the Gaps and Issues?

Despite significant progress, goodwill and the development of expertise from the information in the previous section and from the experiences of people at the colloquium and elsewhere, the following gaps and issues emerge. Some strategies are suggested which if enacted may lead to improved access outcomes.

Gap 1: The linkages between various organisations and structures are not always clear. Incompatible perspectives may impede communication and coordination of project decisions and actions.

Issue 1: Communication is liable to breakdown.

Strategy 1: Map process flows and document recommended practice for conflict negotiation.

Gap 2: The development of Standards is an ongoing process which requires research and development. Changes in demand, for example, in the size and design of wheelchairs require different design solutions over time. Few financial resources are allocated to research.

Issue 2: Research opportunities are limited.

Strategy 2: Work to increase research opportunities, industry collaboration and funding.

AA



Gap 3: There is considerable uncertainty on the part of designers, architects, building surveyors, assessors etc. about what constitutes good access. This extends to lack of certainty about advice which is received from a range of sources as well as to lack of knowledge about examples of good practice, amenities etc.

Issue 3: There is no structure for accreditation of access training or for access consultants.

Strategy 3: Develop and promote accreditation standards for curricula and professional specialisation.

Gap 4: Commonwealth and State Disability Services Acts are rights based and clearly the rights of people with disabilities are paramount. However, this emphasis has detracted from other considerations such as the 'market power' of this segment of the population. Both the advantages and costs of access (eg of retro-fitting) are poorly understood.

Issue 4: There is no agreed formula for achieving satisfactory cost-benefit analysis.

Strategy 4: Develop strategies for researching and evaluating access related cost benefit analysis.

Gap 5: People with disabilities are rarely consulted or directly involved in access decisions. Where access committees, say of local councils, are advisory there is much less likelihood that the expertise and experiences of people with disabilities will be formally incorporated into Building Approvals and other decisions.

Issue 5: There is a lack of appropriate consultation with people with disabilities.

Strategy 5: Develop collaborative consultation standards for process review and access related decision making.

AA



Gap 6: A complaints based approach to poor access decisions, whilst a necessary component for change within the legislative framework, is a costly and slow process for eliciting change.

Issue 6: A purely complaints based system is limited and increases uncertainty because of structural lag within the system itself.

Strategy 6: Develop best-practice and functional performance guidelines.

Gap 7: Inconsistencies in the way standards are applied and/or access is addressed results in poor linkages between systems. A plethora of authorities, poor or unclear guidelines and poor coordination frequently results in inaccessible or restricted pathways of travel.

Issue 7: Staged, planned and coordinated communication processes and common understandings are central to identification of potential design conflicts.

Strategy 7: Promote, develop and facilitate strategies for whole of government planning and coordination.

Gap 8: Although many organisations produce information about access in all sorts of forms and systems, the information is often conflicting and often unclear. This is particularly noticeable when one considers the wealth of information that is available on design, surfaces, interiors etc for people without disabilities.

Issue 8: Access to information and the flow of information is poor.

Strategy 8: Create a central clearing house for access related information.

AA



Gap 9: Even when design is sound, application sometimes fails. The way urban and transport planning is implemented and monitored frequently sees access concerns dismissed or misapplied. Access does not have the same status as, say, occupational health and safety requirements or aesthetics.

Issue 9: Access must be seen as integral to all design and manufacture not an add on for a niche market.

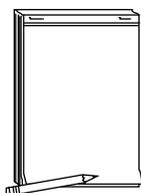
Strategy 9: Promote and facilitate Universal Design principles.

Gap 10: A failure to understand or be concerned about access in the operation of facilities or provision of services often results in the environment becoming inaccessible. This can be as simple as something like not keeping accessible pathways of travel clear to inappropriate and even rude behaviour on the part of staff. It includes both overt and covert discrimination.

Issue 10: Maintenance of access is just as crucial as initial design of accessible facilities.

Strategy 10: Promote and develop policy and procedures for maintaining and operating accessible facilities.

Your Say?



Do you agree that these are the ten most significant issues?

Do you have any particular examples you would like to provide which will help people understand how this particular issue affects you and/or your work?

AA



The February Colloquium identified four main challenges facing the access movement in Australia, where a National body with a coordinating role could assist.

These were:

1. Challenge of improved coordination and communication at national level

It is clear from the issues discussed in the previous section, that those with an interest in the provision of accessible premises, goods and services in Australia, are hindered by both a lack of consistency and a lack of coordination.

While a lot of information is available from overseas and within Australia, it is scattered, inconsistent, and hard to find. This is frustrating for people trying to provide good access, and opportunities to “get things right” are lost. Outcomes for people with disabilities are still frustratingly inadequate.

The challenge for those involved in trying to achieve access is to coordinate the various stages and actions, and to plan implementation in a more integrated manner - from the broad urban planning stage, through transport providers, roads providers, and developers, down to the details such as kerbs, seating, or water fountains. Clearly no one body can orchestrate this coordination. However, a nationally recognised body could operate as a national base and referral point, from where correct, well-researched, up-to-date information could be made readily available across Australia. For instance, those wishing to develop courses or educate the community could find out about courses already in existence.

AA



2. Challenge of ensuring ongoing research

In the early 1980's a large research project was commissioned by the AUBRCC (the body preceding the ABCB) to establish the circulation, reach, and other requirements of people with disabilities in and around buildings. This has been used since for the writing of Australian Standards and various guidelines, but is now seriously out-of-date. Research carried out for the National Accessible Transport Council showed that wheelchairs have become larger in all dimensions. This means that door widths, circulation spaces, reach to controls, etc are no longer appropriate.

An empirical research program is necessary for the ongoing review of the Australian Standards 'Access and Mobility' series of standards, the Australian Building Code and to inform any future DDA Access Standards. For example, research needs to be available to guide standards-makers, businesses developing equipment for telecommunications or interactive kiosks, planners, and designers' etc.

Countries which have Institutes (usually based in Universities for the availability of research personnel and testing equipment) such as the USA, are able to develop guidelines and commission research, avoiding delays such as we are experiencing in Australia. Funding is urgently needed for research necessary for the review of the Standards and the BCA.

A permanent Institute would confer benefits of developing research skills in Australia and for creating the capacity to be able to develop and maintain guidelines for carrying out this type of research, coordinate various research projects around Australia, and possibly have a permanent testing laboratory in which to carry out research at short notice.

AA



United States or European research, while helpful for guiding information here, cannot necessarily be brought over into the Australian context. For example, there is evidence that wheelchairs used in Australia are larger than those in Europe.

3. Challenge of improving information flow

Accurate and timely information is required by people with disabilities, carers and families when planning home modifications, planning holidays and in making decisions about where to live. It is also sought by planners, developers, designers, building certifiers, and builders, as well as government officials at all levels. Businesses and companies also want information on ways to improve access.

There are many sources of information, depending on the purpose, including:

- ◆ Independent Living Centres in each capital;
- ◆ Peak bodies such as ACROD and the consumer peaks in the Caucus of Disability Consumer Organisations;
- ◆ NICAN (information on accessible recreation and tourism);
- ◆ Disability Information Resource Centre (DIRC);
- ◆ Professional Associations such as RAIA, OT Australia, Institute of Building Surveyors etc;
- ◆ Industry groups such as the Property Council of Australia;
- ◆ Governments, especially State and Local;
- ◆ Standards Australia and the Australian Building Codes Board;
- ◆ Individual access consultants.

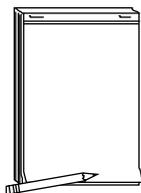
AA



The challenge is to develop processes and communication channels to ensure that information given by the various organisations is consistent, up-to-date, and accurate. This is where a national access body could serve a function.

4. Challenge of improving education in access

Designers, architects, builders and tradespeople who are keen to learn about access currently have few avenues of acquiring education and training. Several educational institutions include accessibility as part of basic professional training, often however as an elective. In some courses, electives are available at undergraduate level; in others, postgraduate courses are available. Recently, TAFE's have offered courses on access to the built environment which require no prerequisite qualifications.



Your Say?

Are there any other issues relating to coordination, research, information dissemination, and professional education and training that should be included? If so please list them.

What has happened in other Countries?

Government support appears to be a critical factor in establishing national coordinating bodies in this area in other western countries. For instance, the Access Board in America is fully funded by Congress as an independent federal agency, with the primary purpose of developing guidelines relevant to achieving the Americans with Disabilities Act. It is heavily involved in developing relevant 'function based performance guidelines' for communications, housing, transport and related areas.

AA



It also serves as an information and resource centre and all its publications are available freely. Various access research and information centres in the United States assist the Access Board, e.g. the Trace Research and Development Center (University of Wisconsin at Madison), the IDEA Center (State University of New York at Buffalo), the Adaptive Environments Center (Boston University) and the Center for Universal Design (North Carolina State University).

The United Kingdom has the Access Committee for England, funded by the United Kingdom Ministry of Health, and the Centre for Accessible Environments (CAE) which is a not-for-profit organisation, focusing on provision of technical information and access training. The CAE was provided with five-year start-up money from the United Kingdom government, with the intention that it be self-funding from sale of publications and training packages after this time.

The move towards a National Access Body in Australia

The desire for a national access body is not novel. ACROD National put a proposal together to establish a National Specialist Access Body in 1996, with the one aim being to provide technical information and training on access to the built environment. Discussions were held with the Federal Government but no funding was forthcoming. The impetus for setting up a specialist access body at that time stemmed from the changing role of ACROD, the growing strength of the consumer movement, and the increased demand for access information and advice arising from the implementation of the DDA.

ACROD continues to circulate information through its National Access Bulletin to around 300 people and organisations Australia-wide.

AA



For several years, ACROD has been advocating an accreditation system for access consultants to provide industry and the community with a reliable access advisory service. A steering group coordinated by ACROD is currently working towards establishment of an Australian Association of Access Consultants. One of the early tasks of this Association will probably be to write competency standards and to investigate options for accrediting people who work as access consultants. Anyone interested is welcome to be involved and can contact ACROD to be added to the mailing list.

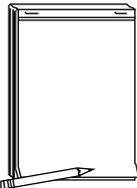
With this development in view, an National body would not propose to duplicate this role of writing competency standards or serving the function of a Professional Association. However, there may be a role to play in developing and promoting appropriate access curricula and training across professional training organisations and professional entry programs.

A collaborative national group can have either a specific or more general focus.

The types of organisational entities that are possible generally fall within the following categories:

- ◆ comprehensive (i.e. has both teaching, research and information dissemination responsibilities to varying degrees)
- ◆ primarily research (may have limited teaching responsibilities)
- ◆ primarily teaching (may have limited research activities)
- ◆ primarily coordination

AA

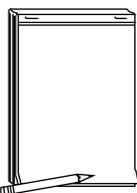


Your Say?

Is the case for a National approach clear and the need for comprehensive and coordinated activities logical?

What should the purpose of a National Access Body be?

The key mission of a National Access body would be the **'Improved accessibility of the built environment for all users'**. In order to achieve this an Australian National Access Body would assume the role of peak body for developing, collating, researching and clearing state/territory/federal and international information relevant to improving access outcomes. The general objective would be to promote the coordination and integration of access across all stakeholders by promotion of collaboration and by examination of process.



Your Say?

Is the intended purpose of a national peak body about right or is it too broad or too narrow to be readily achieved and monitored?

Whats in a Name?

After much discussion within the National Access Working Group the title proposed for a National Access body is the **'Access Institute of Australia'**.

The word **'Access'** was seen as central as we are proposing to specifically promote inclusion of people with disabilities. The word **'Institute'** was also

AA



included although the group was aware that this is controversial. Particularly for some people with disabilities the term 'Institute' has negative connotations and may conjure up images of seclusion and white coated lab technicians.

Although the term 'Institute' is more or less synonymous with the more acceptable term 'Centre', there are pragmatic considerations relating to implicit and explicit distinctions between the two words. An 'Institute' may be able to attract greater funding, is usually larger and has more power in attracting and keeping research related dollars. Many examples exist (e.g. the Australian Urban and Housing Research Institute which have both National and State nodes).

Lastly the word "**Australia**" was added to indicate both its national character and its location and context within the Asia/Pacific and International Arena.



Your Say?

Is the proposed title acceptable or do you have a more constructive or more marketable suggestion to make?

How important is location? Does it have to be Physical or can it be Virtual?

The National Access Working Group agrees that it is important that a National Access body have a true national focus. The group also felt that the choice of location should not discriminate against or favour any particular State or Territory in terms of research, information, seminars, etc.

AA



Incorporation of the Internet, audio-visual conferencing and rotating management meetings could help overcome locational concerns. Indeed, a toll-free inquiry line and an accessible web page may make an Access Institute of Australia accessible to more people in remote, rural and regional areas than any one physical location can.

A new centre in terms of a separate building, staff etc, with or without State nodes, would be very costly. A feasible and cost effective option at least initially, would be to piggy-back on an existing organisation to save expenses relating to capital equipment. For instance, incorporation within a University, could mean access to start up monies and infrastructure already available.

Your Say?



Is the notion of virtual access acceptable, what about State nodes as a part of a National structure, is physical location critical to achievement of purpose and if so how could this be achieved in a non discriminatory manner?

What should the relationship of a new Collaborative Body be to existing Agencies, Regulatory Bodies etc.

It is not the intention to duplicate or replace government organisations, peak bodies, or disability groups. Instead, it is intended that by working together it will be possible to develop the necessary linkages and skills to produce better access outcomes. A key means of achieving this is to improve the knowledge, communication and information mechanisms for all stakeholders.

Therefore, it is proposed that all roles and functions of an Access Institute of Australia be fully discussed, and that wide consultation be used as a tool to ensure that overlap and duplication are avoided.

AA



In the area of research coordination, for example, a national body such as the proposed 'Access Institute of Australia' could gather feedback and evidence from consumers, service providers and professional designers about the effectiveness of access outcomes. Data could be used to highlight both best and poor practice while careful analysis of existing research and consultation with users could identify gaps and weaknesses in existing human factor/ergonomic data and assist in establishing priorities for and in initiating research. In this way, a continuous feedback loop can be used to guide future decision-making.

The National Access Working Group, believes that the proposed 'Access Institute of Australia' can achieve linkages and coordination most effectively by gathering feedback and evidence from consumers, service providers and professional designers about access outcomes. This proposed feedback loop is graphically illustrated in Figure 2 below.

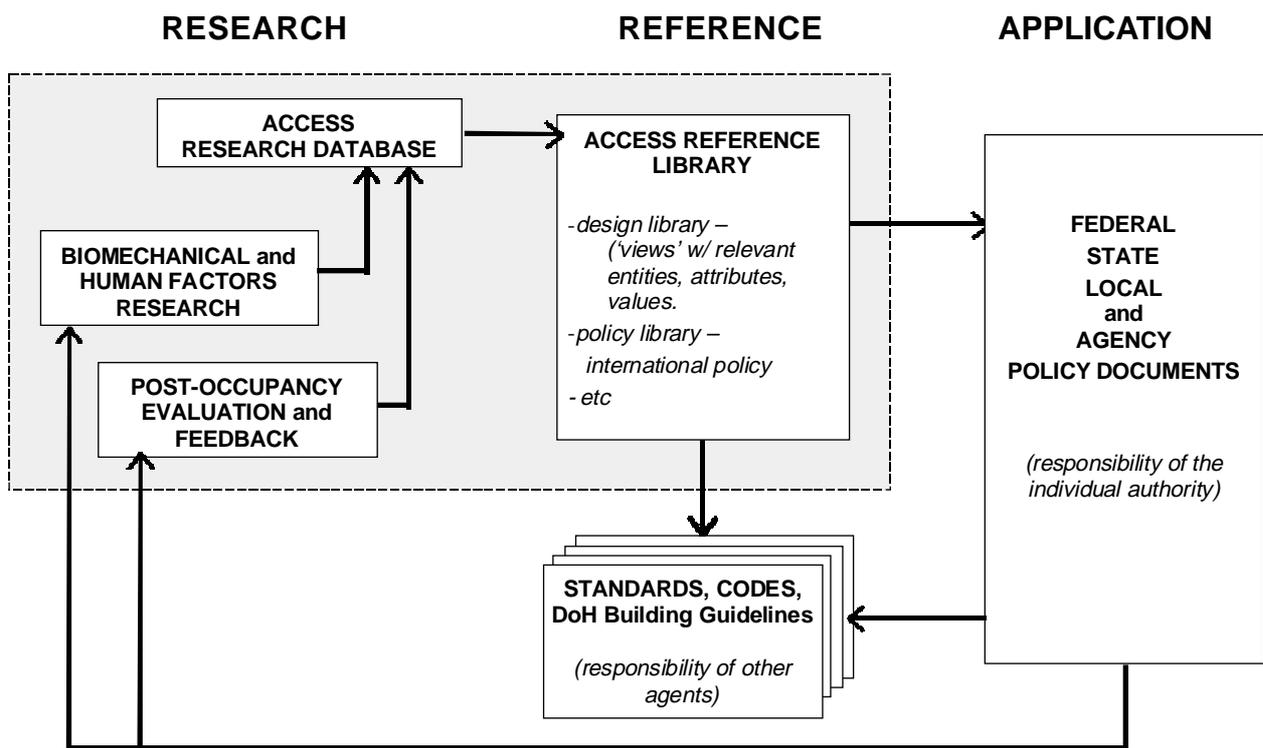


Figure 2: A means of creating an Access Information Feedback Loop.

AA



In the information flow depicted in figure 2, the results of user evaluations, biomechanical and human factor research are gathered, reviewed and entered into an Access Research Database. It is envisaged that the Access Research Database would be a part of a more comprehensive Access Reference Library. The Access Reference Library can then be used to inform application guidelines and regulations as needed.



Your Say?

How can all stakeholders be best facilitated to participate in this feedback process, please suggest any strategies or processes you think are critical to gathering maintaining and disseminating this sort of data?

Participation and Management

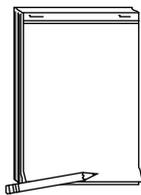
The Board or Committee of Management of a proposed 'Access Institute of Australia' should include a majority of people with disabilities, and contain broad stakeholder representation - consumer bodies, non-government and private sector bodies and government/semi government bodies.

Key organisations from the non-government sector would include the peak disability consumer groups (through the Caucus of Disability Consumer Organisations), ACROD, ARATA (Australian Rehabilitation & Assistive Technology Association), the Australian Committee of Independent Living Centres, relevant professional organisations involved in design, construction and disability (e.g. RAIA, Property Council, Occupational Therapy Australia etc.) Adequate funds would need to be allocated to facilitate travel and participation by consumer organisations, as this has been clearly identified as an obstacle in the past.

AA



Government representation would to some extent, be determined by funding arrangements and could include the Commonwealth Office of Disability, State Aging and Disability Departments, the Australian Building Codes Board, Standards Australia, and the Human Rights and Equal Opportunity Commission.



Your Say?

How many places should be made available on the Board in total, what implications might this have for a tripartite structure with a majority representation by people with disabilities, Please suggest alternatives or inclusions you believe to be both manageable and critical to outcome?

Potential Roles

The four primary roles of the proposed body, as discussed and agreed at the Colloquium and by the Working Group are likely to be:

Coordination at national level.

Information collection and dissemination. This could be done through email lists, a website, a library, seminars, conferences, journal, a 1800 number, etc. The proposed Institute could potentially provide a national clearing house and information dissemination function, and a one-stop-shop referral and information point for inquirers from all sectors - users, designers, buildings, researchers etc.

AA



Research. Processes with Standards Australia and Building Code requirements, and various other guidelines, depend on ongoing research. Research into the ergonomic and access needs and requirements of people with disabilities have generally been one-off projects. An Institute with the capacity to coordinate, generate funds and possibly undertake, ongoing research as questions arise, would be of great benefit to those developing standards and guidelines.

Education. It has long been thought that if only we could get builders, designers and plumbers to understand access, things would improve. An Institute could play a part in developing curricula, and promoting courses and units in access through tertiary and trade courses. In addition, seminars and conferences to assist general community awareness, and those whose work involves knowledge of access, could be an Institute function. (For example, an Institute could sponsor the establishment of a national conference, journal and or travelling exhibition designed to promote best practice.)



Your Say?

Do you support these as the four critical roles for a National Access Body? Are there any other functions you think such a body should undertake?

Funding

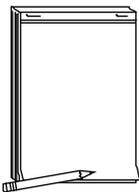
A funding arrangement could include support from at least two State/Territory Government bodies, with matching Commonwealth funding. Full cost-recovery arrangements would make free dissemination of information difficult and restrict participation, particularly by people with disabilities. For

AA



this reason, it is felt that government contribution to funding, at least initially, is critical to getting an Access Institute off paper and into practice. Financial assistance from a University in terms of “seed funding” may also be possible, though University Institutes/Centres must be self-supporting in the longer term.

Once credibility and viable activities are established, there will be more scope for income-generating activities, through, for example, charges for membership, sale of information, guidelines, journals and training publications, as well as sponsorship of projects, and donations.



Your Say?

Do you have any views about potential sources of funding?

In Conclusion

Many activities are occurring around Australia in the area of providing access for people with disabilities to the built environment - publications, standards development, local improvements, etc. Yet, we stand on the threshold of even greater possibilities. 1999, has highlighted the issues of concern to older Australians and next year we will commence a new millennium with 2000 spotlighting our Access achievements via worldwide coverage of the Paralympic games.

A number of questions have been asked throughout this discussion paper and are summarised for your convenience in the pull out section at the rear of this booklet. Please take the time to provide us with feedback so we can make the most of the opportunities that currently exist and so we can continue to build collaboratively on the foundations that have already been laid.

AA



References

- Australian Bureau of Statistics. (1998). Survey of Disability, Ageing and Carers. Commonwealth Government printing office.
- Clemson, L., R. Cumming, and M. Roland, (1996). Home environmental hazards and the risk of falls and hip fracture. Age and Ageing, 25: 97-101.
- Czajka, (1984). Digest of data on persons with disabilities. Washington, DC: National Institute on Disability and Rehabilitation Research, US department of Education. Prepared by Mathematica Policy research, Inc. under contract from NIDRR.
- Darcy, S. (1998). Anxiety to Access, Tourism Patterns and Experiences of New South Wales People with a Physical Disability. Sydney, NSW: Tourism
- Department of Urban Affairs and Planning NSW (February 1999). Plan making in NSW: *Opportunities for the future – discussion paper*. Sydney, NSW: Author. Also available at (<http://www.duap.nsw.gov.au> under 'Whats new').
- Diffrient, N., Tilley, A. R., & Harman, D. (1981). Humanscale 4/5/6 manual. (6th ed.). Cambridge: Massachusetts: MIT Press.
- Human Rights and Equal Opportunity Commission (HREOC). (1998) Advisory notes on access to premises. [World Wide Web]. Available: http://www.hreoc.gov.au/disability_rights/standards/Access_to_premises. [1999, Monday, 31st May].
- Kroemer, K. (1987). Engineering anthropometry. In G. Salvendy (Ed.), Handbook of human factors (pp. 154-168). New York: Wiley.
- Mann, W., Ottenbacher, K., Fraas, L., Tomit, M. & Granger, C. (1999). Effectiveness of assistive technology and environmental interventions in maintaining and reducing home health care costs for the frail elderly. Archives of Family Medicine, 8 (May/June), 210-217.
- Martin, E. (1997). Access to heritage buildings for people with disabilities. Canberra, ACT: Cox Architects and Planners.
- McLean, D. and S. Lord. (1996). Falling in older people at home: Transfer limitation and environmental risk factors. Australian Occupational Therapy Journal, 43(1), 13-18.
- NSW Ageing and Disability Department (1998). NSW Government Disability Policy Framework. Available: <http://www.add.nsw.gov.au/PDF/dpf.pdf>. [1999, Monday, 31st May].
- Vanderheiden, G. C. (1998). Thirty something (Million): Should they be exceptions, [World Wide Web]. Trace centre. Available: http://www.trace.wisc.edu/docs/30_some/30_some.htm [1999, Monday, 31st May].
- Wylde, M. (1998). Consumer knowledge of home modifications. Technology and Disability, 8, 51-68.

AA