



NCC 2019

Consultation Regulation Impact Statement

Accessible adult change facilities in
public buildings



Accessible Adult Change Facilities in Public Buildings

**Consultation Regulation
Impact Statement**

March 2018

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Ernst & Young was engaged on the instructions of the Commonwealth of Australia as represented by the Department of Industry, Innovation and Science (“the Department”) to develop a Consultation Regulation Impact Statement on a proposal to include requirements in the National Construction Code for Accessible Adult Change Facilities to be provided in Class 6 shopping centres and Class 9b assembly buildings (“**Project**”), in accordance with the engagement agreement dated 26 October 2017.

The results of Ernst & Young’s work, including the assumptions and qualifications made in preparing the report, are set out in Ernst & Young’s report dated 3 March 2018 (“Report”). The Report should be read in its entirety including the applicable scope of the work and any limitations. A reference to the Report includes any part of the Report. Our work commenced on 26 October 2017 and was completed on 3 March 2018. Therefore, our Report does not take account of events or circumstances arising after 3 March 2018 and we have no responsibility to update the Report for such events or circumstances.

The Report will be used for the purpose of facilitating public consultation on the proposed regulatory change as described above (the “Purpose”).

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Acronyms

Acronym	Definition
AACF	Accessible Adult Change Facility
ABCB	Australian Building Codes Board
ABS	Australian Bureau of Statistics
AHRC	Australian Human Rights Commission
AIHW	Australian Institute of Health and Welfare
AS	Australian Standard
BCA	Building Code of Australia, Volumes One and Two of the National Construction Code
BCR	Benefit Cost Ratio
BS	British Standards
CP	Changing Places
COAG	Council of Australian Governments
CPTS	Changing Places Technical Standard
DCWC	Donald Cant Watts and Corke (Quantity Surveyors)
DDA	<i>Disability Discrimination Act 1992</i>
NDIS	National Disability Insurance Scheme
NCC	National Construction Code, comprising the Building Code of Australia (BCA), Volume One and Two and the Plumbing Code of Australia (PCA) as Volume Three
NPV	Net Present Value
RIS	Regulation Impact Statement
SASF	Standard Accessible Sanitary Facility
SDAC	Survey of Disability, Ageing and Carers
UN	United Nations
WTP	Willingness to Pay

Consultation questions

The following consultation questions have been included in this Consultation Regulation Impact Statement (RIS).

Note: These questions have been provided as a guide and to stimulate discussion. It is not mandatory to address each and every question. Respondents are welcome to comment on these questions or on any other aspect of this Consultation RIS.

- 1: Is the selection of the types of Class 9b assembly buildings considered appropriate?
- 2: Do you consider that the case studies selected are representative of the types of buildings likely to be constructed over the next 10 years?
- 3: Do you agree with the process described in Section 4.1 to estimate the core cohort of people with a complex disability? If not, can you suggest an alternative method?
- 4: Do you agree with the inclusion of the 22,372 people with a disability and profoundly or severely limited in core activities who do not leave home in the core cohort?
- 5: Do you agree with the description of the problem given in Section 2?
- 6: Are there any other characteristics of the problem that should be included in the analysis?
- 7: Is the currently defined population (see Section 4) appropriate for the analysis?
- 8: Are the cost estimates applied in this analysis appropriate and reasonable?
- 9: Are there any additional establishment and maintenance costs that should be considered?
- 10: As a person with a disability or carer, how do you think you will benefit from the introduction of AACFs?
- 11: How will the introduction of AACFs in Class 6 shopping centres and Class 9b assembly buildings impact on your level of community engagement and sense of inclusion in daily life and community activities?
- 12: How will the introduction of AACFs in Class 6 shopping centres and Class 9b assembly buildings impact on your overall quality of life? Please indicate if this would differ under:
 - ▶ Option A
 - ▶ Option B
 - ▶ Non-regulatory option
 - ▶ Co-location

- 13: Are there other types of qualitative benefit that should be considered?
- 14: Do you agree with the preliminary finding that AACF be provided in Class 6 shopping centres larger than 10,000sqm and Class 9b assembly buildings?
- 15: Should an AACF be allowed to be counted as an SASF?
- 16: Should an AACF be allowed to be counted as an SASF only where there is at least one other SASF provided in its own right?
- 17: What do you consider to be the policy implications of these findings?
- 18: Do you agree that AACFs should be mandated for shopping centres with a design occupancy in excess of 2000 people?
- 19: Should AACFs be mandated for museums and stadiums? If so, what should the 'cut-off' thresholds be for incorporation into the NCC?
- 20: Are there any other thresholds apart from design occupancy/seating capacity that could be used to trigger the requirement for an AACF?
- 21: Is the assumption that every visitor makes a 15km round trip, and that this trip takes 20 minutes, a reasonable assumption? Are you able to suggest an alternative assumption?
- 22: Do you agree with the assumptions regarding the number of 'additional' trips to shopping centres, museums and stadiums as a result of AACFs being introduced (1 for shopping centres, 0.5 for museums, and 4 for stadiums)? Are you able to suggest an alternative assumption?
- 23: Do you agree with the assumptions regarding the estimated entry fee and additional spending for museums and stadiums? Are you able to suggest an alternative assumption?

Executive summary

Introduction

In 2015-16, the Department of Industry, Innovation and Science (the Department) in consultation with the Attorney-General's Department undertook a five year review of the Disability (Access to Premises – Buildings) Standards 2010 (the Premises Standards).¹

The Premises Standards are made under section 31(1) of the Disability Discrimination Act 1992 (Cth). The requirements of Schedule 1 of the Premises Standards are reflected in the National Construction Code (NCC). The NCC is given legal effect by relevant building, plumbing and related legislation in each State and Territory.

Recommendations 6b and 6f of the Premises Standards Review relate to the provision of accessible adult change facilities (AACFs) in public buildings. Recommendation 6b recommends that the Australian Government “investigate whether, and how, accessible adult changing facilities should be included in the Standards”.² This Consultation Regulatory Impact Statement (Consultation RIS) is being conducted on a proposal to amend those Standards and the NCC to require AACFs to be provided in:

- ▶ **Class 6 shopping centres:** Class 6 is the NCC building classification applicable to shopping centres, regardless of their size.
- ▶ **Class 9b assembly buildings:** a building where people may assemble for civic, social, political or religious purposes; entertainment, recreation or sporting purposes (including indoor swimming pools); or transit purposes, for example a railway station or an airport.

The objective of this Consultation RIS is to examine the economic and social impacts of a range of options that address the problem as described. The approach is consistent with the OBPR Best Practice Regulation (2007)³, Australian Government Guide to Regulation (2014)⁴ and Cost Benefit Analysis Guidance Note (2016)⁵.

The scope of the analysis is threefold:

- ▶ First, we consider four hypothetical case studies, consisting of a major shopping centre, a smaller shopping centre, a museum and a stadium. We also qualitatively consider two hypothetical case studies which were unable to be quantified, namely the case of an indoor swimming pool and a major train station or airport.

¹ Department of Industry, Innovation and Science (2016), Review of the Disability (Access to Premises—Buildings) Standards 2010. Canberra: Commonwealth of Australia, <https://industry.gov.au/industry/IndustrySectors/buildingandconstruction/Documents/Review-of-the-Premises-Standards-Report.PDF>.

² *ibid.*

³ Department of Prime Minister and Cabinet (2007) Best Practice Regulation: A guide for Ministerial Councils and National Standard Setting Bodies, <https://www.pmc.gov.au/resource-centre/regulation/best-practice-regulation-guide-ministerial-councils-and-national-standard-setting-bodies>

⁴ Department of Prime Minister and Cabinet, [The Australian Government Guide to Regulation](#)

⁵ <https://www.pmc.gov.au/resource-centre/regulation/cost-benefit-analysis-guidance-note>

- ▶ Second, we conduct an aggregate analysis estimating the whole of economy impacts of the proposed policy.
- ▶ Finally, we qualitatively consider those benefits which are not able to be quantified.

What is the problem?

AACFs are currently not required by the NCC 2016 or the current Premises Standards.

The recent Premises Standards review assessed the effectiveness of these standards and examined any barriers to the participation of people with a disability in accessing new and upgraded public buildings in Australia since May 2011⁶.

Participation of people with a disability within their communities could include social, cultural, political or economic participation.

The Premises Standards Review acknowledged that the biggest issue identified through the submission process was the absence of AACFs. In addition to 120 submissions forming part of the Changing Places campaign, 70 further submissions called for AACFs to be part of the Premises Standards.

In particular, this Consultation RIS identifies that the provision of AACFs is insufficient to account for the needs of people with a complex disability. This is inconsistent with national and international legal frameworks, and recognises the potential social and economic benefits generated by such facilities.

How can the problem be addressed?

This Consultation RIS considers three options for addressing the problem:

- ▶ **The Status Quo:** regarded as a baseline from which the incremental impacts of the proposals and alternative options will be assessed.
- ▶ **Non-Regulatory Option:** considers how stated objectives can be achieved through a non-regulatory approach.
- ▶ **Regulatory Option:** considers how stated objectives can be achieved through a regulatory approach, which would involve amending the Premises Standards and the NCC to mandate the provision of AACFs in prospective Class 6 shopping centres and Class 9b assembly buildings. This option contains two alternative sub-options, including:
 - ▶ Option A, which is intended as minimum necessary specification; and
 - ▶ Option B, which is fully conforming to all the Changing Places / Lift & Change specifications.

⁶ Department of Industry, Innovation and Science (2016) [Review of the Disability \(Access to Premises – Buildings\) Standards 2010](#), April 2016

Defining the population

The population considered in this Consultation RIS is divided into the core and non-core cohort, and covers a broad spectrum of people with disabilities:

- ▶ **Core cohort:** We estimate that approximately 350,350 people in Australia live with a complex disability. These people will be considered as the core cohort. This represents an implied disability rate of 1.5% of the total Australian population.
- ▶ **Non-core cohort:** There are a range of people outside of the core cohort who will also potentially benefit from the provision of AACFs. These might include elderly people, people with short-term injuries, industry / business, carers, non-users of the facility, and government.

Measuring the costs and benefits

For the purposes of this Consultation RIS, the costs and benefits are as follows:

- ▶ **Costs:** The costs of this proposal are divided into capital expenses and ongoing operating expenses associated with development of an AACF.
- ▶ **Quantifiable benefits:** We estimate the direct (or 'use') value of an additional trip to a Class 6 shopping centre or Class 9b assembly building for a person with a complex disability as a result of AACFs. Our analysis initially calculates the 'break even' value of utility; the value of utility at which the estimated use values are just enough to cover the estimated capital and operating costs of an AACF. Following that, estimates of the potential benefits that the trip may generate are applied to the same analysis in order to calculate a range of benefits that may accrue.
- ▶ **Qualitative benefits:** The provision of AACFs has the potential to deliver various long-term, qualitative benefits for a person with a disability and their carers. The expected benefits include: improved quality of life, improved community and social participation, and improved wellbeing and mental health outcomes.

Quantitative results

The estimated benefits (in terms of estimated usage value of each building) and costs of the proposed policy change for each of the four quantified case studies (a major shopping centre, a smaller shopping centre, a museum and a stadium) as well as illustrative whole of economy effects are provided in the tables below.

The findings of this report support the proposal that AACFs with moderate specifications be mandated in Class 6 shopping centres with a design occupancy in excess of 2,000 people and for Class 9b stadiums and museums.

Table i: Modelling results for case studies

	Major shopping centre	Smaller shopping centre	Museum	Stadium
Present Value (PV) of Costs	\$88,382	\$88,382	\$88,382	\$88,382
Scenario				
Break Even Point (BE, Required benefit per person per trip to break even)	\$1.71	\$3.67	\$13.62	\$15.89
Willingness to Pay (WTP)	\$13.16	\$13.16	\$23.16	\$37.16
Mid Point of WTP and BE	\$7.44	\$8.42	\$18.39	\$26.52
Results - WTP				
Benefits (PV)	\$678,294	\$316,457	\$150,336	\$206,669
Net Benefits (PV)	\$589,912	\$228,075	\$61,954	\$118,288
Results - Mid Point				
Benefits (PV)	\$383,252	\$202,419	\$119,348	\$147,525
Net Benefits (PV)	\$294,870	\$114,038	\$30,966	\$59,144

Table ii: Illustrative whole of economy benefits - Shopping Centres

	Regulatory Option A	Regulatory Option B	Non-Regulatory Option	Co-located
Present Value (PV) of Costs	\$24,443,675	\$43,444,197	\$12,813,922	\$17,667,422
Scenario				
Break Even Point (BE, Required benefit per person per trip to break even)	\$3.53	\$6.28	\$3.78	\$2.55
Willingness to Pay (WTP)	\$13.16	\$13.16	\$13.16	\$13.16
Mid Point of WTP and BE	\$8.35	\$9.72	\$8.47	\$7.86
Results - WTP				
Benefits (PV)	\$91,014,895	\$91,014,895	\$44,557,154	\$91,014,895
Net Benefits (PV)	\$66,571,220	\$47,570,698	\$31,743,232	\$73,347,473
Results - Mid Point				
Benefits (PV)	\$57,729,285	\$67,229,546	\$28,685,538	\$54,341,158
Net Benefits (PV)	\$33,285,610	\$23,785,349	\$15,871,616	\$36,673,737

Table iii: Illustrative whole of economy benefits – Museums

	Regulatory Option A	Regulatory Option B	Non-Regulatory Option	Co-located
Present Value (PV) of Costs	\$2,896,403	\$5,147,830	\$1,477,226	\$2,093,464
Scenario				
Break Even Point (BE, Required benefit per person per trip to break even)	\$18.09	\$32.15	\$28.95	\$13.07
Willingness to Pay (WTP)	\$23.16	\$23.16	\$23.16	\$23.16
Mid Point of WTP and BE	\$20.62	\$27.65	\$26.05	\$18.11
Results - WTP				
Benefits (PV)	\$3,708,160	\$3,708,160	\$1,181,668	\$3,708,160
Net Benefits (PV)	\$811,757	-\$1,439,670	-\$295,558	\$1,614,695
Results - Mid Point				
Benefits (PV)	\$3,302,281	\$4,427,995	\$1,329,447	\$2,900,812
Net Benefits (PV)	\$405,879	-\$719,835	-\$147,779	\$807,348

Table iv: Illustrative whole of economy benefits – Stadiums

	Regulatory Option A	Regulatory Option B	Non-Regulatory Option	Co-located
Present Value (PV) of Costs	\$2,000,544	\$3,555,605	\$1,151,785	\$1,445,955
Scenario				
Break Even Point (BE, Required benefit per person per trip to break even)	\$15.89	\$28.24	\$17.53	\$11.48
Willingness to Pay (WTP)	\$37.16	\$37.16	\$37.16	\$37.16
Mid Point of WTP and BE	\$26.52	\$32.70	\$27.34	\$24.32
Results - WTP				
Benefits (PV)	\$4,678,020	\$4,678,020	\$2,441,644	\$4,678,020
Net Benefits (PV)	\$2,677,476	\$1,122,416	\$1,289,859	\$3,232,065
Results - Mid Point				
Benefits (PV)	\$3,339,282	\$4,116,813	\$1,796,715	\$3,061,988
Net Benefits (PV)	\$1,338,738	\$561,208	\$644,930	\$1,616,033

Qualitative Results

Based on desktop research and in depth consultations, the qualitative benefits that would result from the provision of the proposed facilities being mandated are listed in the table below.

Table v: Summary of qualitative benefits

Group	Short term benefits	Long term benefits
Person with a disability	<ul style="list-style-type: none"> ▶ Toileting needs are met and equal access to facilities is provided ▶ Longer attendance at Class 6 shopping centres or Class 9b assembly buildings ▶ Increased dignity ▶ Reduced social isolation and increased social cohesion ▶ Reduced stress and anxiety ▶ Psychological benefits for people with a disability from outings 	<ul style="list-style-type: none"> ▶ Improved quality of life, wellbeing and mental health outcomes ▶ Improved community inclusion ▶ Improved social participation ▶ Increased opportunities to engage with the workforce ▶ Reduced reliance on social welfare and / or insurance
Carer	<ul style="list-style-type: none"> ▶ Reduced stress and anxiety ▶ Reduced need to change person with a complex disability in unsuitable environments ▶ Longer attendance at Class 6 shopping centres or Class 9b assembly buildings ▶ Improved social inclusion and inclusion in daily life / family activities for informal carers leading to reduced isolation ▶ Reduced potential for injury in assisting person with a complex disability with their toileting needs 	<ul style="list-style-type: none"> ▶ Reduced stress from caring for person with a disability ▶ Improved quality of life, wellbeing and mental health outcomes for informal carers ▶ Improved social participation for informal carers
Society	<ul style="list-style-type: none"> ▶ Increased awareness of the special needs and challenges associated with living with a complex disability ▶ Reduced stress / anxiety for the elderly or people using wheelchairs, mobility scooters etc. 	<ul style="list-style-type: none"> ▶ Better inclusivity and awareness in society ▶ Reduced health system costs ▶ Increased engagement in human rights and social impact ▶ More equitable society ▶ Needs of ageing population are met ▶ Needs of those with progressive diseases / disorders addressed ▶ Tourism dollars increase due to availability of suitable facilities

1. Introduction

The *Disability (Access to Premises – Buildings) Standards 2010* ('Premises Standards') have been subject to a five yearly review that commenced in 2015 and was completed in May 2016. The review was undertaken by the Commonwealth Department of Industry, Innovation and Science (the Department) in consultation with the Attorney-General's Department, with input provided by the Australian Building Codes Board (ABCB). A copy of the report can be found on the Department's website.⁷

The Premises Standards are made under section 31(1) of the Disability Discrimination Act 1992 (Cth). The requirements of Schedule 1 of the Premises Standards are reflected in the National Construction Code (NCC). The NCC is given legal effect by relevant building, plumbing and related legislation in each State and Territory.

Recommendations 6b and 6f of the Premises Standards Review relate to the provision of Accessible Adult Change Facilities (AACFs) in public buildings. It recommends that the Australian Government "investigate whether, and how, accessible adult changing facilities should be included in the Standards".⁸

At the Building Ministers' Forum held in April 2017, Building Ministers agreed that a Regulation Impact Statement (RIS) be undertaken to consider expanding the NCC to include requirements for AACFs to be provided for people with complex disabilities.⁹

EY has been engaged by the ABCB to prepare this Consultation Regulatory Impact Statement (Consultation RIS) and conduct an initial estimation of the benefits and costs of including AACFs in the Premises Standards and the NCC.

1.1 Current NCC Requirements

The Premises Standards require that sanitary facilities be provided in buildings, appropriate to the building's use, the number and gender of its occupants, and the disability and other needs of those occupants.¹⁰ This requirement is reflected in the NCC as Performance Requirement FP2.1. Both the Premises Standards (Schedule 1) and the NCC are performance-based, meaning that they are formulated as a series of mandatory Performance Requirements along with a set of corresponding, optional Deemed-to-Satisfy (DtS) Provisions.

Performance Requirements are high level statements that describe what a building must achieve. DtS Provisions are prescriptive, technical specifications that may be complied with as one way to meet the Performance Requirements. Solutions outside of those prescribed in the DtS Provisions are also acceptable on the condition that they can be demonstrated to be able to meet the Performance Requirements.

⁷ See the [Department of Industry, Innovation and Science website](#).

⁸ Department of Industry, Innovation and Science (2016), Review of the Disability (Access to Premises—Buildings) Standards 2010. Canberra: Commonwealth of Australia. p 22.

⁹ [Building Ministers Forum, Communiqué](#), 21 April 2017.

¹⁰ *Disability (Access to Premises—Buildings) Standards 2010*, sch 1, cl FP2.1.

The current DtS Provisions for Class 6 shopping centres and Class 9b assembly buildings require at least one accessible sanitary facility on each storey where standard sanitary facilities are required; where a storey contains multiple banks of toilets, at least half must also include an accessible facility. The DtS Provisions require accessible sanitary facilities to be designed in accordance with AS 1428.1, which does not include specifications for accessible adult changing equipment.

Current Premises Standards Requirements

The specifications for the construction of accessible sanitary facilities are included in the Premises Standards through reference to the Australian Standard *AS 1428.1:2009 – Design for access and mobility – Part 1: General requirements for access – New building work* (AS 1428.1-2009).¹¹

The introduction of the Premises Standards significantly increased the number of accessible toilets required. By referencing AS 1428.1-2009 the Premises Standards also increased the dimensions of accessible toilets to meet the 90th percentile wheelchair dimensions.¹²

The consultation process for the Premises Standards Review asked respondents whether there were any issues regarding the requirements for accessible sanitary facilities which should be addressed.¹³ The majority of respondents felt that the lack of AACFs in public buildings was inequitable because people with more complex disabilities are unable to use existing accessible sanitary facilities, and as a result are being changed in undignified, often unhygienic conditions, with many reporting using the floor due the lack of a suitable change table (refer Section 1.3 for the definition of AACF).

1.2 Defining the objectives of the RIS

This Consultation RIS is being conducted on a proposal to amend the Premises Standards and the NCC to require AACFs to be provided in:

- ▶ **Class 6 shopping centres:** Class 6 is the NCC building classification applicable to shopping centres, regardless of their size.
- ▶ **Class 9b assembly buildings:** a public building where people may assemble for civic, social, political or religious purposes; entertainment, recreation or sporting purposes (including indoor swimming pools); or transit purposes, for example a railway station or an airport.

The objective of this Consultation RIS is to examine the economic and social impacts of the proposal, along with a range of alternative options.

¹¹ [Review of the Disability \(Access to Premises – Buildings\) Standards 2010, First Review](#), Department of Industry, Innovation and Science website, p22.

¹² Ibid.

¹³ Department of Industry, Innovation and Science (2016) [Review of the Premises Standards – Published Responses](#).

Not all types of Class 9b assembly building have been considered in this Consultation RIS because some are outside the scope of the proposal; others have been assessed qualitatively only due to a lack of data.

The approach taken for each different type of Class 9b assembly building within scope is outlined as follows:

- ▶ Libraries, theatres and public halls are considered under the broad term of museums, which have been considered and quantitatively assessed in this Consultation RIS.
- ▶ Stadiums have also been quantitatively assessed.
- ▶ Cinemas are assumed to be located within shopping centres and therefore considered as part of the analysis for shopping centres.
- ▶ Indoor swimming pools are qualitatively assessed due to lack of data.
- ▶ Bus stations, railway stations, airports and ferry terminals (public transport buildings) are qualitatively assessed, noting that there is no clear, reliable way of delineating between 'major' and other transport hubs.

The following building types have not been considered as part of this analysis:

- ▶ Schools, pre-schools and early childhood centres, places of worship, and discotheques, nightclubs and bars have been excluded due to being outside of the scope of the relevant recommendation of the Premises Standards Review.

Consultation Questions:

1: Is the selection of the types of Class 9b assembly buildings considered appropriate?

1.3 What are accessible adult change facilities?

1.3.1 General description

AACFs are essentially accessible sanitary facilities with additional features to assist people with more profound or complex disability who are unable to use standard accessible facilities independently. Such features may include an adult-sized change table, hoist, larger circulation spaces and a 'peninsula-type' toilet.¹⁴

1.3.2 Changing Places

A 'Changing Places' facility is an accessible sanitary facility that is designed and accredited according to the Changing Places Technical Standard (CPTS) which is one model for the design of AACFs.¹⁵ As a condition of accreditation, Changing Places facilities must be provided in addition to, and separate from, standard accessible sanitary facilities.

Changing Places toilets provide additional specifications to those listed above for a general AACF. The Changing Places specifications include:

- ▶ A height adjustable adult-sized bench
- ▶ A tracking hoist system, or mobile hoist if this is not possible
- ▶ Adequate space in the changing area for the person and up to two carers
- ▶ A centrally placed toilet with room either side
- ▶ A screen or curtain to allow some privacy
- ▶ Wide tear off paper roll to cover the bench
- ▶ A large waste bin for disposable pads
- ▶ A non-slip floor¹⁶

In Australia, the Changing Places project is led by the Association of Children with a Disability (ACD), an information, support and advocacy organisation for children with a disability and their families in Victoria. ACD works in partnership with an advisory council made up of a number of government and non-profit organisations working in the disability sector.¹⁷

Changing Places was first established in the United Kingdom and is currently led by a Consortium of organisations working to support the rights of people with profound and

¹⁴ A 'peninsula-type' toilet is one where there is at least 900 mm clear space either side of the edge of the pan, with drop-down rather than fixed grab-rails to support the user. This differs from AS 1428.1, which requires one side of the pan to be no more than 460 mm from the wall (measured from the centre-line of the pan).

¹⁵ Association for Children with a Disability (ACD). *Changing Places Transforming Lives – Information Guide and Technical Standard*. Melbourne, Vic: ACD. June 2017.

¹⁶ Changing Places website, [What are Changing Places Toilets?](#)

¹⁷ [Changing Places Australia](#)

multiple learning disabilities and / or other physical disabilities. The Consortium campaigns for Changing Places to be installed in all large public spaces.¹⁸

1.3.3 Lift & Change

Lift & Change facilities are required to comply with the NSW Lift and Change Facilities Master Checklist.¹⁹ Technically, the Checklist is consistent with the CPTS mentioned above. It is also consistent with the CPTS requirement for an additional standard (i.e. AS 1428.1 compliant) accessible sanitary facility to be provided nearby each Lift & Change facility; this is to ensure that a facility remains available for people who require a standard accessible sanitary facility.²⁰

1.4 Overview of approach

1.4.1 Options considered

There are two broad types of AACF considered in this analysis:

- ▶ Option A is intended as a minimum necessary specification; and
- ▶ Option B is fully conforming to all the Changing Places / Lift & Change specifications.

The technical requirements of Options A and B are provided in Appendix E and Appendix F respectively. The technical requirements of Option A have also been included in the NCC 2019 Public Comment Draft (Volume One), which is available from the ABCB website.

The question of whether an AACF could also be counted as a standard accessible sanitary facility (SASF), for the purposes of assessing compliance with the existing Premises Standards and NCC requirements for the provision of accessible sanitary facilities, is also considered in the modelling and is discussed in Section 6.2.

1.4.2 Modelling

Due to data limitations, certain elements of the benefits associated with this proposed change were not factored into the modelling.

Accordingly, while the following chapters discuss quantifiable benefits, it is worth noting that those benefits are just one component of a broader range of benefits. Benefits such as improved quality of life or increased equality for people with a disability, for example, are inherently difficult to quantify, and yet are potentially more significant than the quantified benefits.

With that in mind, the scope of this analysis is threefold.

¹⁸ [Changing Places UK](#)

¹⁹ Local Government New South Wales (LGNSW), *Lift & Change Facilities Master Checklist*. 2017. p 5.

²⁰ *Ibid.*

- ▶ First, four hypothetical quantitative, and two hypothetical qualitative, case studies were considered, which are similar to existing buildings but not tied to any known development project.
- ▶ Second, an aggregate analysis estimating the whole of economy costs and benefits of the proposed policy change for prospective investments was conducted.
- ▶ Finally, qualitative aspects of those benefits which were not able to be quantified were considered.

1.4.3 Case study analysis

Given the uncertainties involved with estimating the potential development pipeline of public buildings over the coming years, a large part of the analysis is around hypothetical case studies.

These case studies have been devised so as to be recognisable as examples of common types of developments within each of the building classes that would be affected by the proposed change.

In consultation with the ABCB, four case studies were selected for quantification:

- ▶ A major shopping centre
- ▶ A medium sized shopping centre
- ▶ A stadium with a capacity of 35,000 people
- ▶ A medium sized museum or cultural facility

In addition, a further two case studies were considered qualitatively:

- ▶ A public indoor swimming pool
- ▶ A 'major' train station or airport

These case studies have been selected as they provide the broadest overview of Class 6 shopping centres and Class 9b assembly buildings as well as the biggest variability in results. An overview of the case studies and their key characteristics is provided in the following sections.

1.4.3.1 Case Study 1 – 'Major' shopping centre (Class 6)

The 'major' shopping centre case study will be based on a shopping centre that has a lettable floor area of at least 130,000 square metres.

1.4.3.2 Case Study 2 – ‘Medium’ shopping centre (Class 6)

The 'medium' shopping centre case study will be based on a shopping centre that has a lettable floor area of at least 45,000 square metres.

The square metreage parameters for the shopping centre case studies are based on best available data, in the absence of any established definition of 'major' or 'medium' shopping centres. The shopping centre case studies have been selected to be reflective of one major and one medium sized shopping centre. Further detail is provided in Appendix A.

1.4.3.3 Case Study 3 – ‘Major’ Stadium (Class 9b)

The stadium case study is based on a stadium with a seating capacity of at least 35,000 people. This is assumed to be the minimum number for a stadium to be considered 'major'. Stadium capacity is based on the expected capacity of known stadium developments in the coming ten years.

1.4.3.4 Case Study 4 – ‘Medium’ sized museum/cultural centre (Class 9b)

This case study is based on a museum, cultural centre or similar which has annual visitation of at least 1,000,000 people. This is based on publicly available visitation data from the websites of 13 major museums around Australia.

1.4.3.5 Swimming pools and public transport buildings

Due to a lack of data, and a range of other reasons described in Section 6.1, the swimming pool and train station/airport case studies will be assessed qualitatively.

Consultation Questions:

2: Do you consider that the case studies selected are representative of the types of buildings likely to be constructed over the next 10 years?

1.4.4 Whole of economy analysis

While it is important to derive some estimate of the whole of economy impacts of a prospective regulatory change, there are difficulties associated with estimating the development pipeline. In particular:

- ▶ There is no complete data set available that presents the extent of relevant buildings to be constructed. Furthermore, future large scale developments of shopping centres, stadiums and museums are few and far between, meaning the results generated will be limited in magnitude by the small development pipeline.
- ▶ The scale (and location) of the prospective benefits is dependent on the number and type of buildings being constructed.
- ▶ There will likely be an element of diminishing marginal returns: given that many of the benefits to be calculated are dependent on scale, as more and more buildings begin to

install AACFs, the additional quantitative benefits from each additional facility could be expected to diminish (but not diminish entirely).

With these limitations in mind, the aggregate quantitative figures presented in this Consultation RIS are best considered illustrative.

1.4.5 Consultations

Initial consultation was undertaken by EY Sweeney through a series of in-depth interviews with a small, representative group of potential end users and their carers. This consultation phase was not designed to be statistically robust, but rather to obtain insights from parties impacted by the problem.

The information collected through the consultation process was analysed to identify key themes, determine consistencies between the different cohort groups, as well as key points of difference. The information was also explored through a series of lenses, including:

- ▶ The need for, and the suitability and availability of, AACFs
- ▶ Benefits and challenges associated with AACFs
- ▶ Minimum standards and legislative requirements
- ▶ Discrimination and community participation

The intent of the information collected through the qualitative research component was to ensure that the voice of the end user, along with their thoughts, ideas, experiences and perceptions are incorporated as a key consideration in the Consultation RIS.

Throughout the remainder of this Consultation RIS, insights from the consultation period are highlighted in yellow text boxes where the insights lend extra weight or relevance to the in text discussion. All insights and associated quotations are completely anonymised so that no individual participant can be identified.

1.4.6 Limitations

The estimated benefits are just one small proportion of the potential total benefits of the proposed inclusion of AACFs in the Premises Standards and the NCC.

What we have quantified is the relatively small component of overall benefits that might be deemed 'use values'; specifically, the value of trips made to Class 6 shopping centres and Class 9b assembly buildings (where sufficient data was available) as a result of the installation of AACFs.

We have not attempted to quantify factors such as potential improvements to physical or mental health, quality of life, nor any other psychological, physical or societal benefits.

The qualitative analysis attempts to apply a more holistic lens to identifying potential benefits that the inclusion of AACFs in the Premises Standards and the NCC might generate.

1.4.7 Matters that are out-of-scope

In line with the scope of the Premises Standards and the NCC, certain matters will fall outside the scope of what can be considered by this Consultation RIS. These include:

1.4.7.1 Facilities at parks, beaches, lakes and the like

The provision of sanitary facilities at parks, beaches, lakes and the like falls outside the jurisdiction of the Premises Standards and the NCC, on the basis that these places are not buildings.

1.4.7.2 Restricting access

The Consultation RIS will not consider regulating to require that access to AACFs be restricted as a requirement of the Premises Standards or the NCC. This is consistent with the current approach whereby:

- ▶ There are no access restriction requirements applicable to sanitary facilities (accessible or otherwise).
- ▶ The Premises Standards and the NCC do not regulate security or property protection matters.

This limitation of scope would not prevent building owners electing to restrict access voluntarily, such as when accessible sanitary facilities, along with other facilities, are locked when the building is closed. Building owners would also be able to elect to install an MLAK system²¹ to restrict access to an AACF even when the building is open, should they consider it necessary to do so.

However, it is important to note that restricting access to accessible sanitary facilities (including AACFs) in a way that is more onerous than for non-accessible sanitary facilities in the same building may be considered discrimination under the DDA.

1.4.7.3 Ongoing maintenance and cleaning

Ongoing maintenance and cleaning is outside the scope of the Premises Standards and NCC. This means these matters are also outside the scope of regulatory changes that can be considered in this Consultation RIS.

For some buildings, ongoing maintenance and cleaning may be required under other legislation (e.g. health). For this reason the costs of ongoing maintenance and cleaning are provided as part of the analysis underpinning this Consultation RIS.

²¹ MLAK means 'Master Locksmiths' Access Key. An MLAK is a universal key which opens any MLAK configured lock, but which is only obtainable by persons with a disability (or their carer) on application, which must be signed by a medical practitioner.

1.4.7.4 Accreditation

An AACF designed and installed according to the NCC would not be subject to any mandatory third-party accreditation requirement under the NCC (e.g. Changing Places accreditation). This is because it is outside the scope of the NCC to create administrative obligations, and such requirements would be best located in State/Territory building legislation. However, this would not preclude anyone from voluntarily seeking accreditation by a third party, as currently occurs.

1.5 Structure of this report

The structure of this report is set out as follows.

Section 2 defines the problem this Consultation RIS is seeking to address, in particular that the current provision of AACFs is insufficient to account for the needs of persons with a complex disability. This is inconsistent with national and international legal frameworks and creates considerable impacts at an economic and societal level.

Section 3 explores options for how the problem can be addressed. These options include the status quo, a non-regulatory option and the regulatory option, which includes sub-options based on technical specifications and other related factors. This section also looks at the objectives of the proposed policy change.

Section 4 defines the population of users whom we believe stand to benefit the most from a greater provision of AACFs. It includes a bottom up analysis of the population, a cross reference with other estimates and approaches, and identifies the limitations of our analysis.

Section 5 provides a description of the costs (including capital expenses, ongoing operating expenses, regulatory burden costs and other costs) and benefits (including both quantifiable and qualitative benefits).

Section 6 details the impact of the proposed options.

Section 7 summarises what the results mean for policy makers and discusses some high level implementation considerations.

Section 8 sets out the conclusions and next steps for this Consultation RIS.

2. What is the problem?

The Premises Standards Review acknowledged that ‘the lack of accessible sanitary facilities incorporating adult change facilities is affecting people with more complex disabilities and their ability to use sanitary facilities when out in public.’²² This can limit the participation of people with complex disabilities in the social, cultural, civic, political and economic opportunities available within their communities.

Although accessible sanitary facilities are currently required by the NCC and the Premises Standards, these do not include equipment that can be used by people with more complex disabilities²³.

This section describes why the current level of provision of AACFs is insufficient to account for the needs of persons with a complex disability, and why the uptake of facilities is inconsistent with national and global legal frameworks, and how this creates considerable impacts at an economic and societal level.

2.1 The current provision of accessible adult change facilities

As of August 2017 there were 52 AACFs and 30 Changing Places facilities already in existence across Australia.²⁴ Full specifications of both AACFs and Changing Places facilities are provided in Appendix E and Appendix F respectively. The fundamental question underlying this RIS is whether or not the current provision of facilities is sufficient to enable the equitable and dignified participation of people with more complex disabilities in the community.

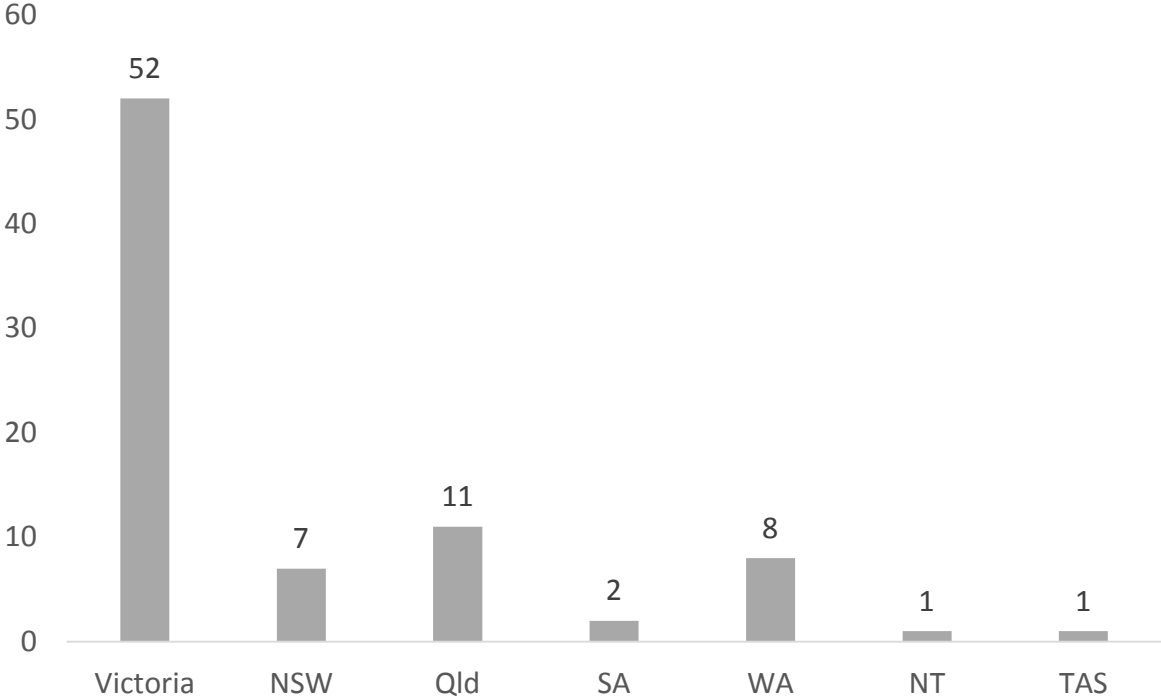
Figure 2-1 shows that the number of AACFs in each State and Territory varies, with 52 in Victoria, 11 in Queensland, 8 in Western Australia, 7 in NSW, 2 in South Australia, 1 in both the Northern Territory and Tasmania, and none in the ACT.

²² Department of Industry, Innovation and Science (Cwlth.), *Review of the Disability (Access to Premises—Buildings) Standards 2010*. Canberra: Commonwealth of Australia, p24.

²³ Throughout this report the term ‘complex’ disabilities is used to mean those people expected to be in the ‘core cohort’ of beneficiaries of AACF’s, as defined in chapter 4

²⁴ [Changing Places and adult change facilities](#), updated August 2017

Figure 2-1: Number of Changing Places Facilities and AACFs as at August 2017



Source: Changing Places 2017

Although uptake is increasing, a comparison of the number of facilities with the number of people in each jurisdiction potentially in need of those facilities (the core cohort assessed in this Consultation RIS) indicates that the number of facilities may still be insufficient (refer Table 2-1). The core cohort is based on the definition outlined in Section 4.1, which calculates that there are 350,357 people with a disability and profoundly or severely limited in core activities who have either had difficulty accessing buildings or facilities in the last 12 months or who do not leave home.

Even in Victoria, which has more AACFs than any other jurisdiction, there are only 50 facilities for approximately 100,000 potential users ignoring geographical barriers (refer Figure 2-1 and Table 2-1).

Based on this information, it is clear that the provision of AACFs across the country is insufficient to account for need, particularly when compared with wheelchair accessible toilets and general public toilets which are commonplace across the country²⁵.

²⁵ Refer [The National Public Toilet Map](#)

Table 2-1: Estimated number of AACF users by jurisdiction

State / Territory	Capital city	Balance of State/Territory	Total
NSW	70,986	53,016	124,002
VIC	67,778	29,848	97,626
QLD	29,268	33,140	62,408
SA	22,025	5,908	27,933
WA	19,283	4,080	23,363
TAS	3,486	5,310	8,795
NT	-	1,751	1,751
ACT	-	4,479	4,479
Total	212,826	137,532	350,357

Source: ABS Survey of Disabilities and Carers, EY estimates

2.2 Obligations under national and international legal frameworks

The avoidance of discrimination against people with a disability is a basic human right that is reflected in Commonwealth legislation and international conventions, in particular the *Disability Discrimination Act (1992)* (C'th) and the United Nations (UN) *Convention on the Rights of People with Disability*. Both instruments are intended to prevent discrimination against people with a disability.

Feedback obtained from the Premises Standards review highlighted a clear delineation between the objectives of the frameworks below and the day to day experiences of people with a complex disability. Throughout the development of this Consultation RIS we met with people living with the most complex of disabilities and we were equally told of several instances where these people believed that one or both of the below frameworks are clearly not being adhered to.

The Disability Discrimination Act (1992)

The *Disability Discrimination Act 1992* (C'th) (DDA) prohibits discrimination against people with disability in several areas, including the provision of access to premises²⁶. The Act aims to influence community attitudes and behaviour through its objectives and the setting of a series of standards, including:

- ▶ To eliminate, as far as possible, discrimination against persons on the basis of their disability in a range of areas including premises used by the public.
- ▶ To ensure that, as far as practicable, persons with disability have the same rights before the law as the rest of the community.
- ▶ To promote recognition and acceptance that persons with disabilities have the same fundamental rights as the rest of the community.

The DDA is complaints based legislation, meaning that members of the community are able to make complaints where they feel the Act has not been complied with. Various

²⁶ Section 23, Disability Discrimination Act 1992 (Cth). Hereafter 'Disability Discrimination Act'.

complaints regarding accessibility of facilities have been made over the years, with most of these complaints resulting in the issue being rectified.²⁷ Although such cases might, on the one hand, be interpreted as evidence that the DDA is functioning as intended (by providing an outlet for people to voice their concerns), it is also likely the majority of people who are affected by a lack of accessibility do not raise such complaints. Thus, the fact that complaints are being raised could also be seen as evidence that for a large majority of people with complex disability, their accessibility needs are not being met.

United Nations Convention on the Rights of People with a Disability

Australia has international obligations under the UN Convention on the Rights of People with a Disability. Australia ratified the Convention in 2008 in an effort to promote the equal and active participation of all people with disability. In 2009, Australia became a party to the Optional Protocol to the Convention. This sets out with clarity the obligations on countries to promote, protect and ensure the rights of people with disability, and specifically prohibits discrimination against people with disability in all areas of life.

The Convention further states that signatories must take “appropriate measures to ensure persons with disabilities [have] access, on an equal basis with others, to the physical environment, and to other facilities and services open or provided to the public, both in urban and in rural areas.”

Consultation findings

Despite the access needs and rights of people with disability being recognised in Discrimination Acts, Human Rights Conventions and even the establishment of the NDIS, legislation, inequities of access for people with disability still exist.

“Especially now with the new NDIS and taking clients out more often ... it would be good to have places to go when people need to go to the toilet” (Care Group, WA).

The National Disability Insurance Scheme and an insurance approach to social welfare

While not directly related it is worth pointing out the broader alignment between the current regulatory proposal and the overarching goal of the National Disability Insurance Scheme (NDIS). The NDIS was introduced after the Productivity Commission conducted a review in 2011 which identified considerable shortcomings of Australia’s disability support system.

An overarching premise of the NDIS is that it is operated as an insurance type system; one that focuses on improving independence through greater social and economic participation, therefore reducing long term reliance on government funded supports.

²⁷ Refer <https://www.humanrights.gov.au/complaints/conciliation-register>

To the extent that increased social and economic participation of some of the most disabled members of our society will drive better outcomes, not only for people with a disability but also for people close to people with a disability, the current regulatory proposal could be seen as an important enabling factor for the ongoing success of the NDIS.

Consultation findings

The majority of participants highlighted that the role of the NDIS is to support a better life for those with a significant and permanent disability, as well as their families and carers, and that this included supporting people to become more active participants and contributors within the community. The perception was therefore that the need for AACFs was likely to increase. Some of the key issues raised included:

- ▶ **The success of the NDIS...** will, to a large extent, be determined by the built environment. Ensuring accessibility and useability will therefore be a key influence, with the value of inaccessible buildings significantly diminishing
- ▶ **Inaccessibility still exists...** and while some activities will simply not be possible for some people, preventing people from being engaged by not providing them with access to appropriate facilities was seen as discrimination
- ▶ **Incidental diversity...** was believed to be critical if Australia was to become a truly inclusive society, and could only really be achieved if people with disability became more visible in the community, so that disability was “normalised”. AACFs were seen as a critical component of achieving this by simply supporting the needs of people and increasing their ability to be actively engaged and visible in the community

“The NDIS will enable people to get out and about, which will mean the need for appropriate bathroom facilities will become an even bigger problem ... it will be a social disgrace” (CEO and lifetime wheelchair user, NSW)

2.3 The lack of accessible adult change facilities has a range of negative consequences

It is acknowledged that the implications from a lack of facilities are wide-ranging and can include health, psychological and social, and economic impacts. These impacts are discussed below.

2.3.1 Health impacts

An absence of AACFs provides a great challenge when going out in public for people with a complex disability and their carers. For example, consultations uncovered instances of carers delaying or tweaking medication to enable public outings. Although the necessity of such work arounds is apparent, so too are the potential unintended health impacts, for example urinary tract infection or increased digestive issues as detailed in the consultation findings below.

Another major health impact is detailed within responses from the Review of the Premises Standards²⁸ which describe how carers have had to change their loved ones on the floor of a disabled toilet. In addition to the obvious hygiene issues and risks of disease associated with this, there are also considerable dignity issues for people with a complex disability and their carers.

Consultation findings

Participants consistently noted that the absence of change facilities often forces them to adopt various 'work arounds' in order to get on with their daily lives. As noted above, one such 'work around' is the manual adjustment of medications, for example by withholding or adjusting prescribed timings to fit in with a schedule.

Incontinence is still considered a hidden problem and is largely regarded as a taboo subject. As such, people devise their own solutions, which can lead to a range of adverse health impacts.

"Incontinence is one of the great unspoken embarrassing things. Whether you are a middle aged woman with pelvic floor problems or a bloke struggling with his prostate, or you're a person with a disability – none of them likes to talk about incontinence. You don't see a bunch of people sitting around a café comparing which incontinence products they prefer to use. So it is a really hidden problem within our community. No one talks about it. People often devise their own solutions, which often aren't best practice, so it can lead to things like increased urinary tract infections, increased digestive issues ... Incontinence in general is taboo in our community, we don't talk about it, and we don't learn the best way to manage it. And then you add that to someone who lacks the basic skills to stand up and change a pad because they can't stand up and the problem gets even worse" (CEO and lifetime wheelchair user, NSW).

2.3.2 Psychological and social impacts

The absence of AACFs in public places means that both those with a complex disability and their carers are often unable to access and utilise facilities that support social connectivity. This can affect the psychological development and wellbeing of both groups, and can lead to feelings of isolation and disengagement.

There is a large body of literature detailing the psychological benefits of behavioural activation, which aims to improve mental health outcomes by increasing engagement in social activities²⁹. For example, one study found that behavioural activation may be a feasible approach to tackling depression in people with intellectual disabilities.³⁰ Another study noted that although there were a number of methodological problems in studies

²⁸ Department of Industry, Innovation and Science (2010) [Review of the Premises Standards](#)

²⁹ Ekers, D., Webster, L., Van Straten, A., Cuijpers, P., Richards, D., & Gilbody, S. (2014). [Behavioural Activation for Depression: An Update of Meta-Analysis of Effectiveness and Sub Group Analysis](#). PLoS ONE, 9(6), e100100; Jahoda, A., Melville, C. A., Pert, C., Cooper, S.-A., Lynn, H., Williams, C., and Davidson, C. (2015) A feasibility study of behavioural activation for depressive symptoms in adults with intellectual disabilities. *J Intellect Disability Res*, 59: 1010–1021. doi: [10.1111/jir.12175](#).

³⁰ Jahoda, A., Melville, C. A., Pert, C., Cooper, S.-A., Lynn, H., Williams, C., and Davidson, C. (2015) A feasibility study of behavioural activation for depressive symptoms in adults with intellectual disabilities. *J Intellect Disability Res*, 59: 1010–1021. doi: [10.1111/jir.12175](#).

conducted to date, behavioural activation may be effective in the treatment of depression.³¹ In summary, the simple act of increasing participation of people with complex disabilities in social activities such as attending a shopping centre, museum or stadium, could itself generate improved mental and physical health outcomes.

Consultation Findings

Participants also noted the unhygienic and undignified manner in which they are often forced to change their loved ones. Often, for example, there is no choice but to put a plastic sheet on the floor of a standard accessible toilet, lifting the individual onto the plastic sheet, changing them and then lifting them back into their wheelchair, resulting in health and safety issues for individuals and their carers.

“Accessing toilets is the biggest issue when going out. While [my son] (aged 23 with cerebral palsy) has a routine, outings tend to be shorter than he would like them to be, and can be further shortened if his “routine” needs to be interrupted or altered. As with all of us, things happen.” (Mother, VIC)

Participants wanted the opportunity to live an ordinary life, with the freedom to go where they wanted to. With the overall goal of the NDIS being to enable people with disabilities to live “ordinary lives”, minimising the problems individuals and families face, and making sure that our community becomes more accessible and inclusive of people with disability is imperative.

2.3.3 Economic impacts

Many people with a disability have difficulties reconciling their physical needs with the rigours of daily life. For example, as noted above people often adopt ‘work arounds’ where such inconsistencies exist. In addition to the obvious health ramifications, this also clearly affects the extent to which people with a disability, as well as their carers and broader social and family networks, can participate in the broader economy to the same extent as able bodied persons.

³¹ Tindall, L., Mikocka-Walus, A., McMillan, D., Wright, B., Hewitt, C., Gascoyne, S. (2017) Is behavioural activation effective in the treatment of depression in young people? A systematic review and meta-analysis, <http://onlinelibrary.wiley.com/doi/10.1111/papt.12121/full>

Consultation Findings

A key theme emerging from the consultations was that the economic impacts – in terms of reduced spending and overall participation – of a lack of facilities are ‘bigger than you might think’.

For example, while the main person impacted is the person with a disability, participants consistently commented how cutting a trip short affects not only the person with a disability, but also those who are around them. In other words, it is not uncommon for a group of four or five people to all leave a shopping centre or other social activity when a change facility is needed but not available. Clearly then, while it is impossible to quantify, a lack of AACFs affects the economic participation of a far broader group than just those with a disability.

Importantly, research participants also indicated that when they find a place that works, they will keep going back (loyal repeat customers), and in fact will travel out of their way to such places. It was also clear that participants believed that having a larger “network” of places that were “good enough” was far more important than having a smaller number of places that were of the highest specification.

An important economic impact caused by the inclusion of AACFs in shopping centres and other public buildings is it will enable people requiring AACFs and their carers to visit for longer and more frequently. Participants were of the view that they would spend more money at these businesses which will have be an economic benefit for the community.

To the extent that provision of AACFs will improve access to buildings more broadly, it is clear that, in addition to the opportunities for greater social inclusion, considerable spending benefits could result:

“Access to buildings is one of my big bug bears. I recently went to a street with high end shops in it with another client who wanted to buy a fancy dress. But we couldn’t get into any of the shops and the staff just laughed at us. My money’s as good as the next guy’s. This was not just discriminatory, but it was awful that we went all the way there and didn’t get to look at anything - my friend just cried.” (Male, 35-45 year with spinal cord and head injuries, WA)

3. How can the problem be addressed?

3.1 What are the objectives of the proposed regulatory change?

The objective in addressing the need for AACFs relates to the appropriate and dignified access to suitable accessible sanitary facilities for people with a complex disability in new Class 6 shopping centres and 9b assembly buildings, and has the following overarching purpose:

- ▶ To ensure an appropriate level of economic and social inclusion in new buildings, for people with disability and their carers.
- ▶ To ensure that the Premises Standards and the NCC reflects the obligations expressed under the Disability Discrimination Act and international obligations with respect to dignity, equality and independence.

3.2 What are the options for addressing the problem?

There are three options for addressing the problem. These options are as follows:

- ▶ The Status Quo
- ▶ Non-Regulatory Option
- ▶ Regulatory Option

3.2.1 The Status Quo

Under the 'status quo', or business as usual option, no change would be made to either the Premises Standards or the NCC, and no new non-regulatory initiatives would be commenced to encourage the provision of AACFs in public buildings.

Existing non-regulatory initiatives would be assumed to continue, with the number of AACFs being built continuing at the current rate, based on the information below:

In Australia, Victoria, Western Australia, South Australia, and NSW offer funding to support the construction of AACFs, as follows:

- ▶ **Victoria:** The Victorian Government provides up to \$100,000 in funding to support not-for-profit organisations and/or local government authorities to construct Changing Places facilities.³² Although it is impossible to tell how much, given that Victoria has at least five times the number of facilities as other states and territories it is clear that the grant has had some effect.
- ▶ **Western Australia:** In May 2015, the Western Australian Government committed \$2 million to support local governments to establish a network of Changing Places across

³² [Victoria State Government](#)

the State. In January 2016, the City of Geraldton was the first local government in Western Australia to open a Changing Places facility.³³

- ▶ **South Australia:** South Australia's 2017-18 Budget announced \$200,000 to fund partnerships to build five Changing Places toilets.³⁴
- ▶ **New South Wales:** NSW is running a Lift & Change Facilities Trial in partnership with local governments to promote the benefits of Lift & Change facilities, and contributing a co-contribution of up to \$35,000 to provide these facilities in local communities.
- ▶ **Queensland:** Brisbane City Council has also updated its 'Public Toilet Design Guidelines' to reflect the demand for Changing Places facilities.³⁵

The status quo will be regarded as a baseline from which the incremental impacts of the different options will be assessed.³⁶

Where the incremental impacts of other options would result in more costs than benefits, or would be ineffective in addressing the problem or achieving the objectives, the RIS will conclude in favour of retaining the status quo.

3.2.2 Non-Regulatory Option

The non-regulatory option considers how stated objectives can be achieved in the absence of regulation. This may include financial incentives, such as grants, or recommendations that build on existing market incentives to build disability change facilities, in addition to those that are already in operation, as described in Section 3.2.1 above.

Other possibilities under the non-regulatory approach could include:

- ▶ A national grant scheme or other mechanism to support the construction of AACFs.
- ▶ Publication of a guidance document (for example an ABCB Handbook) that outlines how an AACF should be constructed, should a building owner elect to do so. Alternatively, governments could endorse an existing publication, such as the Changing Places Technical Standard, which may increase its reach and uptake.
- ▶ Publication of a new Australian Standard for AACFs, but without the new Standard being referenced in either the Premises Standards or the NCC (thus making it non-regulatory). Although non-regulatory, an Australian Standard would have the

³³ Government of Western Australia, [Changing Places improving community access](#)

³⁴ South Australian Treasury, https://service.sa.gov.au/cdn/statebudget/budget201718/pdfs/budget/2017-18_budget_measures_statement.pdf

³⁵ Brisbane City Council (2013) [Public Toilet Design Guidelines](#), December 2013

³⁶ Although in reality the status quo option would be expected to see moderate uptake of facilities as has been occurring in recent years, for modelling purposes it is assumed that under the status quo, no new facilities are constructed. Given the considerable irregularity of AACF uptake in recent years, any attempt to develop an assumed building profile under the status quo would in our view introduce an unacceptable degree of subjectivity into the results.

advantage of being developed through a recognised, consensus-based and public process, which may enhance its voluntary uptake. Australian Standards are also drafted in a way that is detailed and prescriptive, thus enhancing their suitability for reference in building design drawings, contracts and other site-specific documents.

Of all Australian States and Territories it is clear that Victoria is the most advanced at promoting AACFs. Analysis of this option assumes that, as is the case with Victoria, some form of financial grant or incentive is provided by government to building owners to construct AACFs in order to facilitate a speedier uptake.

Refer to Section 6.2.2 for the modelling results for the non-regulatory scenario.

3.2.3 Regulatory Option

The regulatory option, which involves amending the Premises Standard and the NCC to mandate the provision of AACFs in Class 6 shopping centres and Class 9b assembly buildings, has a number of variations, or sub-options, all of which are open to consultation and potential modification as a part of the Consultation RIS process.

The modelling and analysis provided throughout this Consultation RIS considers two discrete regulatory sub-options, including:

- ▶ Option A which is intended as minimum necessary specifications; and
- ▶ Option B which is fully conforming to all the Changing Places / Lift & Change specifications.

There is international precedent for introducing regulatory options to encourage the uptake of AACFs in Canada and the United States (California), as described in Appendix D.

4. Defining the population

In order to define the population we believe most likely to benefit from greater provision of AACFs, we first define two distinct groups, or cohorts: the core cohort, for which we will directly attempt to measure the costs and benefits; and the non-core cohort, in which we include those people who do not have a direct need for AACFs but will nevertheless be benefitted by their installation.³⁷

4.1 Defining the core cohort

In 2015, the ABS published the results from the Survey of Disability, Ageing and Carers (SDAC)³⁸, which is the primary data source used to estimate the core cohort. Throughout the remainder of this Consultation RIS, we have used the term complex disabilities to define those in our estimated core cohort, in order to differentiate this cohort of people from those with profound disabilities. The term 'complex' disability is consistent with terminology used on the Changing Places Australia website.³⁹

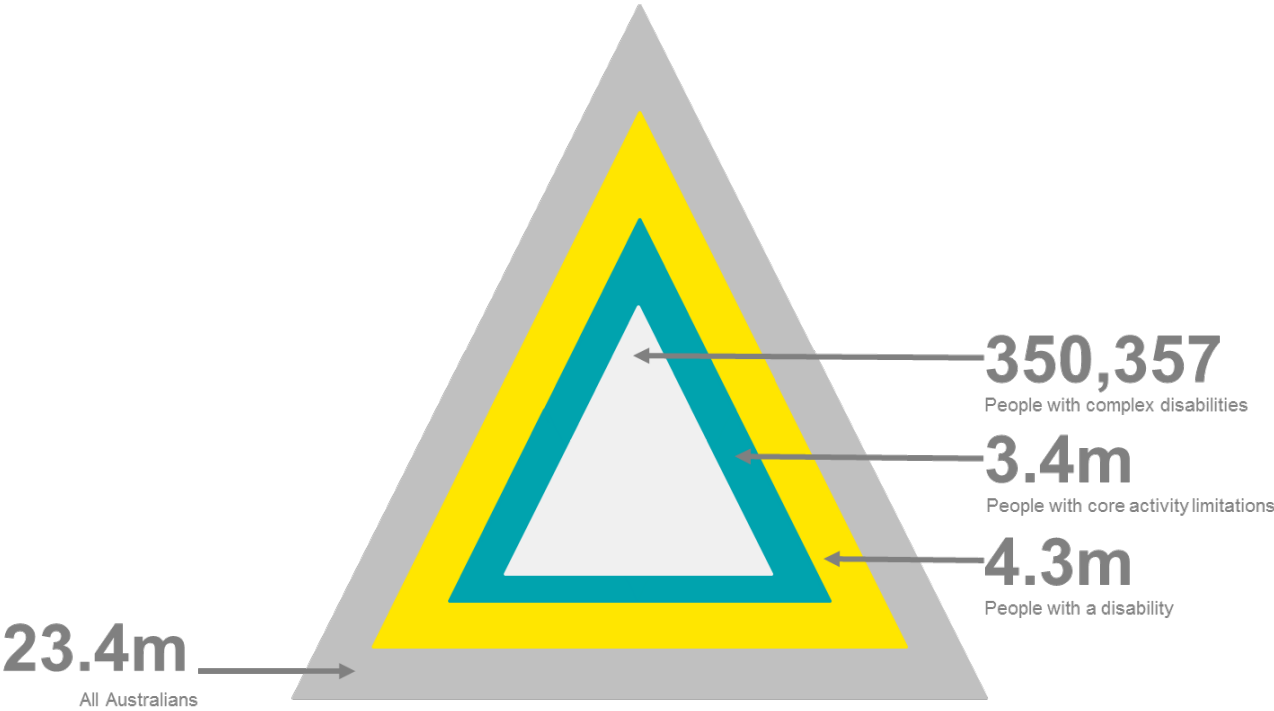
There is no single dataset that specifies how many Australians have complex disabilities that prevent them from being able to use existing accessible sanitary facilities independently. The approach we have adopted is a 'bottom up and cross referencing' approach. In other words, we started with various estimates from the SDAC of the number of people with disabilities and the number of people for whom the presence of core activity limitations inhibits the participation in daily activities, and refined those estimates in order to most closely reflect those who we believe are likely to benefit the most from AACFs. Once that approach was complete, we then cross referenced the estimate with other independent estimates to gain a final 'sense check'.

³⁷ Note that the latter is assessed qualitatively not quantitatively

³⁸ [Survey of Disability](#), Aging and Carers (2015)

³⁹ [Changing Places](#)

Figure 4.1: Bottom up approach to estimating the core cohort⁴⁰



Source: SDAC, EY estimates

4.1.1 ‘Bottom up’ analysis

The SDAC found that almost one in five Australians reported living with a disability (18.3%, or 4.3 million people). The SDAC also allows us to separately identify those who need assistance with core activities such as toileting and other daily tasks; this comes to 3.4 million people (so there are approximately 900,000 people living with disability but who do not experience core activity limitations).

This 3.4 million figure can be further broken down by the estimated severity of core activity limitations:

- ▶ People with profound limitations (721,985 people or 3.1% of the population)
- ▶ Severe limitations (647,136 people or 2.8% of the population)
- ▶ Moderate limitations (598,899 people or 2.6% of the population)
- ▶ Mild limitations (1.4m or 6.1% of the population)⁴¹

In the first instance we started with the sum of the ‘profound’ and ‘severe’ core activity limitations, which totals 1.4 million. However, we know from other literature sources⁴² that

⁴⁰ ABS SDAC, Productivity Commission, EY estimates
⁴¹ ABS (2015) 4430.0.30.002 – Microdata: Disability, Ageing and Carers, Australia, 2015
⁴² Australian Institute of Health and Welfare 2013. [Incontinence in Australia](#). Cat. No. DIS 61. Canberra: AIHW, p 34

this figure is a considerable over-estimate. The reason is that the classification of 'profound' or 'severe' limitations is inherently subjective; limitations, which are deemed as moderate by some, might be considered as profound by others, and vice versa.

In order to further refine the 1.4 million figure, we also cross referenced that group of people with those who reported difficulty accessing buildings or facilities in the last 12 months, as this was thought to reduce the subjectivity in the measure.⁴³

The result was 327,985 people with profound or severe core activity limitations, and who have had difficulty accessing buildings or facilities in the last 12 months. Furthermore, there are 22,372 people with a disability, and profoundly or severely limited in core activities, who do not leave home.⁴⁴

In total, based on the above, it can be estimated that there are 350,357 people with a disability and profoundly or severely limited in core activities who have either had difficulty accessing buildings or facilities in the last 12 months or who do not leave home. This is the group of people that we have considered as the core cohort. This represents an implied disability rate of 1.5 per cent of the total Australian population, which is used in both the case studies and the aggregate analysis to estimate the impacts of each option.

A detailed breakdown of the process described above is provided in Table 4-1, where the bold figures indicate those that we have included as part of our core cohort.

⁴³ Though we acknowledge that 'difficulty accessing buildings' is itself somewhat subjective, we believe that cross referencing the level of severity of disabilities with actual difficulty experienced in accessing specific types of buildings will lessen the overall subjectivity of the estimate

⁴⁴ The inclusion of this group is worthy of further discussion to consider whether the presence of an adult change facility would encourage (or enable) them to leave the house

Table 4-1: Difficulty accessing locations due to disability in the last 12 months⁴⁵

Disability Status	NA	Difficulty accessing buildings or facilities in last 12 months	No difficulty accessing buildings or facilities in last 12 months	Does not leave home	TOTAL
1. Has disability and profoundly limited in core activities	204,355	205,078	292,615	19,937	721,985
2. Has disability and severely limited in core activities	105,821	122,907	415,973	2,435	647,136
3. Has disability and moderately limited in core activities	233,841	66,634	297,819	606	598,899
4. Has disability and mildly limited in core activities	1,420,822	-	-	2,420	1,423,242
5. Has disability and not limited in core activities but restricted in schooling or employment	346,454	-	-	2,354	348,807
6. Has disability and not limited in core activities, nor restricted in schooling or employment	550,000	-	-	-	550,000
7. Has a long-term health condition without disability	5,170,985	-	-	1,192	5,172,177
8. No long-term health condition or disability	13,821,539	-	-	1,993	13,823,531
TOTAL	21,853,817	394,619	1,006,406	30,937	23,285,779

Source: SDAC, EY estimates

⁴⁵ ABS (2015) 4430.0.30.002 – Microdata: Disability, Ageing and Carers, Australia

4.1.2 Cross referencing with other estimates/approaches

In estimating the core cohort, we also cross referenced with other estimates and approaches, including the changing places approach in both Australia and the UK, and expected NDIS recipients.

Changing Places approach (Australia)

Changing Places (Australia) estimates that there are around 200,000 people with severe incontinence who have a disability and are profoundly limited in core activities. This estimate is based on the Australian Institute of Health and Welfare's (AIHW) report on Incontinence in Australia.⁴⁶

For the purposes of the AIHW Report, people with a disability were "identified as having severe incontinence if they:

- ▶ Answered 'yes' to having difficulty with controlling bladder or bowel functions and 'yes' to needing help with managing this difficulty (either always or sometimes needing help); and / or
- ▶ Answered 'yes' to using continence aid(s)".

It is to be expected that this figure would be a subset of our estimate, since in our estimation having a complex disability doesn't necessary mean being incontinent.

Changing places approach (UK)

Another alternative would be to base the population estimate on the specific types of disabilities identified in the 2009 UK Changing Places Report, which estimates potential users of these facilities based on the number of people with certain types of disability⁴⁷. However, this approach risked not only excluding people with profound or severe core activity limitations who would not be captured by the specific list of conditions, but also could include people captured by the list, but who did not define themselves as having profound or severe core activity limitations. (Note that conditions have a broad spectrum of severity).

Expected NDIS recipients

As a final 'sense check' it is worth noting that when fully implemented in 2019-20 the National Disability Insurance Scheme (NDIS) is expected to benefit approximately 450,000 - 475,000 Australians.⁴⁸ While not directly relevant for the purposes of estimating our cohort, it is intuitive that our cohort would be roughly similar in magnitude to the expected number of NDIS recipients. While the NDIS relates to people under the age of 65, it is also expected that some people eligible for the NDIS will not require AACFs.

⁴⁶ Australian Institute of Health and Welfare 2013. [Incontinence in Australia](#). Cat. No. DIS 61. Canberra: AIHW, p 34

⁴⁷ Hogg, J. (2009) [Changing Places Toilets: Estimates of potential users](#)

⁴⁸ [The National Disability Insurance Scheme](#), National Commission of Audit; [National Disability Insurance Scheme \(NDIS\) Costs](#), Productivity Commission

4.1.3 Limitations of our analysis

Although the estimated core cohort is expected to be more inclusive than other estimates, that is not to say that it is fully inclusive. We acknowledge that our estimated cohort likely excludes some people, including:

- ▶ People who have self-reported a moderate core activity limitation, but whose limitations might be considered profound or severe by others.
- ▶ People who are so profoundly disabled that they simply have not attempted to access buildings or facilities in the last 12 months (although to an extent this group is likely captured in the ‘does not leave home’ category).
- ▶ People who may have suffered from a one off injury which has left them with a temporary disability.

Finally, an inherent limitation of this type of analysis is that it is static, measuring the level of disability in the community at a point in time. Over time though, there will be inflows and outflows:

- ▶ People ‘on the margins’ of our core cohort – e.g. those who have reported a moderate core activity limitation, but whose condition is expected to worsen in severity over time – and would be expected to enter the cohort in the coming years.
- ▶ Some will leave the cohort in future periods, either through death or improvement in their condition.

An implicit assumption underpinning our analysis is that the inflows roughly equal the outflows in any given year, keeping the overall figure constant. A truly accurate estimation of the core cohort would require detailed life-cycle modelling, taking into account a range of variables such as projected mortality rates, disability rates, fertility rates, and migration rates.

4.2 Defining the non-core cohort

There are also a range of people outside of the core cohort who will also potentially benefit from these facilities. Those in the non-core cohort might include:

- ▶ **Elderly people:** People without a specific disability but face difficulties with core activities
- ▶ **People with short-term injuries:** People that do not usually need change facilities but due to unforeseen injuries may have a short-term need for such facilities
- ▶ **Industry / business:** Class 6 shopping centres and Class 9b assembly building owners/operators
- ▶ **Carers:** People who assist core cohort users accessing sanitary facilities

- ▶ **Non-users of the facility:** Other people who attend Class 6 shopping centres and Class 9b assembly buildings, due to a reliance on other facilities
- ▶ **Government:** State/Territory and Commonwealth Government

While the focus of this Consultation RIS is primarily on the 'core' cohort, given that there is no proposal to mandate the restriction of access to the facilities, it also captures the potential benefits for 'non-core' users.

Consultation Questions

- 3:** Do you agree with the process described in Section 4.1 to estimate the core cohort of people with a complex disability? If not, can you suggest an alternative method?
- 4:** Do you agree with the inclusion of the 22,372 people with a disability and profoundly or severely limited in core activities who do not leave home in the core cohort?
- 5:** Do you agree with the description of the problem given in Section 2?
- 6:** Are there any other characteristics of the problem that should be included in the analysis?
- 7:** Is the currently defined population (see Section 4) appropriate for the analysis?

5. Measuring the costs and benefits

5.1 Costs

The costs of this proposal are divided into capital expenses and ongoing operating expenses and are informed by two key reports:

- ▶ The *'Report on [the] Cost of Installing Typical Accessible Adult Change Facilities'*, commissioned by the ABCB and produced by Donald Cant Watts and Corke (DCWC).
- ▶ The *2017 Benchmarks Survey of Operating Costs, Retail, Shopping Centres* produced by the Property Council of Australia.

5.1.1 Capital expenses

Capital expenses include those relating to the supply, construction, and installation of the new facilities as well as any associated additional works required to comply with the new regulation. This Consultation RIS relies on the cost estimates already developed by the DCWC report referenced above.

Based on that report, an average capital cost of \$62,032 for both Class 6 shopping centres and Class 9b assembly buildings under regulatory Option A, and a cost of \$132,000 per facility under regulatory Option B was assumed. This is based on expected specifications for both options as shown in Appendix E and Appendix F. For both options, it is also assumed that the facility would be constructed in addition to the standard accessible sanitary facilities currently required by the Premises Standards and the NCC.

5.1.2 Ongoing operating expenses

The ongoing operating expenses include those relating to the ongoing maintenance of facilities. This Consultation RIS relies upon cost estimates devised by the Property Council of Australia in its 2017 Benchmarks Survey of Australian shopping centres. Due to a lack of data, it is assumed that the operating costs for AACFs do not differ by location.

For the purposes of this analysis an average operating cost of \$287 per square metre has been assumed to apply for operating costs, being the average metropolitan cost from the Property Council's benchmark report. We have further assumed an average square meterage of 12 square metres per facility based on the specifications provided by DCWC.

5.1.3 Regulatory burden costs

The Australian Government has introduced the 'Guide to Regulation', which discusses the importance of cutting red tape.

A key principle for Australian Government policy makers in the Guide to Regulation is that the 'cost burden of new regulation must be fully offset by reductions in existing regulatory burden.'⁴⁹

All regulatory costs, whether arising from new regulations or changes to existing regulation, must be quantified using the Regulatory Burden Measurement framework. The framework must also be used for quantifying offsetting regulatory savings, where applicable.

The only costs relevant to this analysis are capital and operating costs. Given that the regulation is proposed to apply only to prospective developments, there is not assumed to be any extension to construction periods, and thus there is not expected to be any delay or disruption cost. Similarly, as there is not expected to be a need for any additional staffing or administrative requirements from a government perspective, the cost of administering the regulatory amendment is expected to be minimal.

The ABCB has advised that an appropriate estimation for the regulatory offset is one-ninth of the total cost. Note that this regulatory offset is included within, and is not additional to, the total cost.

Governments of the States and Territories are not required under COAG policy to identify regulatory offsets. Some jurisdictions may have their own mechanisms regarding regulatory offsets, which would be a matter for those jurisdictions to consider.

Consultation Questions:

8: Are the cost estimates applied in this analysis appropriate and reasonable?

9: Are there any additional establishment and maintenance costs that should be considered?

5.2 Benefits

This Consultation RIS considers two types of benefits: direct (quantifiable) benefits and qualitative benefits.

5.2.1 Quantifiable benefits

Quantifiable benefits estimate the direct (or 'use') value of an additional trip to a Class 6 shopping centre or Class 9b assembly building for a person with a complex disability.⁵⁰ The idea behind this approach is that any form of trip must hold some intrinsic value; this intrinsic value can be thought of as the utility gained from making a trip, over and above the cost of getting there.

Our analysis initially calculates the 'break even' value of utility, which is the value of utility at which the estimated use values are just enough to cover the estimated capital and

⁴⁹ [The Australian Government Guide to Regulation](#), Cutting Red Tape

⁵⁰ It is assumed that all trips are 'additional'; i.e. they would not have occurred in the absence of an AACF being installed

operating costs of an AACF. Following that, estimates of the potential benefits that the trip may generate are applied to the same analysis in order to calculate a range of benefits that may accrue.

We have used the cost of making the trip as a proxy for the upper bound value of the trip. Thus, if it costs say \$50 to travel to a class 6 shopping centre or Class 9b assembly building, the utility (over and above the travel cost) must also be \$50.⁵¹

There are a number of important points to make about the quantification of benefits:

- ▶ First, what we are measuring is the value of additional trips as a result of AACFs being included in prospective developments. We are not measuring the value of toileting needs being met. The latter is noted below as a qualitative benefit.
- ▶ Second, it is worth noting that by definition, the estimates that we have undertaken, most likely underestimate of the ‘true’ willingness to pay, for two reasons:
 - ▶ We are not considering the possibility for additional utility to exceed the travel cost (and based on our consultations, it is fair to say that for some people it almost certainly will).
 - ▶ We have also not considered the fact that buildings provide value for people merely by providing them the *option* to attend the building, even if they do not actually attend; in other words, people benefit merely from the existence of a building. In economics terms this is known as the existence or option value.
- ▶ Third, we have also not taken into consideration the potential value that carers and/or family members might derive from a trip with their loved ones.
- ▶ Finally, as will be described in the following chapter, the parameters that we have chosen for the modelling have been deliberately chosen to be as conservative as possible.

5.2.2 Qualitative benefits

A regulatory change such as this will inevitably generate a range of benefits that are not directly caused by the trip to a Class 6 shopping centre or a Class 9b assembly building, but will nevertheless flow over time. It is worth noting from the outset that these effects are not quantifiable and instead are considered through desktop research and through the detailed consultation period undertaken by EY Sweeney.

At a high level, these benefits are likely to flow both to the person with a disability and their carers as well as to society in general, and are likely to range from improved quality of life⁵², improved wellbeing⁵³ and improved mental and physical health outcomes⁵⁴.

⁵¹ The estimation of the willingness to pay which we have used for the scenario modelling is based on the Travel Cost Method. This is an approach commonly used in environmental economics for the purposes of quantifying an intangible good. We have adopted a similar approach here because it represents the clearest and most robust approach available for measuring the direct value of a trip.

For example, the introduction of AACFs could facilitate improved social inclusion for people with a disability as a result of improved accessibility and mobility⁵⁵. Over time, the consultation findings suggest that this might also help to reduce stress, improve social participation, and improve the quality of life and mental or physical health of not only people with complex disabilities but also their carers.

An overview of the potential long term social and economic benefits (in addition to those captured through the quantitative analysis) of mandating the provision of AACFs in Class 6 shopping centres and Class 9b assembly buildings is provided in Table 5-1 below.

Table 5-1: Summary of qualitative benefits

Group	Short term benefits	Long term benefits
Person with a Disability	<ul style="list-style-type: none"> ▶ Toileting needs are met and equal access to facilities is provided ▶ Longer attendance at Class 6 shopping centres or Class 9b assembly buildings ▶ Increased dignity ▶ Reduced social isolation and increased social cohesion ▶ Reduced stress and anxiety ▶ Psychological benefits for people with a disability from outings 	<ul style="list-style-type: none"> ▶ Improved quality of life, wellbeing and mental health outcomes ▶ Improved community inclusion ▶ Improved social participation ▶ Increased opportunities to engage with the workforce ▶ Reduced reliance on social welfare and / or insurance
Carer	<ul style="list-style-type: none"> ▶ Reduced stress and anxiety ▶ Reduced need to change person with a complex disability in unsuitable environments ▶ Longer attendance at Class 6 shopping centres or Class 9b assembly buildings ▶ Improved social inclusion and inclusion in daily life / family activities for informal carers leading to reduced isolation ▶ Reduced potential for injury in assisting person with a complex disability with their toileting needs 	<ul style="list-style-type: none"> ▶ Reduced stress from caring for person with a disability ▶ Improved quality of life, wellbeing and mental health outcomes for informal carers ▶ Improved social participation for informal carers
Society	<ul style="list-style-type: none"> ▶ Increased awareness of the special needs and challenges associated with living with a complex disability 	<ul style="list-style-type: none"> ▶ Greater inclusivity and awareness in society ▶ Reduced health system costs

⁵² Jespersen, L., Michelsen, S., Tjørnhøj-Thomsen, T., Svensson, M., Svensson, B., and Due., P.(2018) Living with a disability: a qualitative study of associations between social relations, social participation and quality of life

⁵³ Productivity Commission (2011) [Disability Care and Support – Productivity Commission Inquiry Report](#), 31 July 2011

⁵⁴ Van Asselt, D., Buchanan, A., & Peterson, S. (2015). Enablers and barriers of social inclusion for young adults with intellectual disability: A multidimensional view. *Journal of Intellectual & Developmental Disability*, 40(1), 37-48. doi:10.3109/13668250.2014.994170; Welsby, J., & Horsfall, D. (2011). Everyday practices of exclusion/inclusion: women who have an intellectual disability speaking for themselves? *Disability & Society*, 26(7), 795-807. doi:10.1080/09687599.2011.618731

⁵⁵ Stanley, J., Hensher, D., Stanley, J., Currie, G., Greene, W., Vella-Brodrick, D. (2011) Social Exclusion and the Value of Mobility, *Journal of Transport Economics and Policy*, Volume 45, Part 2, May 2011, pp. 197–222 ; Van Asselt, D., Buchanan, A., & Peterson, S. (2015). Enablers and barriers of social inclusion for young adults with intellectual disability: A multidimensional view. *Journal of Intellectual & Developmental Disability*, 40(1), 37-48. doi:10.3109/13668250.2014.994170

Group	Short term benefits	Long term benefits
	<ul style="list-style-type: none"> ▶ Reduced stress / anxiety for the elderly or people using wheelchairs, mobility scooters etc. 	<ul style="list-style-type: none"> ▶ Increased engagement in human rights and social impact ▶ More equitable society ▶ Needs of progressively older population are met ▶ Needs of those with progressive diseases / disorders addressed ▶ Tourism dollars increase due to availability of suitable facilities

Consultation findings

If AACFs were in place, the key benefits identified by participants included:

- ▶ **A more enriched life...** by providing facilities that enabled people to get out of the house and enjoy being part of the community, rather than sitting at home, isolated from the community
- ▶ **Improved flexibility...** that will ensure people are able to engage in activities and maintain engagement with the community that they would not have otherwise been able to do
- ▶ **Reducing the broader impact of disability on families...** which is often hidden, but exists in many ways ranging from physical and emotional support, to a reduced amount of time someone is able to spend in the community (e.g., shopping), to not being able to attend sporting or cultural events, go on holidays together, or even go to a pub or restaurant. The availability of AACFs would help to improve a carer's ability to more fully engage in community based activities, including going on holiday
- ▶ **Reducing the hidden risks to those with disability...** through reducing the use of "work arounds", and improvised strategies that risk the health and wellbeing of both individuals and their carers
- ▶ **Reducing the hidden cost of disability support...** with such a high proportion of people who need assistance being supported by relatives or friends, the potential cost burden on the Australian community could be significantly reduced with the introduction of AACFs. Participants therefore felt that it was appropriate that carers be supported through the provision of appropriate, accessible, and sanitary facilities
- ▶ **Opening up more possibilities...** will be possible by increasing access and support for people who need it.

"A mark of a positive society is how they treat their most vulnerable ... and people with disability are part of that group" (Male, aged 25-30, spinal cord injury, VIC)

Consultation Question:

10: As a person with a disability or carer, how do you think you will benefit from the introduction of AACFs?

11: How will the introduction of AACFs in Class 6 shopping centres and Class 9b assembly buildings impact on your level of community engagement and sense of inclusion in daily life and community activities?

12: How will the introduction of AACFs in Class 6 shopping centres and Class 9b assembly buildings impact on your overall quality of life? Please indicate if this would differ under:

- ▶ Option A
- ▶ Option B
- ▶ Non-regulatory option
- ▶ Co-location

13: Are there other types of qualitative benefit that should be considered?

6. Impact analysis

This Chapter presents modelling results to give an indication of the scale of benefits that might accrue as a result of additional trips being made to class 6 shopping centres or Class 9b assembly buildings following the introduction of an AACF. The chapter is presented in three sections:

- ▶ Section 6.1 presents the results of the four hypothetical case studies introduced in Chapter 1.
- ▶ Section 6.2 presents whole of economy estimates based on a range of assumed construction profiles for each of the regulatory options and the non-regulatory option.
- ▶ Section 6.3 considers the regulatory burden of the proposed change.

6.1 Case study analysis

The estimated benefits and costs of the proposed policy change for each of the quantified case studies are provided in Table 6-1. These results are driven by a range of assumptions regarding the distance and time involved to travel to each facility, population and visitation, and spending. A detailed overview of the assumptions is provided in Appendix A. These case studies were prepared under the assumption that Regulatory Option A (minimum necessary specifications) is adopted. This is to provide an illustration of the potential costs and benefits that may accrue.

In brief, what we are measuring is the ‘use value’ of each additional trip to a class 6 or Class 9b assembly building. The basis of our modelling approach can be found in the environmental economics literature – specifically, analysts often estimate the value of a particular site by estimating the cost of travel to and from that site. Although sufficient data were not available to ‘properly’ utilise the Travel Cost method, the underlying rationale remains the same.

Our analysis consists of estimating the level of benefit that would be generated under three scenarios.

- ▶ Break Even Scenario - This can be considered as the minimum value willingness to pay (WTP) that would be required in order for use values to exceed capital costs. In other words it can roughly be thought of as the ‘break even’ point, at which the total benefits equal total costs.
- ▶ Estimated travel cost per visit - The assumption here is that in order for people to make a trip to a shopping centre, museum or stadium, their consumer surplus (‘utility’ or ‘enjoyment’) would have to be at least as much as what it costs them to get there. In other words, if a person is going to spend \$50 (including travel cost and entry fee) to go to a football match, they would want to get at least \$50 worth of additional enjoyment, over and above the \$50 cost. We have assumed that this is the upper bound value for WTP.

- ▶ **Mid-Point** – The mid-point between the Break Even scenario and the estimated travel cost was also examined to produce a range of different benefit levels.

The results of the analysis indicate the following:

- ▶ For a **major shopping centre**, the breakeven point (where the Present Value of costs is equal to benefits) is \$1.71. Applying the ‘upper bound’ WTP estimate of \$13.16 (the estimated travel cost) this generates net benefits of \$589,740.
- ▶ For a **smaller shopping centre**, the breakeven point is \$3.67. Applying the ‘upper bound’ WTP estimate of \$13.16 (the estimated travel cost⁵⁶) this generates net benefits of \$228,075.
- ▶ For **museums**, the breakeven point, is \$13.62. Applying the ‘upper bound’ WTP estimate of \$23.16 (the estimated travel cost) this generates net benefits of \$61,954.
- ▶ For **stadiums**, the breakeven point, is \$15.89. Applying the ‘upper bound’ WTP estimate of \$37.16 (the estimated travel cost) this generates net benefits of \$118,288.

Table 6-1: Modelling results for case studies

	Major shopping centre	Smaller shopping centre	Museum	Stadium
Present Value^ (PV) of Costs	\$88,382	\$88,382	\$88,382	\$88,382
Scenario				
Break Even Point (BE, Required benefit per person per trip to break even)	\$1.71	\$3.67	\$13.62	\$15.89
Willingness to Pay (WTP)	\$13.16	\$13.16	\$23.16	\$37.16
Mid Point of WTP and BE	\$7.44	\$8.42	\$18.39	\$26.52
Results - WTP				
Benefits (PV)	\$678,294	\$316,457	\$150,336	\$206,669
Net Benefits (PV)	\$589,912	\$228,075	\$61,954	\$118,288
Results - Mid Point				
Benefits (PV)	\$383,252	\$202,419	\$119,348	\$147,525
Net Benefits (PV)	\$294,870	\$114,038	\$30,966	\$59,144

⁵⁶Present value represents the dollar value in today's terms, i.e. taking into account inflation and the time value of money. Assuming a discount rate of 7%, discounted over 10 years.

⁵⁶ Note that because the estimated travel cost for both the major and the smaller shopping centres are the same, so too is the upper bound WTP estimate

6.1.1 Qualitative case studies

As noted in Section 1.4 we have also qualitatively considered the case of an indoor swimming pool and a major train station or airport.

Indoor swimming pool

Due to a range of data shortages and limitations it was decided to instead consider this case study qualitatively. It is worth noting that 22 of the existing 52 AACFs around Australia are at swimming pools, suggesting that provision of facilities at swimming pools is already relatively strong (certainly compared to, say, shopping centres).

On the other hand, it is also worth noting that the qualitative benefits of this case study would likely be even more significant than for the other case studies. For example, swimming provides a range of psychological and physical benefits to people with a disability which would warrant consideration outside of standard Cost-Benefit Analysis (CBA) frameworks.

As outlined in the Premises Standards Review⁵⁷, a number of submissions called for AACFs to be included in swimming pools, commenting that “if accessible entry and exits are required, then appropriate changing and sanitary facilities also need to be provided.”

On balance we consider that further discussion with stakeholders is needed as to whether mandating the provision of AACFs in indoor swimming pools is warranted.

Major train station/airport

This case study was not quantified on the grounds that the underlying assumption of the modelling for other case studies – that trips to the train station or airport would not be additional, i.e. over and above what would otherwise have been made in the absence of AACFs.

Also, the Travel Cost Method which forms the basis of our modelling approach is designed only for trips made for recreational purposes, which clearly is not the case for this category of building. Hence, it is not appropriate to define a ‘use’ value specifically for a train station or airport; the value for the train station or airport would more accurately be included with the value of the final destination.

People attending a train station or an airport are going there as part of a broader trip – i.e. the station is not their final destination. In other words, the decision of whether or not to attend a train station or an airport will, in most cases be driven by the decision of whether or not to attend the end destination, rather than the presence or absence of an AACF at the train station or airport.

Case studies on the Changing Places website demonstrate that the issue with public transport is not that people cannot use public transport, but rather that when they do use it

⁵⁷ Department of Industry, Innovation and Science (2016) [Review of the Disability \(Access to Premises – Buildings\) Standards 2010](#)

they have to spend some part of the trip in soiled underwear as there is no place to change.

The launch of the Whole Journey Guide⁵⁸, the Government's response to the 2015 Review of the Disability Standards for Accessible Transport 2002⁵⁹, discusses the qualitative benefits of incorporating AACFs in public transport journeys and supports the inclusion of these facilities. This Guide, which was endorsed by Transport and Infrastructure Council Ministers in November 2017, acknowledges that Changing Places initiative is the best practice model for improving social inclusion for people with a disability (p48), as part of supporting public transport infrastructure.

6.2 Whole of economy analysis

Notwithstanding the challenges associated with estimating the economy wide impacts of greater provision of AACFs, it is important to obtain an indication of the potential magnitude of those impacts.

6.2.1 Estimating the number of facilities / buildings

Estimating the total costs and benefits of a regulatory proposal such as this involves first estimating the number of prospective buildings that would be subject to the regulation. This is an inherently difficult task, as data showing the number of new shopping centres, museums, and stadiums likely to be constructed in the future is limited.

The most reliable and consistent data set we have identified is IBISWorld which contains projections of the number of shopping centres, museums and stadiums over a five year projection period. We have therefore adopted this as the 'base' estimate of the number of new facilities, cross referenced where appropriate with knowledge on specific investment projects.

Although not wholly comprehensive, we believe the IBISWorld dataset is the most analytically robust data source from which to base the whole of economy estimates. This limitation, along with those described in Section 1.4, should be noted when considering the whole of economy estimates provided below.

6.2.2 Estimating the costs and benefits

In estimating the costs and benefits the following important assumptions need to be kept in mind:

- ▶ It is assumed that each 'new' building will incur costs and benefits for a ten year period. In other words, a building constructed in 2018 will incur costs and benefits until 2027, while a building built in 2027 will incur costs and benefits until 2036. The estimated number of 'new' buildings constructed in both the regulatory and non-regulatory scenarios are shown in Appendix A.

⁵⁸ Australian Government (2017) [The Whole Journey: A guide for thinking beyond compliance to create accessible public transport journeys](#)

⁵⁹ Australian Government (2015) [Review of the Disability Standards for Accessible Public Transport 2002](#)

- ▶ The IBISWorld dataset used provides forecasts for the number of ‘establishments’ for each of shopping centres, museums and stadiums (we have assumed for shopping centres the IBISWorld data only include centres greater than 10,000sqm in floor space)⁶⁰.
- ▶ The modelling results for the non-regulatory and regulatory scenario should be interpreted as being additional to the status quo.⁶¹
- ▶ The modelling results do not assume any form of diminishing marginal returns. To the extent that the estimated development pipeline is relatively narrow, this is likely a reasonable assumption.
- ▶ For the non-regulatory scenario, it is necessary to define the proportion of prospective buildings assumed to install a facility under a grants system. This was estimated as follows:
 - ▶ It is noted that Victoria has 52 AACFs which, given facilities started to come on line from around 2010, equates to approximately 6 facilities per year.
 - ▶ Using this figure for other states (factoring up by the proportional difference in the core cohort population), gives an estimated total of 22 shopping centres per year.
 - ▶ This equates to, on average, around 60% of the estimated total from IBIS World. Thus, it is assumed that under the non-regulatory option 60% of projected buildings will install an AACF.
 - ▶ Finally, an adjustment is made to ensure whole numbers – thus, a figure of, say, 3.6 is rounded down to 3.
- ▶ The estimated whole of economy impacts for shopping centres, museums and stadiums are shown in Table 6-2, Table 6-4 and Table 6-5 respectively. Consistent with the approach used for the case studies, the whole of economy impacts were developed in the following way:
 - ▶ A breakeven unit cost was calculated by applying the number of total visits (the process of estimating which is described in Appendix A) to the present value of the total costs. This provides an indication of the minimum level of benefit that would need to be generated to cover the costs. Any benefit above this would generate net benefits overall.

⁶⁰ Cross referencing with building approval data from Victoria (<https://www.data.vic.gov.au/data/dataset?q=building+permit+activity>) suggests there are thousands of buildings constructed each year with a floor space less than 10,000 square metres whereas IBIS World’s total is approximately 30 buildings per year; hence it is reasonable to assume the IBIS World figure applies only to centres greater than 10,000 sqm

⁶¹ Under the status quo, it is assumed that no new buildings install an adult change facility over the projection period.

- ▶ An estimated 'willingness to pay' figure was calculated in the same manner as for the case studies. This proxy was determined by a combination of the estimate of the amount it would cost to travel to, and entrance fee of entering the building⁶².
- ▶ A midpoint, i.e. a level of benefit between the breakeven and willingness to pay was applied to take into account sensitivity.

The possibility of AACFs being co-located with Standard Accessible Sanitary Facilities (SASFs) (in other words, 'standard' accessible toilets) was also considered, however for reasons described below, these figures reflect a scenario which may not be realistic.

The key findings are as follows:

- ▶ For **shopping centres**, the breakeven point (where the NPV of costs is equal to benefits) is \$3.53, \$6.28 and \$3.78 for Regulatory Option A, Regulatory Option B and the Non-regulatory Option respectively. Applying the WTP estimate of \$13.16 (the estimated travel cost) this generates net benefits of \$66.6 million, \$47.6 million and \$31.7 million for Regulatory Option A, Regulatory Option B and the Non-regulatory Option respectively.
- ▶ Importantly, as noted above, these estimates are calculated on an assumed construction profile for shopping centres in excess of 10,000 square metres (total floor space). Due to a lack of data we are not able to estimate the benefits for shopping centres less than 10,000 sqm. Anecdotally however, it is worth noting that smaller shopping centres – say, those less than 10,000 sqm – are likely to see a considerably different usage profile than larger centres. Whereas people often go to larger shopping centres for recreational or discretionary purposes, trips to smaller shopping tend to be geared towards 'functional' visits (e.g. grocery shopping) rather than recreational visits.
- ▶ For **museums**, the breakeven point, is \$18.09, \$32.15 and \$28.95 for Regulatory Option A, Regulatory Option B and the Non-regulatory Option respectively. Applying the WTP estimate of \$23.16 only Regulatory Option A generates a net benefit of \$811,757.
- ▶ For **stadiums**, the breakeven point, is \$15.89, \$28.24 and \$17.53 for Regulatory Option A, Regulatory Option B and the Non-regulatory Option respectively. Applying the Willingness to pay estimate of \$37.16 this generates net benefits of \$2.7 million, \$1.1 million and \$1.3 million for Regulatory Option A, Regulatory Option B and the Non-regulatory Option respectively.

⁶² The assumption being that the benefit accrued would be at least equal to the cost of visiting the building; if the level of benefit was lower than the cost of entry then the trip would not be undertaken in the first place.

Table 6-2: Illustrative whole of economy benefits - Shopping Centres

	Regulatory Option A	Regulatory Option B	Non-Regulatory Option	Co-located
Present Value (PV) of Costs	\$24,443,675	\$43,444,197	\$12,813,922	\$17,667,422
Scenario				
Break Even Point (BE, Required benefit per person per trip to break even)	\$3.53	\$6.28	\$3.78	\$2.55
Willingness to Pay (WTP)	\$13.16	\$13.16	\$13.16	\$13.16
Mid Point of WTP and BE	\$8.35	\$9.72	\$8.47	\$7.86
Results - WTP				
Benefits (PV)	\$91,014,895	\$91,014,895	\$44,557,154	\$91,014,895
Net Benefits (PV)	\$66,571,220	\$47,570,698	\$31,743,232	\$73,347,473
Results - Mid Point				
Benefits (PV)	\$57,729,285	\$67,229,546	\$28,685,538	\$54,341,158
Net Benefits (PV)	\$33,285,610	\$23,785,349	\$15,871,616	\$36,673,737

Table 6-3: Illustrative whole of economy benefits – Museums

	Regulatory Option A	Regulatory Option B	Non-Regulatory Option	Co-located
Present Value (PV) of Costs	\$2,896,403	\$5,147,830	\$1,477,226	\$2,093,464
Scenario				
Break Even Point (BE, Required benefit per person per trip to break even)	\$18.09	\$32.15	\$28.95	\$13.07
Willingness to Pay (WTP)	\$23.16	\$23.16	\$23.16	\$23.16
Mid Point of WTP and BE	\$20.62	\$27.65	\$26.05	\$18.11
Results - WTP				
Benefits (PV)	\$3,708,160	\$3,708,160	\$1,181,668	\$3,708,160
Net Benefits (PV)	\$811,757	-\$1,439,670	-\$295,558	\$1,614,695
Results - Mid Point				
Benefits (PV)	\$3,302,281	\$4,427,995	\$1,329,447	\$2,900,812
Net Benefits (PV)	\$405,879	-\$719,835	-\$147,779	\$807,348

Table 6-4: Illustrative whole of economy benefits – Stadiums

	Regulatory Option A	Regulatory Option B	Non-Regulatory Option	Co-located
Present Value (PV) of Costs	\$2,000,544	\$3,555,605	\$1,151,785	\$1,445,955
Scenario				
Break Even Point (BE, Required benefit per person per trip to break even)	\$15.89	\$28.24	\$17.53	\$11.48
Willingness to Pay (WTP)	\$37.16	\$37.16	\$37.16	\$37.16
Mid Point of WTP and BE	\$26.52	\$32.70	\$27.34	\$24.32
Results - WTP				
Benefits (PV)	\$4,678,020	\$4,678,020	\$2,441,644	\$4,678,020
Net Benefits (PV)	\$2,677,476	\$1,122,416	\$1,289,859	\$3,232,065
Results - Mid Point				
Benefits (PV)	\$3,339,282	\$4,116,813	\$1,796,715	\$3,061,988
Net Benefits (PV)	\$1,338,738	\$561,208	\$644,930	\$1,616,033

6.2.3 Could AACFs be co-located with SASFs?

The costs of the regulatory option can be influenced by whether an AACF could also be counted as a SASF, for the purposes of assessing compliance with the existing Premises Standards and NCC requirements for the provision of accessible sanitary facilities. Based on the DCWC surveying report, this is assumed to reduce the capital cost from \$62,000 to around \$37,000.

There are two ways that this could be addressed within an overall regulatory requirement for the provision of AACF in certain types of building, being:

- ▶ Allow an AACF to also be counted as an SASF.
- ▶ Allow an AACF to also be counted as an SASF only where there is at least one other SASF provided in its own right.

The first of these would have the least impact in terms of required floor space (which has an economic value), however in a building where only one SASF is currently required, then it would in effect be replaced with an AACF. Certain technical differences between the two types of sanitary facility (for example the requirement for a peninsular-type toilet pan in an AACF) would mean that in some buildings, there would no longer be an SASF provided.

This could mean that some people who prefer the current SASF design would be inconvenienced, or possibly left without a suitable toilet. This could result in longer waiting times for all users, on the basis that using an AACF takes substantially longer than using an SASF.

The second option – i.e. allow an AACF to be counted as an SASF only where at least one other SASF already exists - would alleviate the problems outlined above with respect to the first scenario, in the sense that it would limit the ‘overlap in usage of SASFs versus AACFs. However, from a practical perspective this option is not able to be modelled, because it would require separate estimation of the number of buildings with only one SASF, versus the number of buildings with multiple SASFs.

In the modelling results below, the ‘co-located’ scenario assumes the first of the options above is implemented. Note however that for the reasons noted above, that option is considered impractical. The second option, where an AACF is allowed to be counted as an SASF only if there is at least one other SASF provided, was not separately modelled due to a lack of data. By definition though, the results of this option will be somewhere in between the ‘co-located’ results and those of the main regulatory scenarios.

6.3 Regulatory Burden

In line with the recommendations outlined by the OBPR we have presented the costs as follows.

- ▶ Costs are presented over a 10-year default duration of the regulation.
- ▶ Costs and offsets are presented in real terms (also referred to as constant prices) as average annual figures in all cases.

6.3.1 Non-Regulatory Option

Our analysis assumes that the Government incentivises the construction of AACFs by way of direct financial subsidies that are assumed to cover the entire capital costs. These would be in addition to the financial subsidies that already exist. In this instance we have assumed that the Government will contribute all of the capital costs of the AACF, whereby the operator of the building will then pick up the ongoing operating costs. On average this represents the following yearly costs.

Table 6-5: Average annual costs, non-regulatory option (from business as usual)

Change in costs (\$million)	Business	Community Organisations	Individuals	Total change in cost
Total, by sector	\$771,219	\$0	\$0	\$771,219

Source: EY estimates. Note per OBPR guidance figures above are non-discounted and non-inflated

The yearly additional cost to government (i.e. the capital cost) is estimated to be \$2.3 million, for a total cost of \$3.1 million.

6.3.2 Regulatory Option

As stated previously, the results provided above implicitly assume that the burden of construction will fall on the developers - i.e. that the builders/developers of a shopping centre will themselves fund the addition of an AACF. This was the case when standard accessible facilities were mandated in the early 2000s and it is expected that the same would apply to the current proposal. In this instance the following costs are to be incurred.

Table 6-6: Average annual costs, regulatory option (from business as usual)

Change in costs	Business	Community Organisations	Individuals	Total change in cost
Option A	\$4,360,685	\$0	\$0	\$4,360,685
Option B	\$7,548,097	\$0	\$0	\$7,548,097

Consultation findings

All participants interviewed were highly supportive of, and advocated for, the installation of AACFs. They were also quite pragmatic about the inclusion of change facilities indicating that they should be installed wherever possible and practicable to do so, and that a ‘five star’ facility was not necessarily needed. They also indicated that there may be alternatives to some aspects, such as potentially using wall mounted height adjustable change tables as an alternative to ceiling hoists.

“The most important thing is building as many facilities as possible. You don’t need to stay at a five star hotel when a backpackers will do.” (Mother, NSW)

Consultation Questions:

14: Do you agree with the preliminary finding that AACF be provided in Class 6 shopping centres larger than 10,000sqm and Class 9b assembly buildings?

15: Should an AACF be allowed to be counted as an SASF?

16: Should an AACF be allowed to be counted as an SASF only where there is at least one other SASF provided in its own right?

7. Summary

7.1 What are the implications of these findings?

The analysis indicates that Regulatory Option A generates a greater level of benefit relative to Regulatory Option B and the Non-Regulatory Option. The co-location option, where at least one standard accessible facility is provided and which reduces the overall costs, delivers a greater level of benefit relative to Regulatory Option A, yet this does not account for the potential impact that co-location may have on existing or new users of these facilities. As such, it is not considered a feasible option.

Further discussion is warranted on the non-quantified case studies – schools, train stations and airports, and indoor swimming pools – as to whether AACFs should be required for those types of building also.

7.2 Implementation considerations

There are a range of considerations associated with amending the Premises Standards and the NCC to require AACFs to be provided in Class 6 shopping centres and Class 9b assembly buildings. This section discusses a few such considerations.

7.2.1 What will trigger the requirements?

A key implementation consideration is the threshold that would trigger application of the requirements. For the case of a shopping centre, this Consultation RIS finds that prospective shopping centres with a floor space in excess of 10,000 sqm, roughly equating to a design occupancy exceeding 2,000 people (based on the floor area that is used as retail space only), should be required to include an AACF

In the case of a museum or a stadium however the results are less clear cut. On the one hand, the viability of installing an AACF in a Class 6 shopping centre or Class 9b assembly buildings depends on the projected number of people in the core cohort actually attending that building. On the other hand, design occupancy is based on floor space (or seating capacity in the case of a stadium), and no discernible relationship exists between these two metrics.

The base assumption therefore is that regulatory option A should also extend to Class 9b museums and stadiums.

7.2.2 Unintended consequences

Being applicable to prospective developments only, it is not anticipated that the proposed regulation would generate many unintended consequences.

7.2.3 Other considerations

- ▶ The cleaning and maintenance requirements for AACFs will be greater than for SASFs, as AACFs occupy a slightly larger area. However, for combined AACF/SASF, the additional cleaning costs would be minor (based on only a slightly larger room being required). The additional maintenance cost would be incurred in relation to the

additional equipment (hoist, change table etc.). While maintenance costs are included as part of the operating costs, additional cleaning costs are not.

- ▶ Although the current RIS is focussed solely on prospective developments, in order to establish the case for new regulations to prospective developments, it is necessary to establish the case for current buildings. The case studies and break even analysis presented in Chapter 6 should be interpreted with this in mind.

Consultation findings

All participants were also adamant that entry to the facilities should be restricted through a key card access system to help reduce vandalism, ensure the cleanliness and hygiene of the facilities, and minimise the possibility of them being used as places for the homeless to sleep, used for illicit purposes, and others to largely abuse and destroy, all of which further reduces access and inclusivity for people with disability.

“I visited three of them [Changing Places facilities] a few weeks ago to assess their suitability for [my son], but I would NOT have used any of them they were so filthy, unhygienic, and not maintained. They were just open to everyone to abuse ...”
(Mother, VIC)

Consultation Questions:

17: What do you consider to be the policy implications of these findings?

18: Do you agree that AACFs should be mandated for shopping centres with a design occupancy in excess of 2000 people?

19: Should AACFs be mandated for museums and stadiums? If so, what should the ‘cut-off’ thresholds be for incorporation into the NCC?

20: Are there any other thresholds apart from design occupancy/seating capacity that could be used to trigger the requirement for an AACF?

8. Conclusions and next steps

The findings of this report support the proposal that AACFs with moderate specifications be required in Class 6 shopping centres with a design occupancy in excess of 2,000 people (for the part of the building that is used as retail space), and for class 9b stadiums and museums. This is because, not only do the quantifiable benefits outweigh the costs, there are a range of other factors which suggest that amending the NCC and the Premises Standards to require AACFs might be necessary.

While we have not quantitatively assessed the proposal in relation to indoor swimming pools, train stations and airports, there are a number of qualitative factors for which further consideration would be warranted prior to coming to a firm decision of whether or not to require the provision of AACFs in these. A number of questions are included to understand the potential impact of such a change.

The current document is intended as the first of a two stage analysis which is open for public consultation. While we have quantified the estimated value of additional trips made to certain types of Class 6 shopping centres and Class 9b assembly buildings, we remind readers that this is not a comprehensive estimate. Benefits such as increased equity, dignity and social activation, through playing a more active role in and thus becoming more active members of society, of the most disadvantaged members of society, are benefits that cannot and should not be quantified, but should nevertheless factor into the decision making process.

Following the consultation process for this Consultation RIS, feedback received from this process will be incorporated into a revised, Final RIS.

Appendix A Modelling assumptions

This Appendix details the range of assumptions necessary in estimating the value of additional trips.

Distance, travel time and value of time

Assumptions regarding the estimated distance travelled, and the time taken to make each trip, are provided below. The same parameters have been assumed for each option.

It is worth noting that we consider the distance travelled and duration assumptions to be extremely conservative. They have been used here not only to ensure deliberately conservative results, but also because they are the most robust estimates we were able to find.

Table A-1: Distance travelled and travel time assumptions

Case study	Distance travelled	Duration	Cost of travel	Value of leisure time
All case studies	15 kilometres (Note 1)	20 minutes (Note 2)	0.66 (Note 3)	\$9.77 per hour (Note 4)

Note 1: Page 110 of the "State of Australian Cities 2014-2015" report states that the length of an average metropolitan trip across Australia's four largest cities is 7.5kms per trip. ([State of Australian Cities 2014-2015](#), Department of Infrastructure, Regional Development and Cities)

Note 2: In Australia most built up areas have speed limits of 50km's per hour (except NT which has 60km's per hour). At this speed it would take 18 minutes to travel 15kms. Traffic lights in Australia typically take 50 - 150 seconds to complete an entire cycle ([Traffic lights in Australia](#), Driver Knowledge Tests). Assuming half that time is spent at a red light (25 - 75 seconds), we will assume 60 seconds at every red light. Further assuming that motorists stop at two red lights during the average return trip, trip duration is estimated at 20 minutes.

Note 3: ATO allowance rate per km for travel costs

Note 4: Guidance from the OBPR states that "when quantifying regulatory costs to individuals, the default value of an individual's time while not in paid employment (such as during leisure time) should be valued at \$31 per hour" ([Individuals Guidance Note](#), Department of the Prime Minister and Cabinet)

The maximum basic rate of Disability Support Pension is \$407 per week ([Payment rates for Disability Support Pension](#), Department of Human Services)

This is 31.5% of the average weekly earnings for full and part-time workers in 2017 ([Average Weekly Earnings, Australia, Nov 2017](#), Australian Bureau of Statistics). 31.5% of \$31 is \$9.77.

Design occupancy, floor space and visitation

The variables that most affect the results are those relating to the size and the annual visitation of the building in question. It is the latter variable that then affects the estimated number of people in the core disability cohort who might be inclined to visit the building as a result of AACFs being provided.

Overall visitation

The assumptions below have been made based on the following overarching principles:

- ▶ The size and visitation is broadly consistent with actual buildings within the same category. This was done based on a desktop review of publically available data pertaining to shopping centres, museums and stadiums.
- ▶ The parameter values are broadly 'reasonable' in the sense that it is reasonable to expect similar size buildings might be constructed over the coming decade.

Table A-2: Design occupancy, floorspace and visitation assumptions

Building type	Design occupancy	Floor space	Annual visitation
Major shopping centre	13,000 (Note 1)	130,000 (Note 2)	15 million (Note 2)
Smaller shopping centre	4,500 (Note 1)	45,000 (Note 2)	7 million (Note 2)
Museum	(Note 3)	(Note 3)	(Note 3)
Stadium	35,000 based on seating capacity (Note 4)	Not applicable	600,000 (Note 5)

Note 1: Design occupancy for shopping centres is calculated on the basis of floor space divided by 5, divided by 2 again (assuming 2 levels for a shopping centre). This is based on Table D1.13 of the National Construction Code 2016 Volume One.

Note 2: Floor space and visitation assumptions are made on the basis of publicly available data from around 60 shopping centres throughout Australia. It is assumed that annual visitation is a function of the overall catchment population of the building. The major shopping centre is intended to reflect a large, iconic shopping centre in a major city, while the smaller shopping centre is intended to represent a suburban shopping centre which can be found in most medium sized regional towns throughout Australia,

Note 3: A discernible relationship between floor space/design occupancy and annual visitation is difficult to establish. This creates challenges for the RIS because the prospective number of visitors from the core cohort is linked to overall visitation (which in turn is linked to 'catchment' population).

Note 4: Selected on the basis of known stadium investment projects in the current year (both greenfield and re-developments).

Note 5: Calculated as (roughly) the average visitation of 5 stadiums across Australia with capacity of between 25,000 and 40,000 people.

Defining the ‘catchment’ population

Having estimated the overall number of visitors, the next step is to estimate the potential number of visitors with a complex disability (noting the implicit assumption here that annual visitation is representative of the overall ‘catchment’ population of each case study).

The first step is to convert the overall visitation figures noted above into unique visitors – i.e. the number of individual people who enter a building over a year, irrespective of how many times they go. The potential number of people with a complex disability within the ‘catchment’ population is then estimated by multiplying the number of unique visitors by the estimated disability rate of 1.5% (refer Section 4.1).

Table A-3: Estimating the ‘catchment’ population

Building type	Total annual visitation	Average visits per year	Unique visitors per year (Note 2)	Potential ‘catchment’ population (Note 3)
Major shopping centre	15 million	34.8 (Note 1)	431,034	6,479
Smaller shopping centre	7 million	34.8 (Note 1)	201,149	3,023
Museum	1 million (Note 4)	2.5 (Note 5)	392,698	5,903
Stadium	600,000 (Note 6)	4 (Note 7)	150,000	2,255

Note 1: The international council of shopping centres has estimated that in average people visit shopping centres 2.9 times per months (34.8 per year).⁶³

Note 2: Annual visitation/average visits per year.

Note 3: Unique visitors per year * disability rate (1.5%).

Note 4: Selected as roughly equivalent to the median visitation of 13 museums around Australia.

Note 5: Weighted average number of trips per year to museum from ABS 4114.0.

Note 6: Roughly equivalent to the average annual attendance at The Gabba, Suncorp Stadium, Sydney Football Stadium, Hunter Stadium, Melbourne Rectangular Stadium, and Canberra Stadium.

⁶³ JCDcaux, [The Mall Phenomenon](#)

Note 7: EY assumption. It is assumed that people with a propensity to go to a stadium in the first place will be those who are likely to make multiple trips.

Number of trips, and entry fees

How many ‘additional’ trips will be made due to AACFs?

The estimated number of people with a complex disability who will actually go to a shopping centre, museum or stadium from a ‘catchment’ population now needs to be refined.

In this regard, there are two types of visitor: those who already go to shopping centres, museums or stadiums, and those who do not.

For shopping centres, a relatively straight forward assumption is made that all those with a complex disability who reside close enough to the shopping centre will make additional trips to the centre. This assumption was verified through the consultation process.

The next step is then to estimate the number of ‘additional’ trips each person might make. The consultation process indicated that this figure might be considerable. However, in the absence of independent verification, we have opted to make a conservative assumption that each person with a complex disability located in the ‘catchment’ population of a shopping centre will make one additional trip as a result of the provision of an AACF.

For museums and stadiums the process is a little more complicated, because it cannot simply be assumed that ‘all’ people within a certain distance of the building will attend – only those who are interested in sporting events and museums will attend. Similarly, it cannot be assumed that only people within a certain distance would attend (see Note below). Thus, further adjustments need to be made to the estimated ‘catchment’ population, by accounting for the share of people with a complex disability who indicated that they would like to leave home more often; as well as the share who indicated that they have actually visited museums or stadiums in the past 12 months. Both of these proportions have been taken from the SDAC.

For museums it is assumed that people in the ‘adjusted catchment’ population would make an additional half a trip each (or more accurately, half of the people will make an additional trip per year). For stadiums it is assumed that people would make an additional 4 trips per year, on the grounds that people making trips to a stadium would be supporting the home team, and thus would want to see more than one match a year.

The specific assumptions regarding the number of ‘additional’ trips and the parameters described above are presented in Table A-4, and sensitivity testing is conducted in Chapter 6.

Note: A major limitation of basing assumed ‘catchment’ population for stadiums and museums on the size of the local population is that it does not account for the people who willingly travel significant distances to see a specific game or event, for example a finals game or a one-off art exhibition that is only staged in one city.

Table A-4: Refining the ‘catchment’ population

Building type	Potential visitors from core cohort	Share of cohort who would like to leave home more often	Share of cohort who have visited particular events	Adjusted ‘catchment’ population	Additional trips per year due to AACF
Major shopping centre	6,479	N/A	N/A	N/A	1
Smaller shopping centre	3,023	N/A	N/A	N/A	1
Museum	5,903	63%	45%	1,638	0.5
Stadium	2,255	63%	12%	175	4

Entry fee

The specific assumptions made and an overview of the justification behind each assumption is provided in Table A-5.

Table A-5: Assumed entry fee and spending, museums and stadiums

	Average ticket price
Museum	\$10 (Note 1)
Stadium	\$24 (Note 2)

Note 1: Some museums charge an entry fee and others do not. \$10 is selected as an average, conservative assumption.

Note 2: Average ticket price for 6 medium stadiums with capacity broadly in line with expected stadium elements looking forward; The Gabba, Suncorp Stadium, Sydney Football Stadium, Hunter Stadium, Melbourne Rectangular Stadium, and Canberra Stadium.

Time period of the analysis

For this analysis we have assumed a projection period of ten years for both costs and benefits – that is, every prospective development (and case study) is estimated to incur costs and receive benefits for ten years. We acknowledge that this is lower than the ‘standard’ assumption of 40 years for benefits.

The reason for including a shorter than normal timeframe for measuring the benefits is that this analysis relies on the assumption that AACFs are sufficiently rare so that the installation of one in a shopping centre, museum or stadium would encourage additional visitation by people with a complex disability (noting, of course, that the reason for the additional visitation is first and foremost the attraction of the place, not the facilities).

Consultation Questions:

21: Is the assumption that every visitor makes a 15km round trip, and that this trip takes 20 minutes, a reasonable assumption? Are you able to suggest an alternative assumption?

22: Do you agree with the assumptions regarding the number of ‘additional’ trips to shopping centres, museums and stadiums as a result of AACFs being introduced (1 for shopping centres, 0.5 for museums, and 4 for stadiums)? Are you able to suggest an alternative assumption?

23: Do you agree with the assumptions regarding the estimated entry fee and additional spending for museums and stadiums? Are you able to suggest an alternative assumption?

Appendix B Assumed building profile

Table B-1: Assumed number of buildings constructed, regulatory and non-regulatory scenarios

	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027
Shopping centres										
Total floorspace (sqm) - Regulatory										
10,000-25,000	10	11	2	12	15	10	10	10	10	10
25,000-50,000	15	16	3	17	22	15	15	15	15	15
50,000-75,000	3	3	1	3	4	3	3	3	3	3
75,000-100,000	3	3	1	3	4	3	3	3	3	3
100,000 plus	3	3	1	3	4	3	3	3	3	3
Total floorspace (sqm) – Non-regulatory										
10,000-25,000	6	6	1	7	9	6	6	6	6	6
25,000-50,000	9	9	1	10	13	9	9	9	9	9
50,000-75,000	1	1	0	1	2	1	1	1	1	1
75,000-100,000	1	1	0	1	2	1	1	1	1	1
100,000 plus	1	1	0	1	2	1	1	1	1	1
Museums										
Annual visitation (Regulatory)										
0-500,000	0	3	4	1	0	0	1	1	1	1
500,000 – 1,000,000	0	3	5	2	0	0	1	1	1	1
1,000,000 – 1,500,000	0	3	4	1	0	0	1	1	1	1
Annual visitation (non-regulatory)										
0-500,000	0	2	2	1	0	0	1	1	1	1
500,000 – 1,000,000	0	2	3	1	0	0	1	1	1	1
1,000,000 – 1,500,000	0	2	2	1	0	0	1	1	1	1
Stadiums										
Regulatory	0	0	10	4	3	2	2	2	2	2
Non-regulatory	0	0	6	2	2	1	1	1	1	1

Appendix C Consultation approach

A balanced Regulatory Impact Statement consists of both primary and secondary data analysis, which allows for a more complete understanding of the program.

Primary data collection involved consulting with individuals who have a disability, carers, parents, a Care Group and Peak body to obtain insights into the attitudes, perceptions and ideas about AACFs from an “end users” perspective. In addition to this, the availability and suitability of the change facilities was explored, along with the perceived benefits and challenges of accessing and using such facilities.

Target audience

Insights were obtained through a series of in-depth and paired interviews, and small group discussions with 10 people, including:

- ▶ Four (4) people with a disability (spinal cord injury, head injury, encephalitis).
- ▶ Two (2) parents of teenagers and young adults with a disability (cerebral palsy).
- ▶ Three (3) Care Group representatives, including the Manager, disability accommodation services, the holiday co-ordinator and one of the carers.
- ▶ The CEO of a Peak Body (and life time wheelchair user).

The location of research participants is outlined in the table below:

Table C-1: Sensitivity of case study results to change in key parameters

Location	Number of Interviews			Total
	People with Disability	Parents / Carers	Care Group / Peak Body	
New South Wales	1	1	1	3
Victoria	1	1		2
Western Australia	2	1	2	5
Total	4	3	3	10

Interviews and small group discussions

Each session lasted between 30 minutes and one and a half hours, and involved face to face and phone interviews with one or more participants, as well as a small group discussion.

Recruitment strategy

Participants in the qualitative research component were recruited through a respected well known individual with extensive industry sector knowledge. This individual introduced us to organisations, through who the final participants were recruited.

Research instruments

A discussion guide was developed for use in both the one-on-one interviews and small group discussions.

The key areas of enquiry covered in the guide related to the primary objectives of the Regulatory Impact Statement, as well as the identification of potential opportunities for improvement. The following table provides an outline of the key questions.

Table C-2: Sensitivity of whole of economy results to integration of AACFs with standard accessible facilities

Issue	Key questions
Background and activities	<ul style="list-style-type: none"> ▶ Could you tell us about you? ▶ Do you like to go out, and if so where do you go and what do you do? ▶ How important is it for you to be able to go out? ▶ Overall, what are the biggest barriers for you to going out?
Going out	<ul style="list-style-type: none"> ▶ When you decide to go out, what planning do you have to do? ▶ Is there anything that you need to be mindful of when you go out, and if so what? ▶ Is there anything that you worry about when you go out? ▶ Is it important for you to be able to access a public bathroom when you go out?
Change facilities	<ul style="list-style-type: none"> ▶ Have you ever come across or heard of the “Changing Places” facility? ▶ What is your understanding of how they work? ▶ Have you actually used one? ▶ If respondent had not accessed a change facility... ▶ What difference do you think a facility like this could make to you? ▶ What are the possible benefits and drawbacks? ▶ If a facility like this was located in your local shopping centre or some other public facility, do you think you might go there more often?
Opportunities for improvement	<ul style="list-style-type: none"> ▶ If you were boss for the day, what would you do to make it easier for you and others to go to shopping centres and other public places? ▶ Finally, is there anything that you would like to add about public facilities?

These questions were modified to suit the Care Group and CEO from the Peak Body.

Ethics exemption

An application for ethics exemption was lodged with the Queensland University Human Research Ethics committee. Ethics exemption was approved and received on 16 November 2017 (Approval number 2017001810).

Appendix D International Comparisons

There is international precedent for introducing changes to building regulations based on issues identified for accessing AACFs. A Canadian research paper on exploring the barriers to shopping mall use by person with disabilities, from the perspectives of people with disabilities, rehabilitation professionals and shopkeepers⁶⁴, provides a multi-perspective assessment of the usability. The report also comments on the environmental facilitators and obstacles to social participation in shopping malls. From the perspective of a rehabilitation professional:

“[Toilets] are often located at the far end of a hallway. It’s cramped, it’s not sure that someone with a wheelchair can really get in. There’s not always a raised toilet seat or a support bar. The sink is not at the right height. . .” (Rehabilitation professional)

To address such concerns, various countries have introduced standards or guidelines for the provision of AACFs, namely in the United Kingdom, Canada and the US (California). These are summarised below.

United Kingdom

Internationally, the UK is the only country that provides a precedent for non-regulatory solutions driving the uptake of AACFs. Specifically, the British Standard (BS) 8300 provides detailed guidance relating to the provision and design of Changing Places toilets. It recommends (but does not mandate) that Changing Places facilities should be provided in larger buildings and complexes with public access or where visitors are likely to spend a large period of time. The Changing Places website⁶⁵ reports that so far, over 1000 toilets have been registered in the UK, with a further 100 venues providing AACFs that include some but not all the requirements of a Changing Places specified facility.

While there is no funding available specifically for Changing Places toilets, some venues in the UK have obtained funding from various sources to build facilities depending on what type of organisation they are or where they are located.

There are ongoing calls in the UK for BS 8300 to be upgraded to mandate the provision of AACFs on the grounds that the current uptake is deemed insufficient to cater for the country’s disabled population.⁶⁶ The matter was raised in the House of Commons on the 13th of December 2017, receiving a positive response from the Prime Minister, the Rt Hon Theresa May MP⁶⁷.

⁶⁴ Swaine, B. et. Al (2013) Exploring the facilitators and barriers to shopping mall use by persons with disabilities and strategies for improvements: Perspectives from persons with disabilities, rehabilitation professionals and shopkeepers, ALTER, European Journal of Disability Research 8 (2014) 217-229

⁶⁵ [Changing Places](#)

The individual countries of the United Kingdom each have their own technical documents providing further guidance on the desirability (but again not mandating) of providing AACFs in public buildings. Further detail is provided below.

England

In England, Approved Document M (Access to and use of buildings (AD M) 2013 edition) Section 5 refers to the provision of sanitary accommodation and CP facilities in larger buildings. Section 5.6 states that in large building developments, separate facilities for baby changing and an enlarged unisex toilet incorporating an adult changing table are desirable (further guidance is provided in section 12.7 and Annex G of BS 8300).

In addition, Section 5.17 states that in large building complexes, such as retail parks and large sports centres, there should be one wheelchair accessible unisex toilet capable of including an adult changing table

Scotland

In Scotland, Technical Handbook 2013, Section 3.12 – ‘Sanitary facilities’ acknowledges CP toilets as best practice and includes recommendations for a network of these facilities, as follows:

“A CPT is provided where the building owner chooses to do so and their installation represents best practice. There are many building types best suited for CPT installations including publicly accessible facilities such as shopping malls, entertainment or assembly buildings and transport related facilities. Provision of CPTs within suitable buildings is important to establish a network of facilities at appropriate locations across the country.”

Northern Ireland

In Northern Ireland, Technical Booklet R 2012 – ‘Access to and use of buildings’, Section 6, ‘Sanitary accommodation’ covers the provision of sanitary and changing facilities in dwellings and non-domestic buildings.

In addition, Appendix A, includes the following recommendation for Changing Places facilities:

“People with profound and multiple learning disabilities, who require the help of up to two assistants, need a facility that is a combined toilet, shower and changing room. Such facilities require extra space to accommodate people, often using large wheelchairs having elevated leg rests, a reclining facility or integral oxygen cylinders, and space to fit slings for use with a hoist. It also needs to be possible for a wheelchair to remain within the facility when not in use without compromising the safe access and use of the equipment. A Changing Places toilet includes such extra space and facilities.”

Canada (Ontario)

In 2013, Ontario Regulation 368/13 was filed to amend the new 2012 Building Code, O.Reg. 332/12. The effective date of the amendment was January 1, 2015. At least one universal toilet room is required in all buildings, and, for multi-storey buildings, at least one for every three floors. Space for an adult change table has to be provided in all universal toilet rooms except in buildings under 300 square metres in building area.

US (California)

In California, Assembly Bill No. 662 Public accommodation: disabled adults changing facilities states that:

(a) A person, private firm, organization, or corporation that owns or manages a commercial place of public amusement shall install and maintain at least one adult changing station for persons with a physical disability that is accessible to both men and women when the facility is open to the public, if either of the following occur:

The commercial place of public amusement is newly constructed on or after January 1, 2020.

(A) When an existing commercial place of public amusement is renovated on or after January 1, 2025, and requires a permit or the estimated cost of the renovation is ten thousand dollars (\$10,000) or more

(B) A commercial place of public amusement with an enclosed restroom facility or other similar private facility with an adult changing table in use before January 1, 2025, shall be deemed to comply with this paragraph.

(C) A facility shall ensure that the entrance to each adult changing station has conspicuous signage indicating the location of the station, and, if the facility has a central directory, shall ensure that the central directory indicates the location of the adult changing station.

It is not known whether this Bill has been passed by the Assembly.

Appendix E Technical specifications Option A

This section sets out the basis of possible technical specifications for AACFs for Regulatory Option A.. It contains all of the drafting that would potentially go into the NCC and the Premises Standards. This version of the technical specification has been included in the NCC 2019 Public Comment Draft.

For ease of comparison, revisions to existing NCC text have been shown in tracked changes as follows.

- ▶ Inserted text in green underline.
- ▶ Deleted text in ~~red strikethrough~~.

Option A

Technical specification

[the following amendments would be inserted into the NCC]

A1.1 Definitions

...

[insert new defined terms]

Circulation space means a clear unobstructed area, to enable persons using mobility aids to manoeuvre.

Public building means a Class 9b *assembly building* that is predominantly used for—

- (a) civic, theatrical, social, or political purposes including a theatre, public hall or the like; or
- (b) entertainment, recreational or sporting purposes including a cinema, sports stadium, swimming pool, sporting or other club, or the like; or
- (c) transit purposes, including a bus station, railway station, airport or ferry terminal.

D3.6 Signage

...

(c) signage in accordance with—

- (i) AS 1428.1 must be provided for *accessible* unisex sanitary facilities to identify if the facility is for left or right handed use; ~~and~~ or

(ii) Clause 11 of Specification F2.4 must be provided to identify accessible unisex sanitary compartments required by F2.4(j); and

(g) in addition to the signage required by (f), where a bank of sanitary facilities in a building subject to F2.4(j) is not adjacent to an accessible unisex sanitary compartment that complies with Specification F2.4, directional signage incorporating—

(i) the international symbol for access in accordance with AS 1428.1; and

(ii) the 'Hoist / Table' symbol in accordance with Clause 11 of Specification F2.4, must be provided to direct a person to the nearest such facility.

F2.3 Facilities in Class 3 to 9 buildings

(a) Except where permitted by (b), (c), (f), ~~F2.4(a) and F2.4(b)~~ and F2.4(j), separate sanitary facilities for males and females must be provided for Class 3, 5, 6, 7, 8 or 9 buildings in accordance with **Table F2.3**.

...

F2.4 Accessible sanitary facilities

...

(d) an *accessible sanitary compartment*, other than one required by (j), must contain a closet pan, washbasin, shelf or bench top and adequate means for the disposal of sanitary towels; and

...

(j) in addition to those required by (a), one unisex accessible sanitary compartment complying with Specification F2.4 must be provided in an accessible part of any—

(i) Class 6 shopping centre that has a design occupancy greater than 1400 people, determined in accordance with Table D1.13 for each part of the building that is used as a shop; and

(ii) Class 9b public building, other than one that is required to comply with H2.8, and in which at least one accessible unisex sanitary compartment is required by (a).

SPECIFICATION F2.4 UNISEX ACCESSIBLE SANITARY COMPARTMENTS — ADDITIONAL FEATURES

Deemed-to-Satisfy Provisions

1. Scope

This Specification contains the requirements for unisex accessible sanitary compartments that are required to include additional features to assist people who may be unable to use standard unisex accessible sanitary facilities independently.

2. Application

This Specification only applies to a unisex accessible sanitary compartment that is required by **F2.4(j)** or **H2.8(b)**.

3. Circulation space

(a) The following minimum circulation spaces are required within the unisex accessible sanitary compartment:

(i) Turning space: a full circle of 1125 mm radius.

(ii) Each side of pan: 900 mm (measured from each edge of the pan).

(iii) In front of pan: 2350 mm (measured from wall behind the pan, therefore includes the pan itself).

(iv) For a washbasin: the width of the basin (450 mm) increasing to a width of 1350 mm measured at a distance of 750 mm out from the wall against which the washbasin is mounted then continuing at that width for a further 800 mm from the wall (to a total of 1550 mm out from the wall).

(v) For changing rails: the width of the rails increasing to a width of 1350 mm at a distance of 750 mm out from the wall to which the rails are fixed then continuing at that width for a further 800 mm (to a total of 1550 mm out from the wall).

(vi) For a shower (if included): 2000 mm x 1600 mm.

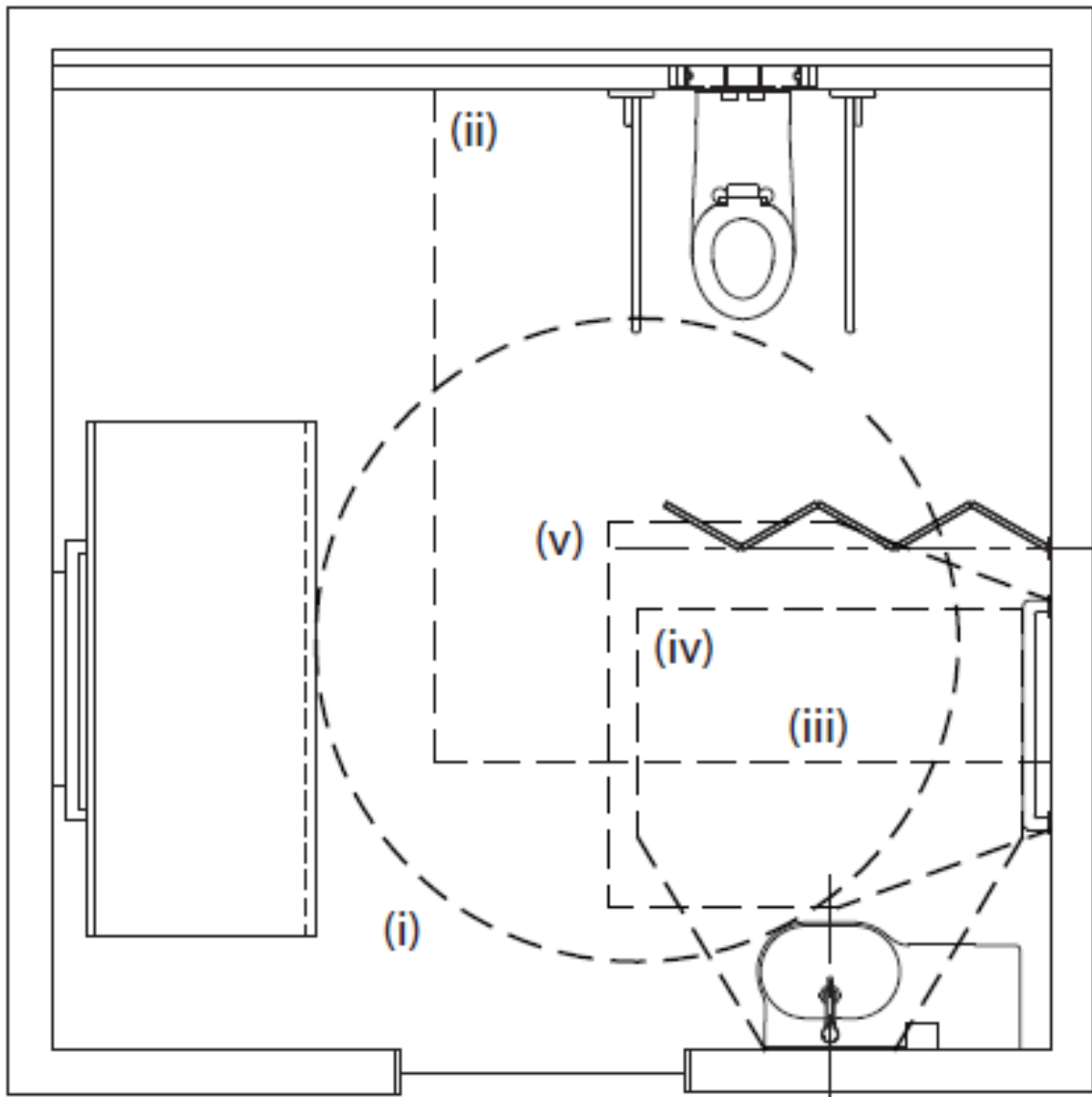
(b) All required circulation spaces must extend for a minimum height of 2000 mm above finished floor level.

(c) Required circulation spaces may be overlapped.

(d) Certain fixtures and fittings may encroach into a required circulation space, as specified in this Specification.

(e) The circulation spaces required by Clause 3(a) are depicted in Figure 3.

Figure 3 REQUIRED CIRCULATION SPACES



Notes:

1. The Roman numerals in the diagram correspond with the number for each circulation space required under Clause 3(a), which are also denoted by Roman numerals.

2. A shower (optional) has not been included in the above layout.

3. The diagram depicts a fixed change table. A fold away change table may impede a required circulation space, but only when in the open position (in use) — see Clause 5(c).

Figure 3 REQUIRED CIRCULATION SPACES

4. Hoist

- (a) A hoist must be installed to enable a person to be lifted from a wheelchair onto the change table, and back again.
- (b) The hoist must have a maximum safe working load of not less than 180 kg, and be capable of sustaining a static load of not less than 1.5 times the rated load.
- (c) The hoist must be ceiling mounted, and must be permanently installed.

5. Change table

- (a) A change table must be provided that is—
 - (i) permanently installed, with one of the long edges up against a wall and with a safety rail on the opposite side; and
 - (ii) height adjustable between 450 mm and 900 mm above finished floor level; and
 - (iii) not less than 700 mm wide; and
 - (iv) not less than 1800 mm long.
- (b) The change table must have a maximum safe working load of at least 180 kg, including when raising or lowering the table.
- (c) The change table may impede upon a *required circulation space* only if it is able to be folded out of the *circulation space* when not in use.

6. Toilet

- (a) A toilet pan, backrest, seat and flushing controls must be provided and must comply with AS 1428.1, except as varied by **(b)**.
- (b) The toilet pan must be a peninsula-type, with at least 900 mm clear space provided from each side of the pan, between the edge of the pan and any adjacent wall or obstruction, in accordance with **Clause 3(a)(ii)**.

7. Drop-down grab-rails

- (a) Drop-down grab-rails must be provided as follows:

- (i) One drop-down grab-rail to each side of the pan, set between 750mm and 770 mm apart, equi-distant (i.e. 375 mm to 385 mm) from the centre-line of the pan.
 - (ii) Height: between 800 mm and 810 mm from finished floor level to the top of the rail.
 - (iii) Length: not less than 850 mm.
 - (iv) Rail diameter: 30 mm to 40 mm.
 - (v) Securely fixed and, when lowered, able to withstand a force of not less than 1100 Newtons (N) in any direction.
 - (vi) Able to be lifted up or swung away to allow unimpeded access to each side of the pan.
- (b) At least one of the drop-down grab-rails must include a toilet roll holder.
- (c) Drop-down grab-rails that can be lifted up or swung aside may impede upon a *required circulation space* only when they are in the in-use position.

8. Hand-wash basin

A hand-wash basin must be provided in accordance with AS 1428.1.

9. Fixtures and fittings

- (a) At least one of each of the following must be provided:
- (i) Wall-mounted mirror.
 - (ii) Towel dispenser or hand dryer.
 - (iii) Soap dispenser.
 - (iv) Clothes hook.
 - (v) Bin for the hygienic disposal of incontinence pads/wipes.
 - (vi) Hook for the storage of a sling.
 - (vii) Retractable privacy screen between the toilet pan and the remainder of the room.
 - (viii) Changing rails.
 - (ix) Toilet roll holder — in accordance with **Clause 7(b)**.

- (b) The fixtures and fittings listed at (a)(i) to (v) must be installed in accordance with AS 1428.1.
- (c) The sling hook (i.e. a large clothing hook) must be installed beside the change table, at a height of 1500 mm above finished floor level, and at least 500 mm away from any internal corner.
- (d) The retractable privacy screen must be wall-mounted and non-removable.
- (e) The changing rails must be two parallel rails, each with a diameter of 30 to 40 mm, installed with—
 - (i) the lower rail between 800 mm and 810 mm; and
 - (ii) the upper rail between 1000 mm and 1010 mm, above finished floor level;and
 - (iii) able to withstand a force of not less than 1100 N in any direction.
- (f) The fixtures and fittings required by (a) may encroach upon a required circulation space.

10. Door and door controls

The door must—

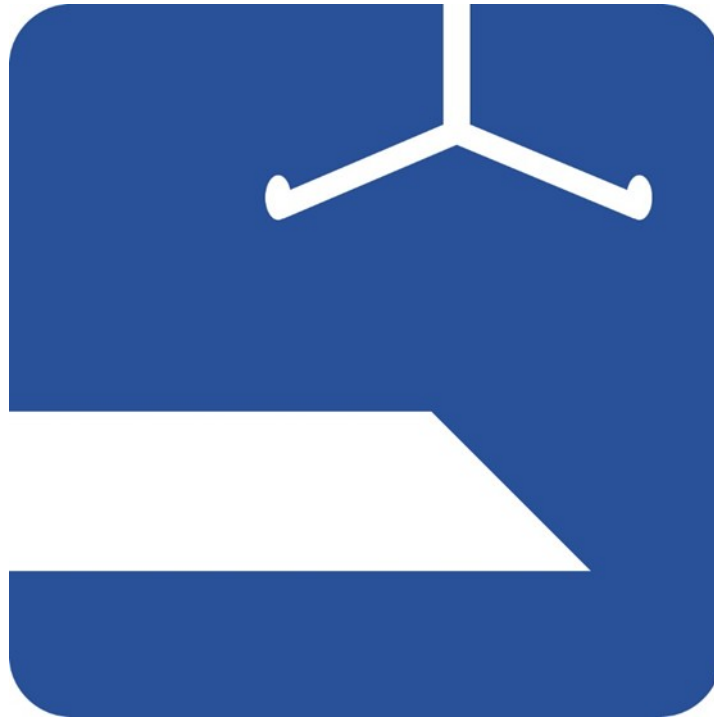
- (a) provide a minimum opening width of 850 mm; and
- (b) have a hold-open function; and
- (c) otherwise comply with AS 1428.1.

11. Signage

- (a) Signage must incorporate—
 - (i) the symbol shown in **Figure 11**; and.
 - (ii) the words “Hoist / Table” or the abbreviation “H/T”.
- (b) The symbol required by (a)(ii) must have a blue (B21, ultramarine) background with the hoist and table elements shown in white.
- (c) Signage must be braille and tactile signage complying with **Specification D3.6**.

Figure 11

HOIST / TABLE SYMBOL



F3.1 Height of rooms and other spaces

The height of rooms and other spaces must be not less than —

...

(f) in any building—

- (i) a bathroom, shower room, sanitary compartment other than a sanitary compartment required to comply with Specification F2.4, airlock, tea preparation room, pantry, store room, garage, car parking area, or the like — 2.1 m; and

...

- (iv) a sanitary compartment required to comply with Specification F2.4 — 2.4 m.

...

H2.1 Application of Part

...

Department of Industry, Innovation and Science

- (c) For an airport that does not accept regular public transport services, as defined in the Disability Standards for Accessible Public Transport 2002, only **H2.8(a)**, **H2.9**, **H2.10**, **H2.11**, **H2.12** and **H2.13** of this Part apply

H2.8 Unisex accessible toilet

(a) If toilets are provided, there must be at least one unisex *accessible* toilet without an airlock that complies with AS 1428.1 clause 10, sanitary facilities.

(b) In a Class 9b public transport building where a unisex *accessible* toilet is *required* by (a), there must also be at least one unisex *accessible* toilet that complies with **Specification F2.4**.

Appendix F Technical specifications Option B

Technical specification

[the following amendments would be inserted into the NCC, in the event that Option B was agreed upon as the appropriate technical specification]

A1.1 Definitions

...

[insert new defined terms]

Circulation space means a clear unobstructed area, to enable persons using mobility aids to manoeuvre.

Public building means a Class 9b *assembly building* that is predominantly used for—

- (a) civic, theatrical, social, or political purposes including a theatre, public hall or the like; or
- (b) entertainment, recreational or sporting purposes including a cinema, sports stadium, swimming pool, sporting or other club, or the like; or
- (c) transit purposes, including a bus station, railway station, airport or ferry terminal.

D3.6 Signage

...

(c) signage in accordance with—

- (i) AS 1428.1 must be provided for *accessible* unisex sanitary facilities to identify if the facility is for left or right handed use; ~~and~~ or
 - (ii) Clause 11 of Specification F2.4 must be provided to identify *accessible unisex sanitary compartments required by F2.4(j)*; and
- (g) in addition to the signage required by (f), where a bank of sanitary facilities in a building subject to F2.4(j) is not adjacent to an accessible unisex sanitary compartment that complies with Specification F2.4, directional signage incorporating—
- (i) the international symbol for access in accordance with AS 1428.1; and

(ii) the 'Changing Places' symbol in accordance with **Clause 11** of **Specification F2.4**,

must be provided to direct a person to the nearest such facility.

F2.3 Facilities in Class 3 to 9 buildings

- (a) Except where permitted by **(b)**, **(c)**, **(f)**, **F2.4(a)**, ~~and **F2.4(b)**~~ and **F2.4(j)**, separate sanitary facilities for males and females must be provided for Class 3, 5, 6, 7, 8 or 9 buildings in accordance with **Table F2.3**.

...

F2.4 Accessible sanitary facilities

...

- (d) an *accessible sanitary compartment*, other than one required by **(j)**, must contain a closet pan, washbasin, shelf or bench top and adequate means for the disposal of sanitary towels; and

...

(j) in addition to those required by **(a)**, one unisex accessible sanitary compartment complying with **Specification F2.4** must be provided in an accessible part of any—

(i) Class 6 shopping centre that has a design occupancy greater than 1400 people, determined in accordance with **Table D1.13** for each part of the building that is used as a shop; and

(ii) Class 9b public building, other than one that is required to comply with **H2.8**, and in which at least one accessible unisex sanitary compartment is required by **(a)**.

SPECIFICATION F2.4 CHANGING PLACES FACILITIES

Deemed-to-Satisfy Provisions

1. Scope

This Specification contains the requirements for Changing Places Facilities.

2. Application

This Specification only applies to a Changing Places Facility that is required by **F2.4(j)** or **H2.8(b)**.

3. Circulation space

(a) The following minimum *circulation spaces* are required within the unisex accessible sanitary compartment:

(i) Turning space: a full circle of 1125 mm radius.

(ii) Each side of pan: 900 mm (measured from each edge of the pan).

(iii) In front of pan: 2350 mm (measured from wall behind the pan, therefore includes the pan itself).

(iv) For a washbasin: the width of the basin (450 mm) increasing to a width of 1350 mm measured at a distance of 750 mm out from the wall against which the washbasin is mounted then continuing at that width for a further 800 mm from the wall (to a total of 1550 mm out from the wall).

(v) For changing rails: the width of the rails increasing to a width of 1350 mm at a distance of 750 mm out from the wall to which the rails are fixed then continuing at that width for a further 800 mm (to a total of 1550 mm out from the wall).

(vi) For a shower (if included): 2000 mm x 1600 mm.

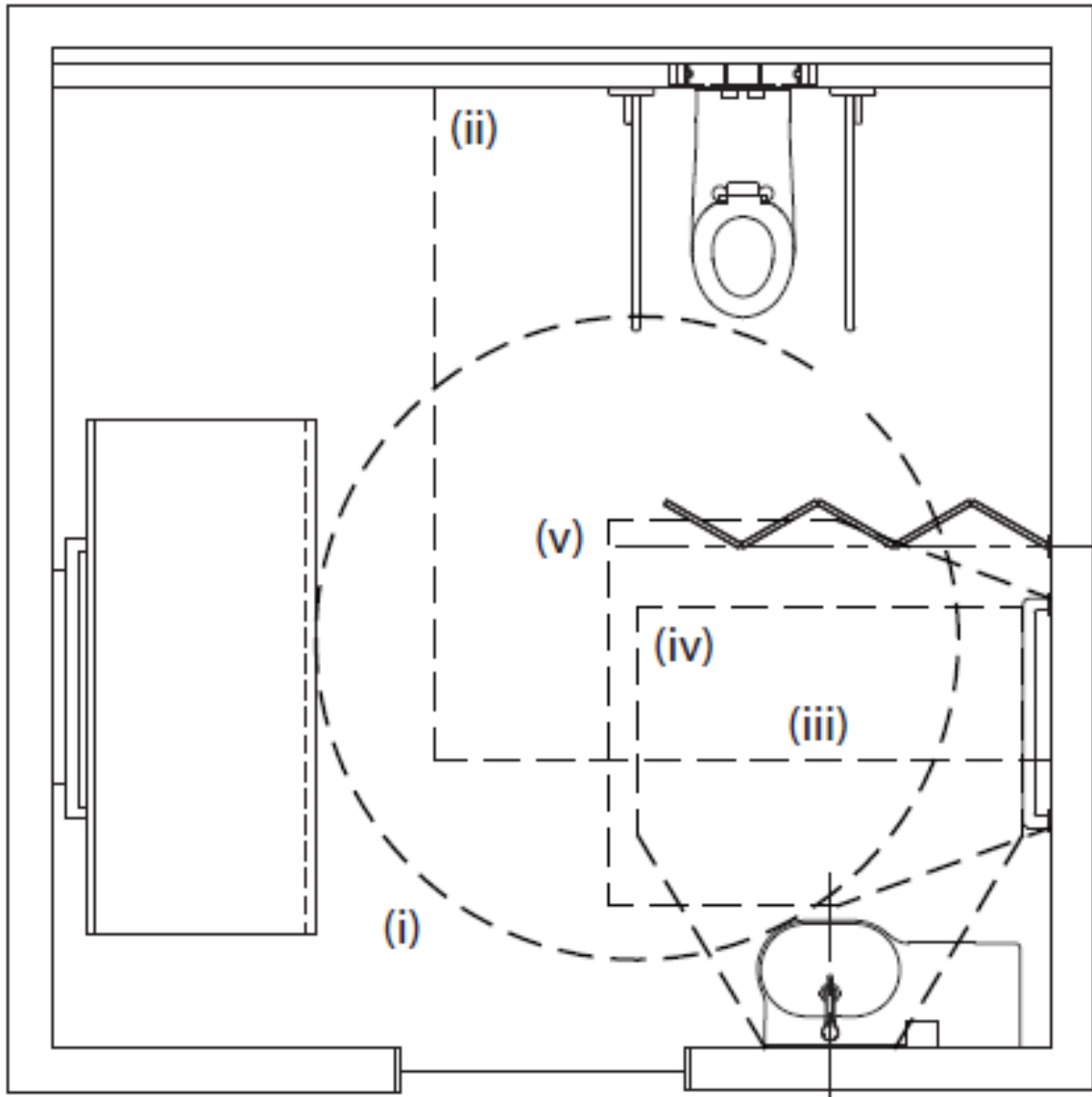
(b) All required *circulation spaces* must extend for a minimum height of 2000 mm above finished floor level.

(c) Required *circulation spaces* may be overlapped.

(d) Certain fixtures and fittings may encroach into a *required circulation space*, as specified in this Specification.

(e) The *circulation spaces* required by **Clause 3(a)** are depicted in **Figure 3**.

Figure 3 REQUIRED CIRCULATION SPACES



Notes:

1. The Roman numerals in the diagram correspond with the number for each circulation space required under **Clause 3(a)**, which are also denoted by Roman numerals.
2. A shower (optional) has not been included in the above layout.
3. The diagram depicts a fixed change table. A fold away change table may impede a required circulation space, but only when in the open position (in use) — see **Clause 5(c)**.

EDITOR'S NOTE

The following content has been extracted from the Changing Places Technical Standard, the full version of which is available on the [Changing Places Transforming Lives website](#).

Some minor changes to the original wording have been made to exclude matters outside the scope of the NCC (e.g. accreditation), and ensure the text is consistent with NCC drafting conventions.

4. Ceiling height

- (a) The minimum ceiling height of the facility is to be determined by the design of the ceiling hoist specified for the facility.
- (b) Notwithstanding (a), the facility must achieve the following as a minimum requirement, with regard to the ceiling hoist installation and track system: a minimum height of 2400mm clear unobstructed vertical height from the finished floor level.

5. Ceiling hoist

- (a) Provide a constant charge in-line room coverage hoist system, also called XY system or gantry, including 2 parallel fixed rails and a moving traverse rail. (This provides coverage over the entire room for greatest flexibility when using the facility.)
- (b) Ensure full coverage of the bathroom, including toilet and change table, is provided.
- (c) Track system must be equivalent to:
 - (i) Rail system with a safe working load (SWL) equal to or greater than 180kg.
 - (ii) Two fixed parallel rails.
 - (iii) One moving traverse rail.
 - (iv) Continuous in-line charging.
- (d) Hoist system must be equivalent to:
 - (i) Fixed hoist.
 - (ii) Lifting height up to a min 2100 mm.
 - (iii) Safe working load equal to or greater than 180 kg.

- (e) Ensure lights, fans, sprinklers and other fixtures are located after the position of the hoist tracks has been determined.
- (f) Ceiling fittings are to be recessed or the hoist tracks are to provide sufficient clearance under the fittings to allow the free movement of the hoist track.

6. Accessible toilet and grabrails

6.1 Pan

- (a) A toilet pan with a wall mounted or concealed cistern must be provided as detailed.
- (b) The toilet pan must be installed so that—
 - (i) the front edge of the pan is 800mm ±10mm from the rear wall; and
 - (ii) the top of the seat is 460-480mm above floor level; and
 - (iii) a minimum 900mm wide circulation space is provided between the pan and the side wall and privacy screen.

Explanatory information:

A centrally located/peninsula toilet is a key feature of the *Changing Places Facility* design to allow two carers to assist with the transfer. It may not meet the needs of individuals who can self transfer independently.

6.2 Seat

A toilet seat must be provided that meets the following requirements:

- (a) Be of the full-round type, (i.e., not open fronted) and with minimal contours to the top surface.
- (b) Be securely fixed in position when in use.
- (c) Have seat fixings that create lateral stability for the seat when in use.
- (d) Be load-rated to 150 kg.
- (e) Have a minimum *luminance contrast* of 30% with the background (e.g., pan, wall or floor against which it is viewed).
- (f) Remain in the upright position when fully raised.

6.3 Flushing controls

Flushing controls must meet the following requirements:

- (a) Where hand-operated flushing controls are used—
 - (i) they must be centred on the centre-line of the toilet (min height 600 mm, max height 1100 mm); and
 - (ii) the position of the flushing control within this zone must not be within the area required for any grabrails or backrest.
- (b) The flushing control must be proud of the surface and must activate the flush before the button becomes level with the surrounding surface.
- (c) If an automatic flush is being used, compliance with (b) is not required.

6.4 Backrest

A backrest must be provided that meets the following requirements:

- (a) Be capable of withstanding a force in any direction of 1100 N.
- (b) Have a height, at the lower edge of backrest to the top of the WC seat, of 120 mm to 150 mm.
- (c) Have a vertical height of 150–200 mm and a width of 350–400 mm.
- (d) The front edge of the centre of the backrest be positioned to achieve an angle of between 95° to 100° back from the seat hinge.

6.5 Toilet grabrails

Drop down grabrails must be provided and must meet the following requirements:

- (a) Located at a height of 800-810 mm to the top of the rail.
- (b) Centreline of grabrails to be located 750-770 mm apart and located equi-distant from the centreline of the WC pan, as indicated.
- (c) 850 mm minimum long.
- (d) 30-40 mm diameter.
- (e) Securely fixed to withstand a force in any direction of 1100 N.
- (f) At least one grabrail is to contain a toilet roll holder.
- (g) Capable of being lifted up or swung away to allow unimpeded access to the WC pan.

6.6 Hand wash basin

A wash basin must be provided that meets the following requirements:

- (a) The wash basin must be installed within the height range to 800 mm – 830 mm.
- (b) Exposed heated water supply pipes must be insulated or located so as not to present a hazard.
- (c) Water supply pipes and waste outlet pipes must not encroach on the clear space under the washbasin.
- (d) Hand wash basin is to have an integrated shelf area of 300 mm – 400 mm long.

6.7 Taps

Water taps must be provided that meet the following requirements:

- (a) Taps must have single lever flick mixer handles, sensor plates, or other similar controls.
- (b) Lever handles must have not less than 50 mm clearance from an adjacent surface.
- (c) Heated water is to be provided and must be delivered through a mixing spout, with temperature controlled by a thermostatic mixing valve, installed in accordance with NCC Volume Three (Plumbing Code of Australia).

7. Fixtures and fittings

7.1 Mirror/s

Mirror/s must the following requirements:

- (a) Provide a vertical mirror with a reflective surface not less than 600mm wide and must extend from a height of not more than 900 mm to a height of not less than 1850 mm above the plane of the finished floor.
- (b) Where provided, a second vertical mirror must extend from a height of not less than 600 mm to a height of not less than 1850 mm above the plane of the finished floor.

7.2 Towel dispensers, hand dryers and similar fittings

Soap dispensers, towel dispensers, hand dryers and similar fittings must be provided in compliance with following requirements:

- (a) Each fitting shall be operable by one hand.
- (b) Fittings must be installed—

- (i) with the height of their operative component or output not less than 900 mm and not more than 1100 mm above the plane of the finished floor; and
- (ii) no closer than 500 mm from an internal corner.

7.3 Clothes hook

- (a) One clothes hook must be installed between 1200 mm to 1350 mm above the plane of the finished floor located near the hand washbasin.
- (b) The clothes hook must be located no closer than 500mm from any internal corner.

7.4 Sling hook

One large clothes hook must be installed beside the change table at 1500 mm above the finished floor level and must be able to accommodate 4 x 30 mm-wide straps.

7.5 Disposal bins

The sanitary disposal units must be located as follows:

- (a) Sanitary disposal unit in the corner beside the pan.
- (b) Incontinence pad disposal bin in the corner next to change table.

8. Change table

8.1 General requirements

The general requirements for the wall mounted, motorised height adjustable change table are as follows:

- (a) Height adjustability from max. 450 mm to min. 900 mm above finished floor level.
- (b) Minimum 700mm table width.
- (c) A safety rail that can be folded up or down easily.
- (d) Weight loading capacity to be min. 180 kg.

8.2 Shelf beside change table with a fixed sanitary wipe dispenser

The following must be provided:

- (a) Sanitary wipes for cleaning of the table.
- (b) A shelf, minimum 400 mm long by 150 mm wide, for storage of supplies by users of the room.

9. Changing rails

Provide two 32 mm diameter, 800 mm long changing rails installed horizontally at 800-810 mm and 1000-1010 mm above the plane of the floor level that allow users to hold onto whilst standing to have clothes adjusted.

10. Shower

Where a shower is provided, it must comply with AS 1428.1.

11. Flooring

The flooring shall have a minimum R10 or P3 slip resistance rating, determined in accordance with AS/NZS 4586.

12. Automated door

12.1 Door threshold

The threshold at the entry door must incorporate a smooth transition without a step or lip.

12.2 Door opening

- (a) The door must have a clear opening of minimum 950mm.
- (b) At beach or lake locations, provide a minimum clear opening of 1100 mm to accommodate beach wheelchairs.

12.3 Contrast of doorway

The door must achieve a minimum *luminance contrast* of 30% between the following components:

- (a) Door leaf and door jamb.
- (b) Door leaf and adjacent wall.
- (c) Architrave and wall.
- (d) Door leaf and architrave.
- (e) Door jamb and adjacent wall.

12.4 Door control locations

The automatic door controls must be—

- (a) installed between 900–1200mm above the level of the finished floor level; and

- (b) located at least 500mm from any internal corner or internally located a minimum 300mm from the basin.

12.5 Door control safety features

The automatic door must be—

- (a) calibrated to have sufficient dwell time to allow people to safely travel through the doorway with a gentle opening and closing operation to reduce the risk of impact to users of the facility; and
- (b) fitted with a fail-safe opening mechanism that opens the door if an object is detected during its closing operation.

12.6 Door control braille and tactile text

The automatic door control signage must include braille and raised tactile text characters in compliance with **Specification D3.6**.

12.7 Door control operational requirements

The automatic door control plate signage must achieve compliance with the following operational requirements:

- (a) The “Push to Open” and “Push to Lock” buttons must have a minimum dimension of 25 mm diameter and be proud of the surrounding surface and must activate the door before the button becomes level with the surrounding surface.
- (b) All buttons must be of a contrasting colour to the plate background.
- (c) The external door control plate must indicate the method of opening the door (i.e. by way of a “Push to Open” button).
- (d) “Occupied” and “Vacant” indicator lights are required on the external plate.
- (e) “Locked” and “Unlocked” indicator lights are required on the internal plate.

13. Signage

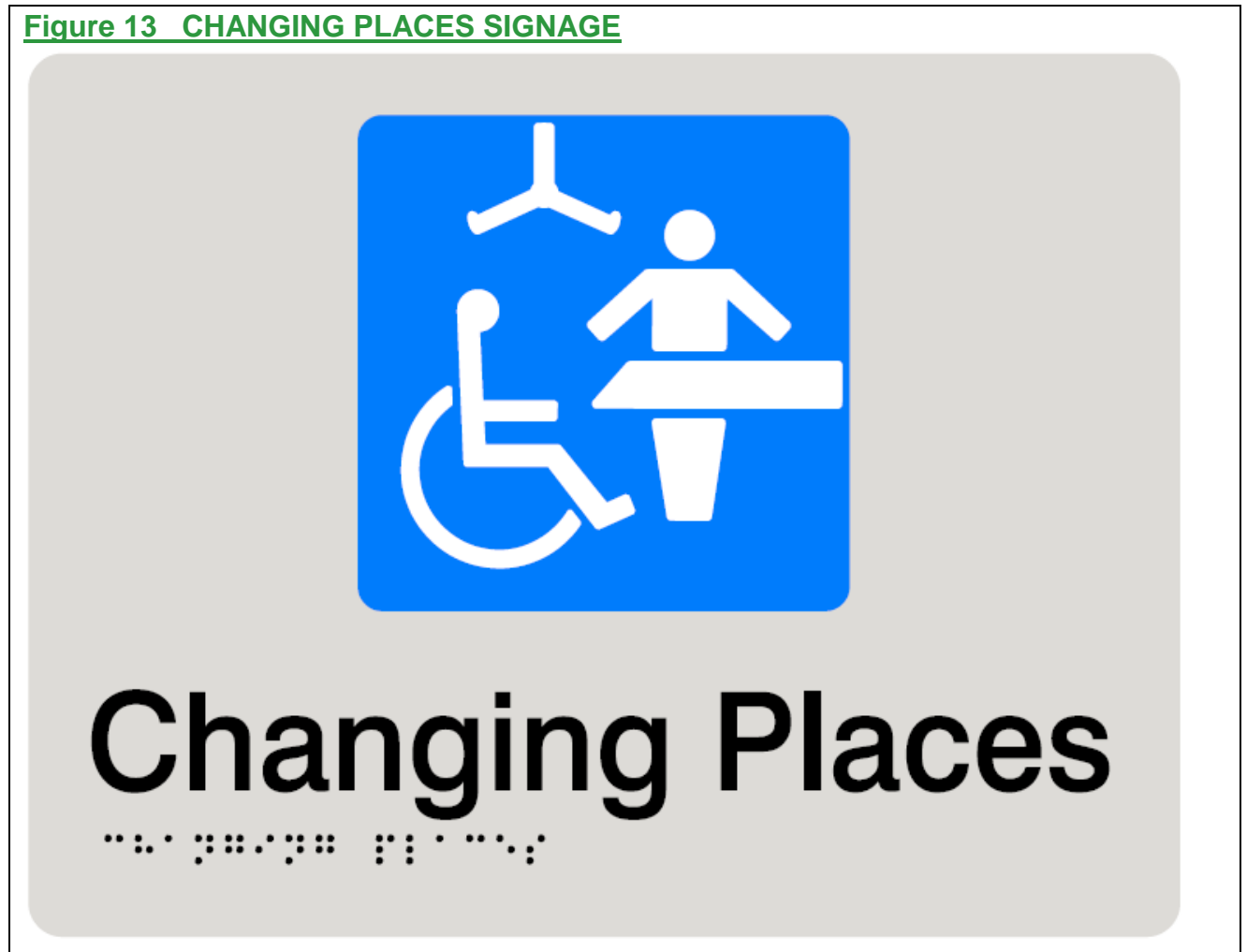
13.1 External signage

External signage must—

- (a) comply with **Specification D3.6** and include the Changing Places symbol as shown in **Figure 13**; and
- (b) be located on the wall on the latch side of the door between 50 mm and 300 mm from the architrave; and

- (c) have the braille and tactile sign located between 1200 mm and 1600 mm above finished floor level.

Figure 13 CHANGING PLACES SIGNAGE



13.2 Internal signage (operating instructions)

Operating instructions must be provided for the ceiling hoist and change table.

F3.1 Height of rooms and other spaces

The height of rooms and other spaces must be not less than —

...

- (f) in any building—
 - (i) a bathroom, shower room, sanitary compartment other than a sanitary compartment required to comply with Specification F2.4, airlock, tea preparation room, pantry, store room, garage, car parking area, or the like — 2.1 m; and

...

(iv) a sanitary compartment required to comply with **Specification F2.4** — 2.4 m.

...

H2.1 Application of Part

...

- (c) For an airport that does not accept regular public transport services, as defined in the Disability Standards for Accessible Public Transport 2002, only **H2.8(a)**, **H2.9**, **H2.10**, **H2.11**, **H2.12** and **H2.13** of this Part apply

H2.8 Unisex accessible toilet

- (a) If toilets are provided, there must be at least one unisex *accessible* toilet without an airlock that complies with AS 1428.1 clause 10, sanitary facilities.
- (b) In a Class 9b public transport building where a unisex *accessible* toilet is required by (a), there must also be at least one unisex *accessible* toilet that complies with **Specification F2.4**.

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