



LEGISLATIVE ASSEMBLY
FOR THE AUSTRALIAN CAPITAL TERRITORY

STANDING COMMITTEE ON PLANNING, TRANSPORT, AND CITY SERVICES
Ms Jo Clay MLA (Chair), Ms Suzanne Orr MLA (Deputy Chair),
Mr Mark Parton MLA

Submission Cover Sheet

Inquiry into Planning Bill 2022

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The Secretariat

Standing Committee on Planning, Transport and City Services
ACT Legislative Assembly

Via email: LCommitteePTCS@parliament.act.gov.au

Dear Secretariat

Submission on Planning Bill 2022

Advocacy for Inclusion write to provide a submission on the Planning Bill 2022.

Background

AFI provides independent individual, self and systemic advocacy for people with disabilities. We are a Disabled Peoples Organisation (DPO) which means most of our board, members and staff are people with disabilities. We represent all people with disabilities nationally from the ACT in our policy work.

AFI works within a human rights framework and acknowledges the United Nations Convention on the Rights of Persons with Disabilities and is signed onto the ACT Human Rights Act 2004.

What we want from planning

We are engaged in planning issues because people with disability often experience barriers to accessing public spaces and places due to poor planning and compliance as well as needing the planning system to respond to the lack of accessible and affordable housing.

Accessible spaces can be the difference between community living and independence and highly restricted lives for people with disabilities.¹ Public health and community development research demonstrates that the environments in which people carry out their daily activities are directly and critically related to health and well-being.²

The impost is often placed on universal design to establish its superior cost-effectiveness and value relative to existing exclusionary design standards. Yet, to date, little attention has been given to the waste of resources and excessive costs related to the exclusionary status quo.³ For example, inaccessible built spaces hinder opportunities for employment, social connection, and access to

¹ Layton, N., and Steel, E. (2015). 'An environment built to include rather than exclude me: Creating inclusive environments for human well-being.' *International Journal of Environmental Research and Public Health* 12, pp. 11146-11162.

² Baum, F. (2016). *The New Public Health*. 4th edition. Oxford University Press: Melbourne, Australia.

³ De Jonge, D., and Schraner, I. (2010). 'Economics of inclusiveness: can we as a society afford not to provide assistive technology or use universal design?'. In: Maisel, J, ed. *The state of science in universal design: emerging research and developments*. New York: Bentham Sciences, pp. 132-143.

essential services.⁴

Poor planning and access leads to adverse events, including falls for older people and admissions to acute care. Across Australia, approximately 25 percent of falls leading to hospitalisation occur in urban settings, for example on streets or highways, trade, service, and health service areas, as well as schools, and other specified areas.⁵

In 2018-19, the number of hospitalised falls across Australia was 132,933 at a cost of \$4.3 billion.⁶ Among hospitalisations due to a fall for older people almost all (93%) were classified as an emergency in terms of urgency of admission and the average length of hospital stay was 9.5 days.⁷

Design imperatives for accessibility are desirable and necessary to achieve progress in life domains highlighted in the ACT Wellbeing Indicators especially accessibility and connectivity, identity and belonging, as well as social connection. Accessibility is necessary to meet goals for active and healthy lifestyles, to maintain wellbeing and to meet human rights obligations as well as prevent discrimination.

Around 1 in 5 Canberrans has a disability while Canberra has an ageing population. The 2018 ABS Social and Community Services Survey found that 19.4% of those in the ACT had disability, up from 16.2% in 2015.⁸

Survey work on access issues across Canberra was conducted by the former PWDACT, now joined with AFI, in 2015/16. This found that access across the ACT was uneven with significant and sharp differences between the national capital precinct, new areas and older of the city:

There are ongoing access blackspots in Canberra which are hard to shift. These include improving access to the retail "courts" in Belconnen and Woden, older areas of Canberra like Manuka, parts of the city and intractable issues with wheelchair taxis. There is an uneven adoption of measures like tactile indicators, Auslan interpreting and access to web platforms.⁹

Development in Canberra needs to meet and strive to exceed the minimum standards for disability access.

This means we need consistent application of the disability standards at the Australian Standard or above throughout the built environment in new developments. We also need a progressive program of retrofitting older suburbs to address access problem areas identified by a standing group of consumers with lived experience of these barriers.

⁴ Gleeson, B. (2001). 'Disability and the open city.' *Urban Studies* 38(2), pp. 251-265; Bigonnesse, C., et al. (2018). 'The role of neighbourhood physical environment on mobility and social participation among people using mobility assistive technology.' *Disability and Society* 33(6), pp. 866-893.

⁵ Australian Institute of Health and Welfare (2022). *Falls in older Australians 2019-20: hospitalisations and deaths among people aged 65 and over*. Australian Institute of Health and Welfare. Accessed 11 November 2022.

⁶ AIHW (2021) *Disease expenditure in Australia 2018-19*. Australian Institute of Health and Welfare. Accessed 11 November 2022.

⁷ AIHW (2022) *Falls in older Australians 2019-20: hospitalisations and deaths among people aged 65 and over*. Accessed 11 November 2022.

⁸ Australian Bureau of Statistics (2019) *Disability, Ageing and Carers, Australia: Summary of Findings*, Australian Government.

⁹ People with Disabilities ACT, *Access Priorities for the ACT Election – priorities from the Access Study*, October 2016.

The standards are a range (from minimum to maximum), including minimum features, higher features, and additional features beyond the standards. The ACT should aim to be ambitious and to ensure that (generally) high standards of access in the national capital precinct are mirrored in the urban heart and commercial centres and outlands of the city and its group centres.

For instance, the standards allow for left- and right-hand transfer toilets at different heights. However, toilets that comply with changing room requirements – that is, including a hoist – exceed the standards. Best practice should aim to provide a range of these facilities across Canberra, not only facilities meeting minimum standards.

New policies which affect urban space (from parking, outdoor café seating, the introduction of touch screens and policies around e-scooters and shared paths) need to be reviewed with a disability lens, by disabled people.

Developers need to be encouraged to include people with disability in planning and developing major projects around the city. Consultation around the Surgical Procedures, Interventional. Radiology and Emergency (SPIRE) development at the Canberra Hospital provides a useful model for similar consultations as do the consultations around the Dairy Road Development. ACT Government buildings and shopfronts need to consistently demonstrate best practice and the ACT Government also needs to demonstrate good practice in its consultations.

The ACT must create a mandate for all properties in the ACT built to meet universal design standards.

We are keen to better planning for community facilities in Canberra and we support calls by ACTCOSS for social planning capacity within the new planning system.

AFI agrees with ACTCOSS in their wide ranging [submission](#) to the Review in 2021 that we need planning policy that is guided by in depth needs assessment work, a focus on social planning and more work to engage missing voices, especially people with disability who are largely invisible in planning debates despite being the most effected by planning outcomes for urban space as well as housing.

We also support ACTCOSS in their calls for a social planning unit that ensures a social planning focus is at the centre of planning policy and that needs assessment and lived experience voice guides planning policies and practice. AFI believes a social planning unit should focus on accessibility and universal design as an early priority given population ageing and equity priorities.

We specifically want people with disabilities to be more present in Canberra planning conversations and considerations on municipal government functions.

Comments on the Planning Bill 2022

AFI welcome the inclusion of principles for good planning at Clause 10 and have some comments on the wording of the activation principles under this clause.

Under the **activation and liveability principles** we would support the Bill including a reference to accessible housing as well as affordability. People with disabilities face dual disadvantage in the ACT housing market though a lack of accessibility combined with a shortage in housing with appropriate built form such as wider doorways, ground level entries, accessible bathrooms and other basic features. We recommend the relevant clause be reworded as follows.

(b) urban areas should include a range of high-quality housing options with an emphasis on living affordability and housing accessibility;

Under **High Quality Design** we support a reference to universal design principles but we also think that this should extend to accessibility standards.

Universal design often refers to design which can be retrofitted easily, but is not immediately accessible, and while this is appropriate in some contexts we would argue that *public* spaces should be produced to a high standard of *accessibility* in the first instance.

We also note that references to universal design are qualified as warranting ‘serious consideration’ whereas the principles are more proscriptive when referring to other imperatives like safe movement and integration with the urban forest. They should not be qualified in this way when they are an essential part of high quality design which meets the needs of the 80,000 people with disability in Canberra as well as a larger group of older people.

We would recommend the following rewording:

(c) built form and public spaces should be designed to be inclusive and accessible to people with differing needs and capabilities, including through ~~the serious consideration of~~ universal design practices and accessibility standards;

Craig Wallace our Head of Policy and I would be keen to meet with you to discuss design and planning priorities for people with disability and the inclusion of disability representation in planning spaces, including the ACT Environment and Planning Forum.

Thank you for considering our comments on the Bill – we would be happy to give evidence at a hearing. We are also happy for this submission to be published. Please feel free to discuss this submission with Craig Wallace on [REDACTED].

Best regards

(Sent by email)

Nicolas Lawler
Chief Executive Officer
Advocacy for Inclusion

2.02 Griffin Centre, 20 Genge Street, Canberra City, 2601
16 October 2022