tell us 3
survey report

Accessibility

This is the third in a series of reports from the **tell us** disability community survey

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1.0 PURPOSE

This third **tell us** report aims to encourage consideration within the disability and wider community about the importance of people living with disability having equitable access within the community. It highlights some of the key findings of the **tell us** survey in relation to access barriers experienced by people living with disability.

2.0 SUMMARY

This **tell us** survey report focuses on the importance of people living with disability having equity of access to places and services within their community, with particular emphasis on people accessing public transport, public premises and primary healthcare services.

The key findings of the **tell us** survey, based on nearly 800 survey responses, show that over half of the respondents found it difficult to use public transport from where they lived, over a quarter experienced problems accessing places within their community, and an average of 15 percent did not find it easy to access health support from their General Practitioner.

The report discusses these findings in the context of the UN Convention on the Rights of Persons with Disabilities, together with national legislation and regulations, and notes the benefits of raising awareness in the community about the importance of people living with disability having ready access within their community to those things that most other citizens take for granted.

3.0 INTRODUCTION

Accessibility in its broadest sense refers to "ease of access, availability, approachability, obtainability; nearness, convenience, handiness, readiness" (Oxford Thesaurus of English 2006).

The importance of good access to places and services within the community is reflected in the United Nations Convention on the Rights of Persons with Disabilities. However, many people living with disability experience barriers to access and this can have a direct impact on their ability to fully participate within the community and live a life of choice.

The Julia Farr Association (JFA) developed the **tell us** survey to gather information from people living with disability about their lives and what is important to them, to better understand the main issues felt by people in the disability community. This report draws on these experiences.

The selection of accessibility themes discussed in this report stood out as key access barriers experienced by **tell us** survey respondents. However, this report is not intended to provide an exhaustive overview of the range of accessibility issues people living with disability may experience.

4.0 RESEARCH METHODOLOGY

The questions for the **tell us** survey were derived from the Q50™ Framework[1] and covered key areas such as participation in family and community life, healthcare, employment, housing, and access to services and support.

One version (Survey A) was aimed at people living with disability and the other (Survey B) was aimed at family members and other supporters. In addition to surveys being completed by individuals visiting the Julia Farr website, or attending an event where the surveys were made available, a wide range of disability service agencies were approached and subsequently over 4,000 surveys were distributed via those service agencies who indicated a willingness to assist. Surveys were mainly collected over an eight-month period until the end of February 2008.

5.0 DEMOGRAPHICS OF TELL US SURVEY RESPONDENTS

The **tell us** survey was completed by 775 members of the disability community, comprising 610 people living with disability (Survey A) and 165 people who know a person living with disability (Survey B).

The demography of the people who completed the survey are summarised below.

*Gender and age group of those who completed the **tell us** survey*

AGE GROUP	SURVEY A			SURVEY B			TOTAL
	Female	Male	Not Stated	Female	Male	Not stated	
Under 18	6	13		5	8		32
18 – 25	18	18		8	12	1	57
26 – 35	42	27	1	17	12		99
36 – 45	69	42		9	10	2	132
46 – 55	77	47	1	22	13		160
56 – 65	74	35		17	8		134
66 – 75	55	27		2	6		90
Over 75	32	22		5	1		60
Not stated	2	1	1	3	1	3	11
TOTAL	375	232	3	88	71	6	

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[1] *The Q50™ Framework is a proprietary tool that provides a mechanism for mapping, analysing and measuring people's lifestyles.*

Main areas of disability identified through Survey A

Multiple Sclerosis	140 respondents
Parkinson's Disease	78 respondents
Arthritis (includes Osteoarthritis & Rheumatoid Arthritis)	77 respondents
Intellectual Disability	68 respondents
Acquired Brain Injury	40 respondents

Main areas of disability identified through Survey B

Intellectual Disability	37 respondents
Down Syndrome	15 respondents
Multiple Sclerosis	9 respondents
Parkinson's Disease	8 respondents
Cerebral Palsy	8 respondents

6.0 KEY FINDINGS ON ACCESSIBILITY

Several themes emerge that highlight the barriers people living with disability experience in attempting to access services and opportunities within their community.

6.1   ACCESS TO PUBLIC TRANSPORT

Question 3.1 – Is it easy for you to use public transport from where you live?

Half of survey respondents (over 51.64% Survey A and 50.91% Survey B) stated that it was not easy for them to use public transport from where they lived.

6.2   ACCESS TO SERVICES AND PLACES WITHIN THE COMMUNITY

Question 1.1 – Is it easy for you to get to places like the local shops from where you live?

Over 24% of Survey A and 35% of Survey B respondents highlighted that it was not easy for them to get to places in their local community from where they lived.

Question 2.1 – Is it easy for you to access the health support you need from your local GP?

Nearly 13% of Survey A and over 24% of Survey B respondents stated that it was not easy to access the health support they needed from their local GP.

7.0 DISCUSSION

The importance of people living with disability having ready access to places and services within their community is strongly supported by the UN Convention on the Rights of Persons with Disabilities (UN Disability Convention), which states in Article 9 that people living with disability have the right to have "access, on an equal basis with others, to the physical environment, to transportation, to information and communications..., and to other facilities and services open or provided to the public" (United Nations n.d., p. 9).

At a national level there have been activities and arrangements to support equity of access, including the Disability Discrimination Act 1992[2], inquiry into the draft Disability (Access to Premises – Buildings) Standards[3], review of the Disability Standards for Accessible Public Transport 2002[4], and the Australian Human Rights Commission.

Despite this activity, people living with disability continue to experience accessibility barriers as identified by the key findings of the **tell us** survey. The recently released report, *Shut Out: The Experiences of People with Disabilities and their Families in Australia,* prepared by the National People with Disabilities and Carers Council in response to the consultation about the National Disability Strategy, further corroborates the challenges people experience accessing their community. Among other things the report states the following:

> "More than 27 percent of submissions said that lack of access to buildings and facilities is a barrier to full participation in the community, while 29 per cent identified lack of access to transport as a significant barrier to inclusion. There was considerable frustration at the slow pace of legislative and policy change..." (National People with Disabilities and Carers Council 2009, p. 6).

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[2] *More information can be found at:*
http://www.comlaw.gov.au/comlaw/Legislation/ActCompilation1.nsf/0/02E50FC08E783ED7CA257609000288E1?OpenDocument

[3] *More information can be found at:*
http://www.aph.gov.au/house/committee/laca/disabilitystandards/report.htm

[4] *More information can be found at:*
http://www.ag.gov.au/www/agd/agd.nsf/Page/Humanrightsandanti-discrimination_DisabilityStandardsforAccessiblePublicTransport

This highlight that more consideration is needed about the factors that contribute to this inaccessibility, to ensure that people living with disability are afforded the same opportunities as other citizens to access their community.

The following discussion focuses on a range of factors that can influence the extent to which people living with disability can access their community, with particular emphasis placed on the accessibility of public transport, premises, and primary healthcare services. Key considerations for improving accessibility in these areas are also identified.

7.1 ACCESSIBILITY OF PUBLIC TRANSPORT

51.64% of Survey A and 50.91% of Survey B respondents stated it was not easy for them to use public transport from where they live

Accessible public transport is important to people living with disability as it supports their active participation in the social and economic life of the community (Australian Institute of Health and Welfare 2007). Many people living with disability are reliant on public transport to keep in touch with family and friends, access essential services when required, work, study and participate in (and contribute to) community life.

The factors that contribute to people living with disability not being able to access public transport infrastructure and services can vary depending on the modes of public transport used. One major influence is the extent that people are readily able to physically access the different public transport conveyances. In research undertaken by the Australian Institute of Health and Welfare (2008, p. 45), it was identified that survey respondents considered that "[a]ccess difficulties associated with doors, steps or other structural features of the mode of transport was the primary problem experienced...". Some examples of the physical barriers encountered by people living with disability include being unable to access buses due to bus stops and kerbing not being accessible, accessible spaces in public transport not being appropriately signed resulting in others using the space, and mobility aids not being loaded on planes due to airlines having restrictions on the size of mobility aids that can be transported (Julia Farr Association 2009; The Allen Consulting Group 2008).

A lack of available accessible public transport is also an issue. Examples include people living with disability having to wait for extended periods of time for accessible taxis (up to 3 hours on occasions), and people having no guarantee that an accessible bus will be provided on a return trip (Julia Farr Association 2009; The Allen Consulting Group 2008).

In addition to not being able to readily use accessible public transport, people living with disability also experience accessibility barriers as a direct result of the nature of support and service provided by public transport staff and operators. Examples given include staff refusing to provide assistance, and staff having a lack of knowledge about living with disability or using assistive equipment (Julia Farr Association 2009; National People with Disabilities and Carer Council 2009). This highlights how people living with disability "are clearly still at a significant risk of discrimination at the hands of individual operators" (National People with Disabilities and Carer Council 2009, p. 45).

The policies or systems that public transport operators have in place can also impact on the extent that their services are accessible to people living with disability. Examples of problems include the provision of general transport information in inappropriate formats (The Allen Consulting Group 2008), and having policies which require people "to travel with a companion on flights, resulting in costs being doubled and reduced independence" (Julia Farr Association 2009, p.8). A recent change to Virgin Blue airline's policies has made it "easier for people with disability to fly without a carer" through allowing "people with impaired mobility to travel on Virgin Blue unaccompanied, provided they are able to understand and respond to briefings about emergency procedures and do not require personal assistance during the flight" (Shorten 2009, p. 1). This will provide people with greater choice and independence. However, consideration of the needs of individuals who may require additional support while flying is also necessary to ensure equality of access.

It is acknowledged that progress has been made since the introduction of the Disability Standards for Accessible Public Transport 2002 (National People with Disabilities and Carer Council 2009), for example increased numbers of physically accessible public transport conveyances and infrastructure (The Allen Consulting Group 2008). However, more investment is needed to ensure that all aspects of public transport, including the services and information provided by transport staff and operators, are genuinely accessible.

7.1.1 CONSIDERATIONS

Regular disability awareness training, as an integral part of any training undertaken within the public transport industry and provided to all levels of service delivery, would increase the quality of service provided.

Providing disability awareness training which focuses on the rights of people living with disability and extending to them the same respect and dignity afforded to other travellers, would help ensure that the services are accessible and non-discriminatory.

Involving people living with disability in preparing and delivering such training will also ensure that the information provided is relevant and responsive to the needs and perspective of people living with disability.

Provision of greater support to the public transport industry would help to ensure that all aspects of their service are accessible and meet their obligations under the Disability Discrimination Act 1992, Disability Standards for Accessible Public Transport 2002 and UN Disability Convention.

There needs to be a focus on supporting the public transport industry to "develop the right 'culture' for the future by ensuring that they have in place approved policies, practices and procedures for responding to the needs of disabled customers" (European Conference of Ministers of Transport 2006, p. 6). Raising awareness within the public transport industry about legislative requirements and international obligations, and introducing more independent monitoring measures to support their implementation, would assist in ensuring that the whole transport journey is accessible, including ready access to conveyances, infrastructure, supports and information when required.

7.2 ACCESSIBILITY OF PREMISES

"[I want to] be able to access places where normal people go. I am limited to where I can go and what I can do"
*(A comment made by a **tell us** survey respondent when asked what could be improved in their life.)*

Ease of access to premises assists people living with disability to participate in the life of their community. If accessibility barriers exist, "people with a disability cannot access goods, services and facilities which other Australians take for granted..." (Dreyfus 2009, p. ix). This can have a direct impact on the level of independence and quality of life people experience (National People with Disabilities and Carer Council 2009).

In the Disability Discrimination Act 1992, *premises* is broadly defined as including buildings (existing, new or proposed), car parks, footpaths, parks, and "covers issues such as fitout design (for example, the height of service counters or the accessibility of features such as drinking water fountains) and the way premises are maintained and managed" (Australian Human Rights Commission 2009, p. 7). This definition highlights the diversity of factors that can impact on the extent that people can access premises within their community.

Examples of the range of barriers people living with disability experience include toilets being inaccessible, toilets being used for storage, service

counters being too high, narrow doorways and corridors, uneven car park surfaces, a lack of accessible signage, and no ramps provided or ramps having insufficient gradients (Fidock & Williams 2010; National People with Disabilities and Carer Council 2009). Other members of society, such as those who are ageing, also experience these types of barriers. With a projected rapid increase in Australia's ageing population with people aged over 65 increasing from over 2.8 million in 2008 to nearly 10.4 million in 2056 (Australian Bureau of Statistics 2008), demand for accessibility to premises is likely to intensify as each year goes by.

One factor that can contribute to such barriers is the limited awareness and knowledge that the wider community has about accessibility of premises (National People with Disabilities and Carer Council 2009). Another influence is the complex array of regulations and policies that exist across all levels of government, and the current "legislative, regulatory and policy gaps that allow parts of the built environment to remain inaccessible" (National People with Disabilities and Carer Council 2009, p. 44).

Draft standards (Draft Disability [Access to Premises – Buildings] Standards) were tabled in the federal parliament in December 2008 in acknowledgement of the importance of better access to premises for people living with disability and the ageing community, and the need to provide greater clarity about what constitutes access to premises (McClelland 2008). The purpose of these standards is "to achieve more consistent, systemic and widespread improvements in non-discriminatory access for people with disability to publicly accessible buildings" (McClelland 2008, p. 1). The House of Representatives Legal and Constitutional Affairs Committee undertook a review of these draft standards and recommended in a report tabled in parliament on 15 June 2009 "that the draft Premises Standards be finalised and introduced without delay" (House of Representatives Standing Committee on Legal and Constitutional Affairs 2009, p. 1).

A key benefit of introducing such standards is that they will assist in harmonising the Building Code of Australia requirements with the Disability Discrimination Act 1992, to help ensure that new or renovated buildings are compliant with the Disability Discrimination Act 1992 (Australian Human Rights Commission 2009; McClelland 2008). Another advantage is that these standards may help reduce the need for people living with disability to have to pursue their rights through the Disability Discrimination Act complaints mechanism (Australian Human Rights Commission 2009).

However, because the draft standards only focus on new and renovated public buildings, other aspects of the built environment, as defined in the Disability Discrimination Act 1992, are less likely to be addressed. There is a need for greater consideration about how to ensure accessibility to *all* aspects

of premises, so that people living with disability have full access and, thereby, equal opportunity.

7.2.1   CONSIDERATIONS

Establishing legislation and regulations that address the accessibility of other areas not included in the draft Premise Standards would assist in ensuring compliance with the Disability Discrimination Act 1992.

There is a need for a legislative and regulatory framework that requires all premises, new or old, to be rendered accessible within a given timeframe. Such a comprehensive approach will assist in responding to the regulatory gaps that currently exist, provide greater clarity within the community about what is deemed accessible and non-discriminatory, improve overall access, and provide an appropriate mechanism for people living with disability to assert their rights in line with the UN Disability Convention.

7.3 ACCESSIBILITY OF PRIMARY HEALTHCARE SERVICES

12.62% of Survey A and 24.24% of Survey B respondents stated that it was not easy to access the health support they needed from their local GP

General Practitioners (GPs) provide an important role in the provision of primary healthcare to people living with disability in our community. This is further emphasised "due to more people moving out of institutions into community accommodation arrangements and increasing numbers of people living with disability due to Australia's ageing population" (Fidock & Williams 2010, p. 3). This increase in demand presents GPs with a range of issues they need to consider in regards to making their services accessible to people living with disability. Many survey respondents did not report access problems, and this is encouraging and valued. However, with up to a quarter of respondents reporting access problems it is important to examine the issues.

The extent that public transport and premises are accessible can influence whether people living with disability are able to access the supports they require from their GP. Examples of barriers include poor access to GP clinics due to doors being too heavy to open, examination tables being too high and not adjustable, insufficient space available in consulting rooms for people who use a wheelchair, inaccessible toilets, and insufficient signage for people with vision impairments (Council of Disabled People n.d.; Fidock & Williams 2010). Examples of public transport barriers people experience include GP clinics not being in proximity to accessible bus routes, and taxis not being accessible or available to take people to their GP (Council of Disabled People n.d.).

The considerations mentioned earlier in this report, which focus on raising community awareness about the rights people living with disability have to access public transport and premises and what is required to make this happen, would help to address such barriers and create increased opportunities for people living with disability to access their local GP.

In addition, the quality of service provided by GPs can also impact on whether people living with disability are able to access the health support they need. One factor that can create a barrier to people having their health needs met is the lack of knowledge and insight GPs have about a person's disability (Cook & Lennox 2000; Fidock & Williams 2010; National People with Disabilities and Carer Council 2009). This can result in 'diagnostic overshadowing' which occurs "when a person's symptoms or condition is wrongly attributed to their disability rather than a separate medical condition" (Senate Community Affairs Committee Secretariat 2007, p. 119). A comment made by a **tell us** survey respondent highlights the impact this can have on people living with disability.

> *"Lack of empathy or knowledge on medical level - much time in the past spent "Dr Shopping". This and being misdiagnosed has led to a lot of time and energy which could have been spent on improving my health."*

Ineffective communication between GPs and people living with disability is also another barrier to the provision of responsive primary healthcare as the "processes of assessment, diagnosis and management in general practice are all highly dependent on the communication of information..." (Lennox, Diggens & Ugoni 1997, p. 385). Communication barriers can lead to misdiagnosis and result in people not having access to the health supports they need (Disability Rights Commission n.d.; Ziviani et al. 2004). A number of factors can contribute to communication barriers, such as GPs not using alternative means of communication when required and GPs minimising the interactions they have with people living with disability (Ziviani et al. 2004).

These types of service delivery barriers highlight the need for greater consideration about how to improve access to quality primary healthcare.

7.3.1   CONSIDERATIONS

Provision of training and education, which focuses on increasing GP knowledge about disability and how to effectively communicate with people living with disability, would enhance the quality and responsiveness of the service provided.

Specific, targeted GP education that focuses on the relationship between disability and a person's health needs could assist in responding to misdiagnosis or 'diagnostic overshadowing' (Disability Rights Commission n.d.). Training needs to highlight that:

"Disability is not regarded or defined as a chronic illness or disease. Rather disabilities can be caused, aggravated or compounded by the course of an illness or disease, and chronic health problems can result from aspects of disability for some people" (Department of Human Services 2001, p. 7).

Provision of training and education that focuses on effective communication techniques would also provide GPs with the skills to identify and respond to the health needs of people living with disability through improving their capacity to collect and convey relevant information.

Involving people living with disability in the design and delivery of training and education to GPs would also help to strengthen its relevance and impact.

8.0 CONCLUSION

Accessing our local community is important for all of us. However, inaccessible transport, buildings and other services mean that people living with disability have a greatly reduced opportunity to participate in, and contribute to, community life, and in so doing live a good life.

Accessibility barriers relate to all aspects of the community. This highlights the need for greater community awareness about the fundamental right of people living with disability to have equity of access, as emphasised in the UN Disability Convention and the Disability Discrimination Act 1992, and what is required to make this happen.

The importance of addressing the accessibility barriers experienced by people living with disability is further reinforced by the projected rapid increase in the number of people living with disability due to Australia's ageing population.

Key to this are:

- Increasing community awareness, for example through disability awareness training and education designed and delivered with the involvement of people living with disability, about the discrimination experienced of people living with disability, their right to fully participate within the community, the value of diversity, and the importance of active citizenship in all our lives;

- Supporting the community to increase accessibility for all citizens, for example through provision of information and the establishment of enforceable regulations.

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