
D Goods, services and facilities, and social participation

The provision of goods, services and facilities, and access to other areas that are termed ‘social participation’ in this report (accommodation; clubs and incorporated associations; sport; and the disposal of land), are important influences on the ability of people with disabilities to participate fully in community life.

As noted in chapter 4, ss.24–8 of the *Disability Discrimination Act 1992* (DDA) make it unlawful to discriminate against a person with a disability, or an associate of a person with a disability, in these areas of activity. It also makes it unlawful to harass a person who wants to acquire goods or services or make use of facilities, either in relation to their disability (s.39) or in relation to the disability of an associate (s.40). The DDA does not define goods or facilities, but it defines services (s.4(1)) to include:

- (a) services relating to banking, insurance, superannuation and the provision of grants, loans, credit or finance; or
- (b) services relating to entertainment, recreation or refreshment; or
- (c) services relating to transport or travel; or
- (d) services relating to telecommunications; or
- (e) services of the kind provided by the members of any profession or trade; or
- (f) services of the kind provided by a government, a government authority or a local government body.

In determining whether s.24 of the DDA (goods, services and facilities) has been infringed in the area of telecommunications, sections of the *Telecommunications Act 1997* are relevant. Section 383 of that Act requires consideration of whether customer equipment complies with a standard under s.380 of that Act for determining whether discrimination has occurred.

There are circumstances in which discrimination in these areas is not unlawful (see chapter 4), while ss.45 (‘special measures’) and 46 (‘superannuation and insurance’) provide exemptions for discrimination in some of these areas of activity (see chapters 4 and 12).

In this appendix, outcomes, changes in outcomes and possible barriers to participation for people with disabilities in these areas of activity are discussed (section D.1). Complaints that have been made under the DDA (section D.2) and the use of other DDA provisions (section D.3), in relation to these areas of activity, are then outlined. The appendix concludes with examination of the benefits and costs of the DDA in these areas. Issues that relate primarily to physical access are discussed in appendix C.

D.1 Outcomes for people with disabilities

It is difficult to define and measure outcomes in the provision of goods, services and facilities, and social participation. Broad indicators can relate to: the availability of accessible goods, services and facilities; the rates of use for particular goods, services and facilities; or membership and participation rates in particular activities. Initiatives to encourage inclusion may also be an indicator of outcomes. To the extent possible, these types of indicators are used in this section to describe outcomes for people with disabilities—using quantitative, qualitative and anecdotal information. There are, however, some constraints on the analysis, relating to issues including availability and recency of data, and accuracy of responses to surveys. The disability groups referred to in parts of this section—‘physical/diverse’, ‘sensory/speech’, ‘psychiatric’ and ‘intellectual’—are consistent with the National Community Services Data Dictionary (NCSDC 2004), and are defined in chapter 3.

Outcomes in the provision of goods, services and facilities

Outcomes in the provision of goods, services and facilities appear to vary across areas of activity and types of disability.

Telecommunications

Telecommunications outcomes for people with disabilities are varied, although the following discussion suggests that people with physical/diverse or sensory/speech disabilities face particular accessibility problems in a range of areas.

Payphones

The number and use of payphones in Australia is falling (Jolley 2003), although they remain an important communication source for many people and account for 10 per cent of emergency calls. People with disabilities continue to experience more

problems accessing payphones than do people without disabilities, due to factors such as:

- the siting of payphones and design of their hoods, which cause problems for people who are blind or vision impaired
- credit card phones, which cause problems for people who are blind or vision impaired, and for people with intellectual disabilities
- the height of payphones, which causes problems for people with physical disabilities
- the availability of telephone typewriter (TTY) payphones (170 of the 33 500 public payphones in Australia) that can be used by the deaf community or people with hearing or speech impairments (Jolley 2003, pp. xxix, 90–1).

Mobile phones

Mobile phones present many opportunities for people with disabilities. SMS, for example, is the only source of mobile communication for people who are deaf and has provided significant benefits to this group, including the ability to communicate with hearing people using mainstream technology for the first time (Jolley 2003). Estimates suggest that the deaf make an average of ten SMS calls each day—ten times the national average (anecdotal evidence from the Australian Association of the Deaf in Jolley 2003).

Nonetheless, the ability of people with some disabilities to use the range of mobile services available to the broader community, and the conditions on which they receive access, have been perceived as inadequate in some cases.

- People with vision impairments cannot access all (including some standard) features of mobile phones and cannot use SMS, but they are charged the same price as sighted people (Jolley 2003). Mobile phones that might better accommodate their needs cost more than standard sets and are not widely available (Jolley 2003).
- People with hearing aids do not have a choice of network—ongoing interference problems on the GSM network mean CDMA is the only network they can use (Australian Communication Exchange (ACE), sub. 31; see also section D.3).
- TTYs in Australia operate only over the fixed line analogue network (Jolley 2003).
- Deaf people and people with hearing or speech impairments, who rely on text messaging, are denied the real-time communication available to voice telephony users, including mobile access to emergency services (ACE, sub. 31). (An initiative launched in June 2003 in Western Australia—SMSAssist—allows

people with communication disabilities to use SMS to contact police (though not for extreme emergencies) (Western Australia Police Service 2003).

- SMS, the only available means of mobile communication for deaf people allows significantly less data to be transferred per call than by voice telephony. Higher SMS use rates by deaf people can cost this group more, although Telstra has provided them with 'more equitable' monthly plans emphasising SMS, rather than voice call, use (Jolley 2003, pp. 80–1).

Telecommunications initiatives for people with disabilities

Several initiatives have been established in telecommunications for people with disabilities, particularly those who are deaf or have hearing or speech impairments.

- The National Relay Service was established in 1995, providing those who are deaf or have hearing or speech impairments with access 'on terms, and in circumstances, that are comparable to the access other Australians have to a standard telephone service' (Jolley 2003, p. xix). Most of its services operate 24 hours a day.
- Telstra and Optus operate disability equipment programs, which provide special or modified equipment to customers with disabilities to use over the fixed line network. Mobile and Internet access are not included. Telstra offers a wider variety of equipment than Optus, particularly for people with disabilities other than hearing impairments (Jolley 2003). Telstra announced new wholesale arrangements in January 2003 that may allow other telecommunications companies to access Telstra's disability equipment (Jolley 2003).

Universal design

Universal design is not usually a characteristic of telecommunications. Jolley (2003) observed, for example, that neither TTY nor hearing aid interference issues were considered when the mobile analogue network was closed or GSM was adopted. A retrospective solution has been offered only for hearing aid users by providing access to the CDMA network. Goggin and Newell argued that the industry has not learnt from this experience:

Lessons about the incorporation of disability into first- and second-generation mobile telecommunications have been scarcely registered in the design and roll-out of third-generation mobile telecommunications. (Goggin and Newell 2003, p. 56)

ACE (sub. 31) expressed concern that the needs of the deaf community and those with hearing or speech impairments will not be considered effectively if implementation of local wireless loops (with which TTYs cannot work) proceeds.

Choice of carrier

The opening of competition in the telecommunications industry in Australia has generally increased consumer choice of carrier, with other flow-on benefits for consumers. ACE (sub. 31) and Jolley (2003) noted that such choice remains limited for many people with disabilities, however, given that Telstra offers by far the widest range of accessible equipment that addresses the needs of people with a variety of disabilities.

Accessible bills and information

Many telecommunications companies offer bills and information in accessible formats. Telstra, for example, provides bills in Braille and large print for those who are blind or vision impaired. Optus provides bills and company information in Braille and other accessible formats on request and has a freecall directory assistance number for people with print disabilities (those who have difficulty reading printed information) (Jolley 2003).

Internet use

Jolley (2003) and Goggin and Newell (2003) observed that people with disabilities have enjoyed several benefits of the Internet, with Jolley also noting that most large disability organisations have a web presence. Jolley (2003) commented, however, that Internet use by people with disabilities ‘has lagged behind that of the community generally’. According to ABS (2003), in 2002, 68 per cent of people without a disability or long-term health condition had accessed the Internet in the previous 12 months, compared with 48 per cent of those with a disability or long-term health condition (with no specific limitation or restriction), and 35 per cent of those who had a ‘core activity limitation’.

There appear to be continuing problems with the accessibility of websites, particularly for people with vision impairment—see, for example, HREOC (2000a), Peter Young (sub. 199), and National Information and Library Service (sub. 206)—although people appear to have different perceptions of accessibility, even of the same websites. HREOC (2000a), for example, noted ‘some blind people ... reporting services as accessible and achieving for users great advances in independence and choice of products, but others reporting less success with the same sites’. Furthermore, despite some ongoing issues, Jolley (2003) commented that good progress is being made.

Banking and finance

HREOC (2000a) identified several accessibility problems for people with various disabilities, though some have since been addressed by voluntary industry standards for automatic teller machines (ATMs), EFTPOS, and Internet and phone banking (section D.3).

Problems with the inaccessibility of ATMs, for example, can arise for: people who are blind (due to the lack of audio components or tactile indicators) or vision impaired (due to glare, poor lighting, small and low-contrast print); people with cognitive or learning disabilities, if the steps to follow are not consistent and logical; and people with physical disabilities—a report commissioned by HREOC (2000a) finding this group to be ‘significantly disadvantaged’ by ATM design. There has been progress on some of these—such as the introduction of audio-enabled ATMs by the National Australia Bank, which is aiming to have half its ATM network audio-enabled by May 2004 (NAB 2003).

Other identified issues in the accessibility of electronic banking services included:

- problems with EFTPOS, particularly for people with physical disabilities who cannot reach card readers, people who are blind or vision impaired who cannot enter PINs due to card reader design, or people with severe motor disabilities who may be unable to enter a PIN
- issues with phone banking, particularly for people who cannot perform required input within set response times for automated systems, and people who use TTYs that do not work with these facilities.

Other aspects of banking and finance services are also important, although information about these aspects is more limited. Housing Connection NSW noted that people with intellectual disabilities have problems in face-to-face contact with banks ‘largely based on the intolerance of bank tellers’ (sub. 161, p. 3), while Peter Young suggested that access to financial information is insufficient. He commented:

Most financial information is in Adobe PDF format and when converted it loses its format. A recent case of requesting a prospectus in alternative format was ignored. The suggestion from [the Australian Securities and Investments Commission] was to go to a financial planner or a reading service. (sub. 199, p. 1)

Entertainment and recreation

Services relating to entertainment and recreation can be provided in person (at theatres, cinemas and sporting grounds, for example) or through television, video, the Internet and other media. Participation by people with disabilities in these activities outside the home varies across activities and across types of disability

(table D.1). People with a disability were most likely to have visited a restaurant or club, or attended a cinema, in 1998. Comparable data are not available for the general population for all the activities listed here. Where they are available, the participation rates of people with disabilities appear to be lower—for example, two-thirds of people in Australia had attended a cinema in 1999 (ABS 1999a, p. 14) compared with about 40 per cent of people with disabilities in 1998 (table D.1).

Table D.1 Participation of people with disabilities in various entertainment and recreation activities, by disability, 1998^a

Activity	Disability ^b				
	All disability	Physical/ diverse	Sensory/ speech	Psychiatric	Intellectual
	%	%	%	%	%
Restaurant or club	57	59	62	36	48
Performing arts group	5	5	6	4	8
Museum or art gallery	19	19	20	13	15
Theatre or concert	24	25	27	18	20
Cinema	42	41	41	37	58
Botanical gardens or animal/marine park	28	27	31	21	33
Sporting event as a spectator	26	26	32	15	36

^a Participation in previous 12 months, except for 'Restaurant or club' and 'Performing arts group', which are for the previous 3 months. ^b Definitions of each disability can be found in chapter 3.

Source: Productivity Commission estimates based on unpublished data from ABS 1999b, cat. no. 4330.0.

There are significant differences in participation rates across types of disability. In particular, people with psychiatric disabilities were relatively less likely to have participated in all activities. People with physical/diverse and sensory/speech disabilities were most likely to have visited a restaurant or club. Those with intellectual disabilities were more likely than others to have attended a cinema, or a sporting event as a spectator.

These activities are not, however, the main ones in which people with disabilities participated. Instead, visiting friends and relatives was the main activity for almost half of all people with disabilities, regardless of the type of disability (Productivity Commission estimates based on unpublished data from ABS 1999b, cat. no. 4330.0).

Inquiry participants presented other, mainly anecdotal, evidence about outcomes for people with disabilities in a range of specific entertainment and recreation pursuits. These are summarised below.

The arts

Initiatives have been established across Australia to promote inclusion in the arts, either as spectators or participants. The Adelaide Festival Theatre, for example, has implemented measures (and is considering additional ones) to improve access to its services and performances (Becky Llewellyn, sub. 9; section D.3). The Media Entertainment and Arts Alliance (MEAA) pointed to companies such as the Sydney Theatre Company, which has held dedicated performances for people with hearing and visual impairments (sub. 60, p. 5). Kickstart Arts Works Festival in Tasmania (Cadence FM, sub. 132, p. 2) and ‘Accessing Arts’, a disability awareness resource kit developed by Accessible Arts, a New South Wales organisation, have also been cited as examples of positive arts initiatives (MEAA, sub. 60; see also DADAA National Network 2003a, b).

Nonetheless, problems remain. The MEAA commented that audits before the 2000 Paralympic Arts Festival showed ‘scant regard given to people with disabilities who wanted to access the arts’ (sub. 60, pp. 4–5). Further, the MEAA argued that outcomes in terms of representation and portrayal on television, and as actors on stage or in television, continue to be relatively poor (sub. 60, p. 4; sub. DR328). It commented specifically on the lack of roles written for a character with a disability, with one actor noting:

Those I’ve played myself that have had a disability such as a limp or a stammer have been the result of the director’s idea—that is, they were never written or cast as disabled characters. Furthermore, even if those roles were specifically created as disabled characters, the chances of casting a disabled actor in those roles remains slight. (trans., p. 2288)

Captioning

Captioning is similar to subtitles in that it displays audio content (including words, sound effects and laughter) as words on the screen. It is available in a variety of areas—such as television, videos, hotels, cinemas and planes—primarily aiming to provide the deaf and hearing impaired with access to audiovisual content in both public and private spheres. (In some cases, such as inflight news broadcasts in planes, others can also benefit (ACE, sub. 31).)

Captioning outcomes have varied. Almost all prime time broadcast television programs are captioned, with captioning at other times being expanded (HREOC, sub. 143), but not all television sets have teletext facilities to allow the captions to be viewed. Further, there has been less progress in pay television (Goggin and Newell 2003). This may change, however, following an April 2004 exemption application by the industry, which was accompanied by a commitment to implement

captioning progressively over a five-year period (Innes 2004). Innes (2004) observed that by the end of the rollout period, this ‘will have increased subscription television’s total captioned hours to more than five times the amount of captioning currently on Australian television’. Digital subscribers will not require teletext televisions to view the captions. In the case of hotels, although the Australian Caption Centre website lists hotels that have teletext televisions in at least some rooms, Deafness Forum of Australia noted that a hotel advertising a teletext television in every room did not have any captioning facilities. Instead, it had ‘replaced all ... television sets and the new TV sets do not have the capability’ (trans., p. 489). Finally, three major cinema chains run regular captioned programs, but the Deafness Forum of Australia suggested that cinemas inadequately promote captioned cinema screenings (sub. 71) and referred to a lack of captioning in rural areas (trans., p. 491).

Hotel facilities

Apart from issues related to captioning, the Deafness Association of the Northern Territory pointed to issues in the extent to which some hotels provide telephones with volume controls, TTYs, emergency systems that cater for hearing loss (such as flashing lights), and hearing loops for conventions or meeting rooms (sub. 89).

Radio programming

Cadence FM commented that there is a lack of radio broadcasters catering to people with disabilities (sub. 132). That said, one radio service provided for people with print disabilities is ‘unique in an international context’ (Jolley 2003, p. 24). Radio for the Print Handicapped (RPH) Australia is the national peak body for a radio reading service network aiming to provide access to printed information (including magazines and newspapers) (RPH 2003b). Established in 1978, 14 RPH services operate nationally, located in each State capital, Canberra and several Victorian regional centres. Some community radio stations also broadcast RPH programs (RPH 2003a). They operate under a blanket exemption to the *Copyright Act 1968*.

Superannuation and insurance

This is an area in which it is particularly difficult to accurately measure outcomes for people with disabilities. Refusal rates and premiums for people with disabilities, relative to those for people without disabilities, would be a way of assessing outcomes but these data are not readily publicly available and, alone, would not indicate discrimination.

A survey conducted by the Insurance and Financial Services Association (IFSA) in October 2002 examined the impact of family medical history in underwriting decisions. It found that family history played a part in fewer than 10 per cent of insurance applications, and that one fifth of these applications resulted in ‘unfavourable’ underwriting decisions, although ‘favourable’ underwriting decisions also sometimes resulted (IFSA, sub. 142, pp. 34–5). IFSA also commented on the industry’s ‘active response’ to changes in medical science and treatment in evaluating risk ratings (sub. 142, pp. 21, 24).

Nonetheless, other inquiry participants suggested that the following groups of people with disabilities face problems in obtaining various types of insurance:

- people who are blind or vision impaired have problems obtaining income protection, mortgage and employment insurance (Blind Citizens Australia, sub. 72; Association for the Blind of WA, sub. 83)
- people with intellectual disabilities have problems obtaining home and contents insurance due to apparent assumptions about likely property damage and lack of home security (Housing Connection NSW, sub. 161)
- people with mental illness (or a history of mental illness) have problems obtaining income protection, life, mortgage, house and contents, travel and health insurance (Mental Health Council of Australia (MHCA), sub. 150)
- women with breast cancer have problems obtaining travel insurance (Michael and Denice Bassanelli, sub. 175; Breast Cancer Network Australia, trans., pp. 1956–63; see also chapter 12).

In the case of mental illness, new guidelines and claim forms (launched in September 2003) may improve the ability of people with mental health issues, depression or anxiety to obtain some types of insurance (Shield 2003). A mental health advocate (cited in Shield 2003) argued, however, that the industry still needs to be encouraged to use more up-to-date data and take new treatments into account. In the case of breast cancer, the Breast Cancer Network Australia indicated it will review insurers’ policies and application forms, ask insurers about their assessment process and factors they take into account, and consider developing a list of insurers with the ‘most appropriate’ policies and assessment processes (Timbs 2004).

Other goods, services and facilities

Of the other areas highlighted by inquiry participants, outcomes in health care and other professional services appeared to be particular concerns. Specific issues included: access to talking therapies (Multicultural Mental Health Access Program, sub. 183); access to services in rural areas (Betty Moore, sub. 42); unqualified staff

undertaking medical procedures on residents of group homes and students with disabilities in mainstream schools (NSW Nurses' Association, sub. 52); hearing access for patients, clients and staff of hospitals, doctors, lawyers and accountants (Deafness Forum of Australia, sub. 71; Australian Association of the Deaf, sub. 229; Australian Federation of Deaf Societies, sub. 233); and treatment of those with multiple chemical sensitivity (Agnes Misztal, sub. 160; Australian Chemical Trauma Alliance Inc., sub. 152; Stella Hondros, sub. 167; Ann Want, sub. 194).

Other problems raised included the obstruction of footpaths by shop merchandise or signs (Rosalie Leaney, sub. 50) and the lack of service for women with disabilities in fashionable retail stores (Women with Disabilities Australia, sub. 139). In addition, the National Information and Library Service commented that copyright restrictions (especially for digital formats) hinder timely access to material for people with print disabilities, despite recent changes to the Copyright Act (see chapter 15). It observed that:

NILS is sometimes obliged to meet its obligations under copyright law in ways that extend the timeframes and increase costs of production and further compound the inequality experienced by people with a print disability. (sub. 206, p. 3)

Outcomes in social participation

Outcomes in social participation also vary across areas of activity and types of disability.

Accommodation

Accommodation is defined broadly in s.4(1) of the DDA to *include* residential or business accommodation. It is the s.25 prohibitions—which refer to accommodation provided to/for others—that appear to limit the types of accommodation to which the provision applies. Thus, in practice, the DDA accommodation provision does not cover privately owned and occupied residential accommodation, but does apply to public and private rental, and holiday accommodation. HREOC (2003d, p. 61) observed it ‘extends to premises which are not necessarily open to the public, such as rental accommodation, as well as accommodation specifically for people with disabilities’. (More detail about areas to which s.25 does not apply are in chapter 4.)

Different issues affect outcomes in these types of accommodation for people with different types of disabilities.

- Landlords and agents can be reluctant to rent to blind people, especially those with a guide dog (Blind Citizens Australia, subs 72, DR269), while Blind Citizens Australia also noted a case where a lease was ended because a handrail

needed to be installed on external stairs (sub. DR269).

- Deaf people have problems obtaining appropriate facilities (such as door bells and fire alarms with flashing lights) in public housing in some areas (Debra Lovett, trans., pp. 91–2).
- The Multicultural Mental Health Access Program observed that its clients have problems finding appropriate accommodation, with linguistic and cultural barriers often causing problems with landlords and other tenants (sub. 183).
- The MHCA noted that the location of public housing—often in regional centres or city fringes—for people with a mental illness restricted access to ongoing health treatment and important community structures, such as theatres, cinemas and restaurants (sub. 150).

Many inquiry participants—Becky Llewellyn (sub. 9), Troy Ellis (sub. 41) and the Physical Disability Council of NSW (sub. 78)—focused on the lack of physically accessible housing options, both public and private. One impact of the lack of appropriate housing stock is on the time taken to allocate public housing to people with disabilities (Physical Disability Council of NSW, sub. 78).

Participants also commented on less tangible aspects of accommodation outcomes. Uniting Care, for example, suggested that inaccessible housing stock ‘restricts opportunities for individuals with impairments and their families to live well in their community of choice’ (sub. DR334, p. 12), while the Office of the Public Advocate Victoria commented:

A lack of affordable, accessible, long term, secure accommodation of ALL types for people with disabilities in the open market as well as appropriate levels of support means that some people are forced into supported and/institutional accommodation that may be physically accessible but at the same time such settings are not homes. (sub. DR310, p. 3)

On the other hand, the Communication Project Group suggested that some people felt more isolated in community homes than in residential institutions ‘because they saw a limited group of people, and they didn’t get out, and they didn’t have the activities that they’d once had in the institution’ (trans., p. 2059).

Nonetheless, in 2001, people with disabilities were not significantly more likely than those without disabilities to consider their housing inadequate (table D.2). They were, however, more likely to find their housing needs met ‘adequately’ rather than ‘more than adequately’. Outcomes for people with a disability from rural areas or non-English speaking backgrounds do not appear to differ significantly. Although these data include all housing, including owner-occupied dwellings that are not covered by DDA accommodation provisions, they provide some indication of overall outcomes.

Table D.2 **Adequacy of housing in meeting needs in general, 2001^a**

<i>Adequacy</i>	<i>People with a disability</i>			<i>People without a disability</i>		
	<i>All</i>	<i>Rural^b</i>	<i>NESB^c</i>	<i>All</i>	<i>Rural^b</i>	<i>NESB^c</i>
	%	%	%	%	%	%
Much less than adequate	2	2	3 ^d	1	1	2
Less than adequate	5	6	8	5	5	7
Adequate	59	62	59	52	54	60
More than adequate	27	24	24	34	32	24
Much more than adequate	6	6	7	8	7	8

^a Percentages calculated as a proportion of the people in each category who responded correctly to the question. 'Housing' includes private owner-occupied dwellings, which are not covered by the accommodation provisions of the DDA. ^b Excludes major cities of Australia but includes inner regional Australia, among other regions. ^c non-English speaking background. Excludes people born in Australia, New Zealand, the United Kingdom, the Channel Islands, Ireland and Eire, Canada, the United States and South Africa. ^d The relative standard error on the data from which this percentage is calculated exceeds 25 per cent. This means that this estimate should be used with caution (for a discussion of relative standard errors, see ABS 1999d, pp. 60–2).

Source: Productivity Commission estimates based on unpublished data from HILDA.

Some inquiry participants (Association for Children with a Disability (Tas.) Inc, sub. 140; Gippsland Carers Association, sub. 203) pointed to a lack of options for younger people with disabilities, while waiting lists were cited as a problem for government funded shared support accommodation in Victoria (Gippsland Carers Association, sub. 203).

Sport, and clubs and incorporated associations

People with disabilities were slightly less likely than people without a disability to be 'active' members of sporting, hobby or community-based clubs in 2001 (table D.3). People with disabilities from non-English speaking backgrounds were by far the least likely group to be members of a club in that year.

Table D.3 **Active membership of sporting, hobby or community-based clubs or associations, 2001^a**

	<i>People with a disability</i>	<i>People without a disability</i>
	%	%
Rural ^b	39	45
NESB ^c	20	26
All	36	40

^a Percentages calculated as the proportion of the people in each category who responded correctly to the question. ^b Excludes major cities of Australia, but includes inner regional Australia, among other regions. ^c non-English speaking background. Excludes people born in Australia, New Zealand, the United Kingdom, the Channel Islands, Ireland and Eire, Canada, the United States and South Africa.

Source: Productivity Commission estimates based on unpublished data from HILDA.

Fewer than one third of people with a disability participated in sport or physical recreation in 1998 (table D.4), whereas 48 per cent of the general population participated in sport in the year ended June 1998 (ABS 1999c). Participation rates were lowest among people with psychiatric disabilities, but relatively high (over 50 per cent) for those with intellectual disabilities.

Table D.4 Participation in sport or physical recreation in last 12 months, by disability, 1998^a

<i>Disability type</i>	<i>Proportion who participated</i>
	%
Physical/diverse	27
Sensory/speech	39
Psychiatric	21
Intellectual	56
All disabilities	30

^a Definitions of each disability can be found in chapter 3.

Source: Productivity Commission estimates based on unpublished data from ABS 1999b, cat. no. 4330.0.

Physical accessibility appears to be an issue in some cases. Evribody Australia, for example, pointed to problems with inaccessible equipment in some fitness centres, even where the buildings themselves are accessible (sub. DR250, p. 1).

Anecdotal evidence also suggests that inclusion is a particular issue in the sport and clubs area, with varying outcomes. Housing Connection NSW commented, for example, that people with intellectual disabilities can find themselves directed toward ‘special needs’ groups, have faced difficulties with gyms and RSL Clubs, and have difficulties with practices such as sign-in requirements (sub. 161, pp. 3–4). Participants also referred to problems their sons or daughters had experienced in accessing particular groups, such as a bushwalking group (Ildiko Auer, sub. DR298), and swimming pools and bowling clubs (Sally Martin, sub. 239).

In contrast, SPARC noted a general acceptance of community inclusion in the areas in which it has been involved in South Australia (sub. 15). In New South Wales, the Leichhardt Council Disability Access Committee pointed to the Council’s ‘Active Australia’ policy (sub. 75), which includes making recreational and sport facilities available to people with disabilities, encouraging mainstreaming in recreation, and providing space at community centres at minimal rent.

Changes in outcomes

A lack of time series data makes it difficult to identify changes over time. Anecdotal evidence suggests that trends have been mixed, varying across areas of activity,

disabilities and time periods. HREOC (sub. 143) noted that the rate of captioning on broadcast television has increased significantly since 1992. Blind Citizens Australia (sub. 72) also pointed to improvements, despite continuing discrimination, in the awareness of the role of guide dogs and the rights of guide dog users. It also commented, however, that there had been little progress in the insurance industry (sub. 72). In telecommunications, ACE (sub. 31) said there was a ‘tremendous leap forward’ in the 1990s, but noted an erosion in the past three years, with industry making little progress in complying with its obligations.

Part of the problem in telecommunications appears to relate to the introduction of new technology. The replacement of the analogue mobile network with the digital GSM mobile network, for example, reduced access to services for deaf people and some people with vision and hearing impairments (section D.3; Jolley 2003).

In other telecommunications areas, outcomes have improved, although sometimes slowly. Jolley (2003, p. 91) commented that ‘the increase in 2001-02 of just ten [public] TTY payphones seems very low’. On the other hand, HREOC (sub. 143) commented that gains had been made in home-based use of TTYs, which previously were not part of the standard telephone service. HREOC (2000a) also noted improvements in access to some websites, particularly Australian Government websites. These are subject to the Government Online Strategy, which requires sites to observe World Wide Web Consortium Web Content Accessibility Guidelines (DCITA 2000), although the National Information and Library Service suggested changes have ranged from ‘fantastic’ to mere ‘lip-service’ (trans., p. 1952).

The Mental Health Coalition of South Australia commented that there is ‘emerging evidence that people with a disability are able to participate more in the life of the community’. It noted, however, that this trend is not true of people with mental illness who ‘as a sub group ... are doubly disadvantaged’ (sub. 171, p. 2).

Barriers to participation

As observed by the Disability Council of NSW, ‘many factors other than discrimination ... influence the participation of people with disabilities in society’ (sub. 64, p. 8). People with disabilities might not, for example, be able to participate in certain activities, or they might have different preferences. Other influences on outcomes in these areas include low incomes that limit spending and the accessibility and availability of transport (though these too may be affected by discrimination). Nonetheless, the Disability Council of NSW contended ‘it is likely that discrimination is a major factor accounting for the lack of participation of people with disabilities in key areas of social life’ (sub. 64, p. 8).

In terms of participation in entertainment and recreation activities outside the home (table D.5), most people with disabilities (over 60 per cent) indicated that they could go out as often as they liked in 1998. People with psychiatric or intellectual disabilities were less likely to say they could go out as often as they liked. Of those who could not go out as often as they liked, their illness or condition was the most limiting factor, followed by cost (table D.5). Income constraints and costs have been identified as a major impediment to people with disabilities participating in many areas, including accessing new technology (Jolley 2003; HREOC 2000a).

Table D.5 Main reason for not going out as often as would like, by disability, 1998^{a,b}

Reason	Disability			
	All disability	Physical diverse	Sensory/speech	Psychiatric or intellectual
	%	%	%	%
Could not be bothered or nowhere to go	8	8	6	6
Cost or cannot afford to go out as often	15	16	14	13
Own illness or condition	44	46	34	38
Illness of another person	5	5	7	3
Difficulty using transport	1	1	2	1
Difficulty obtaining transport	3	2	4	3
Children too young	3	3	4	5
Too frightened	2	1	3	7
Too old	2	2	4	0
Not enough time	5	5	7	3
No carer to go with	1	1	3	3
No one to go with as a companion	3	2	5	6
Other	9	8	8	13

^a Definitions of each disability can be found in chapter 3. Three groups of disability are used here (rather than four as used elsewhere) due to the small sample size and the large number of possible answers to this question. Using four categories for this question produced unacceptably large standard errors. The answers were aggregated into three categories to increase the number of observations in each category to a statistically reliable level. ^b Percentages in this table are calculated as a proportion of the people in each category who reported that they could not go out as often as they would like or did not go out at all (just over 30 per cent of survey respondents).

Source: Productivity Commission estimates based on unpublished data from ABS 1999b, cat. no. 4330.0.

Some inquiry participants also cited difficulties reaching venues as a barrier to participation by people with disabilities in activities outside the home. The MEAA commented on the importance of well lit streets outside venues at night, access to lifts, public transport and taxis to people with disabilities, adding:

Many arts venues are not even on public transport routes ... Not only must those with disabilities have access to public transport, the public transport needs to be scheduled and routed appropriately. (sub. 60, p. 5)

Most people with disabilities, however, did not identify problems using or obtaining transport as the main impediment to participation in entertainment activities outside the home in 1998 (table D.5). In that year, people with a sensory/speech disability were more likely than people with other disabilities to report transport as a problem.

D.2 Complaints about provision of goods, services and facilities, and social participation

The provision of goods, services and facilities has generated the second highest number of DDA complaints after employment (see chapter 5)—some of which have overlapped with complaints about access to premises, with a smaller number relating to the way in which services are provided (HREOC, sub. 143). Most complaints have been from people with physical disabilities and mobility aid users, followed by those with sensory and psychiatric disabilities (HREOC, sub. 235). There have been relatively few complaints about social participation, and about superannuation and insurance compared to other goods and services (figure D.1). Complaints in these areas have contributed to improved outcomes, sometimes at the systemic as well as the individual level.

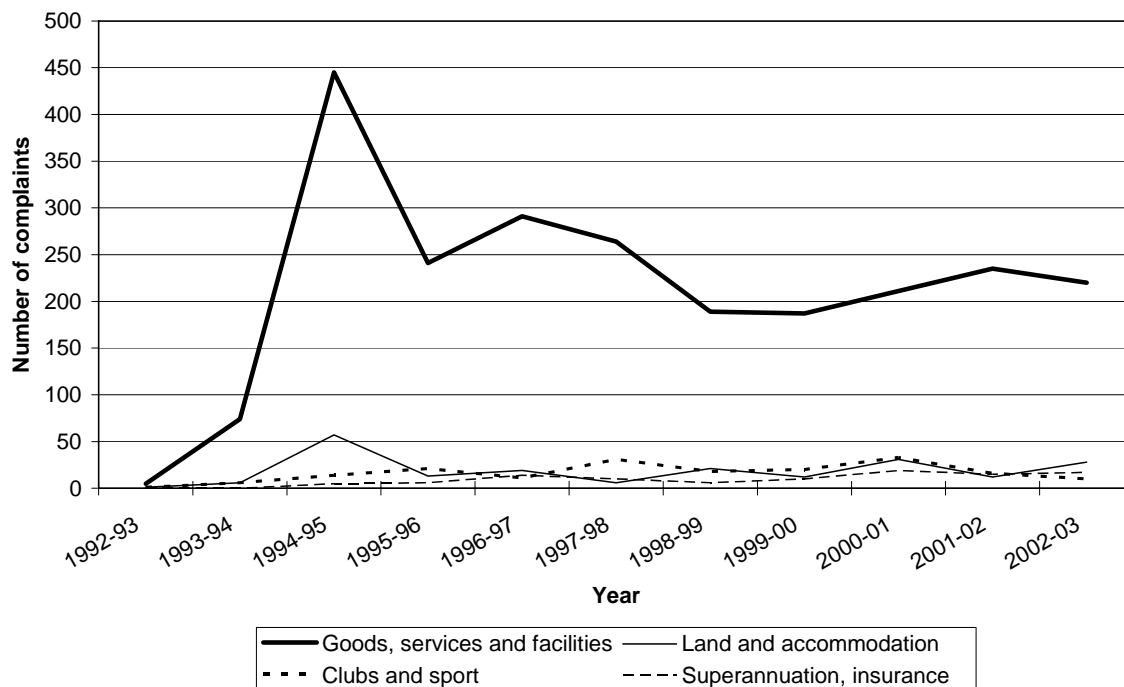
Complaints about the provision of goods, services and facilities

Some particular goods, services and facilities that have been the subject of complaints are discussed below.

Telecommunications

Telecommunications received the most political attention during the development of the DDA (HREOC 2003d), and has also received much attention following the DDA's enactment. Complaints have been made, for example, about: mobile phones, including their cost to disability pensioners, and interference with hearings aids (addressed through an inquiry—section D.3); easy call facility fees for a man with cerebral palsy; accessible bills; and access to payphones (HREOC 2003d, pp. 56–7). The most prominent complaint related to the provision of TTYs to Deaf people (*Scott and Disabled Peoples International v Telstra* (1995) HREOCA 24) (box D.1).

Figure D.1 **Complaints about goods, services and facilities, and social participation, 1992-93 to 2002-03^{a,b}**



^a An area is recorded for each ground of discrimination, so there may be double counting of some complaints (such as the provision of goods and services and access to premises) where the complaint applied on both grounds. ^b Until 1995-96, land and accommodation were not reported separately. Clubs tend to account for most 'clubs and sports' complaints. 'Superannuation and insurance' are not included in the 'goods, services and facilities' total.

Data sources: HREOC, annual reports, 1992-93 to 2002-03.

As well as leading to significant outcomes in telecommunications access, this case provided insights into aspects of the DDA, including the following.

- What constitutes a service—in this case, access to a telecommunications service and not the physical products (network, telephone line and standard handset). Thus, although s.24 of the DDA did not require provision of a new service, the complainants were seeking access to the existing service, not a new one.
- Unjustifiable hardship—no unjustifiable hardship being found for Telstra in providing TTYs because the cost to it would be modest relative to its revenues and relative to 'the enormous benefits that a TTY can bring to subscribers with a profound hearing loss'. Furthermore, any 'potential and unproved' liabilities (in the form of possible future complaints) were not relevant considerations.

Box D.1 Outcomes of the Scott telecommunications case

In May 1993, Geoffrey Scott, who had profound deafness, alleged discrimination by Telecom (which became Telstra in 1995) in not providing a TTY on the same basis as standard telephones, thus denying him access to its telecommunications network. After initially indicating that it would appeal HREOC's decision against it, Telstra decided to implement the relief ordered, providing vouchers to Scott and the profoundly deaf to purchase TTYs and replace them within five years. It extended the voucher program to all people with severe hearing loss or significant speech impediment in 1996. Since 1998, it has provided TTYs on the same basis as telephone handsets are provided to other people.

Other outcomes attributed partly to the case include: Telstra sponsoring a disability magazine; developing a disability action plan; incorporating its Policy on Disability Services in its Corporate Policy Manual; and improved attitudes among senior management. The *Telecommunications Act 1997* was amended to incorporate disability access requirements in the definition of a standard telephone service.

Sources: Scott and Disabled Peoples International v Telstra (1995) HREOCA 24; Australian Association of the Deaf, sub. 229; Bourk 2000a; Equal Opportunity Commission Victoria, sub. 129; Hastings 1997; HREOC 2003d; Jones and Bassar Marks 1998.

Accessible information

DDA complaints about accessible information have related to a range of goods and services covered by s.24, reflecting the broad range of areas for which accessible information is important. Complaints have been made about, for example, the accessibility of websites and the provision of documents in accessible formats, such as Braille (HREOC 2003d, pp. 53, 55). Blind Citizens Australia noted that accessible information 'remains the area in which we have had the greatest number of inquiries relating to discriminatory treatment' (sub. DR269, p. 5).

These complaints have tended to be settled through conciliation. A notable exception was the case of *Maguire v Sydney Organising Committee for the Olympic Games* ((1999) HREOC H99/115; (2000) HREOC H99/115; (2000) FCA 1112)) about the inaccessibility of the Sydney Olympics website to people with sight impairments, and the unavailability of the ticket books in Braille (a complaint relating to Braille copies of the souvenir program was settled through conciliation). This case is perceived to have had significant impacts on raising awareness of information accessibility issues. Goggin and Newell (2003, p. 121) also noted that it 'led to the world's first successful legal challenge to an organization for discriminating against people with disabilities through an inaccessible website'. The ticket book and website issues were heard by HREOC in two separate hearings. Arguments for both revolved around whether a service was being provided for the

purposes of s.24 of the DDA, whether discrimination had occurred, and the extent to which unjustifiable hardship was a defence (box D.2).

Box D.2 Findings in the Maguire accessible information case

Ticket information book complaint

HREOC found the ticket information book was an integral part of the service provided by SOCOG. Expecting someone to read the book to Maguire, SOCOG's telephone helpline or electronic versions of the book were not acceptable alternatives to the ticket information book. Expecting Maguire to use these was to treat him less favourably than a sighted person. There would be no unjustifiable hardship to SOCOG in producing a Braille ticket book. The cost of producing 200 Braille books (\$17 500) was low relative to SOCOG's printing and distribution costs (\$7.18 million) and budgeted contingent expenditure (\$142.7 million) for 1999, while providing considerable benefits to Maguire and 'others similarly disabled'. HREOC ordered SOCOG to help Maguire apply for tickets in the second and final rounds.

Website complaint

HREOC found the website was part of the entertainment service provided by SOCOG during the Olympics and not just promotional material as asserted by SOCOG. Limited access to the SOCOG website meant Maguire received less favourable treatment because of his disability. The subsequent detriment to him was deemed significant. SOCOG's argument that an accessible website would be an unjustifiable hardship was exaggerated. Maguire and others would derive considerable benefit from an accessible website, compared with the relatively modest cost to SOCOG. SOCOG was ordered to make its website accessible by 15 September 2000, but did not fully comply. It was subsequently ordered to pay \$20 000 in damages to Maguire.

Sources: Maguire v Sydney Organising Committee for the Olympic Games (1999) HREOC H99/115; (2000) HREOC H99/115; (2000) FCA 1112; Goggin and Newell 2003; TEDICORE, sub. 122.

Superannuation and insurance

There have been a relatively small number of complaints about superannuation and insurance during the DDA's operation (figure D.1), with 17 made in 2002-03, similar to the number received in 2000-01 and 2001-02. Of the nine complaints finalised in 2002-03, none were conciliated, two were terminated because there was deemed to be no reasonable prospect of conciliation, and seven were terminated for other reasons, including that they were vexatious (HREOC, sub. 235).

Most of these complaints have been about insurance—including income protection, employment, disability, life and travel insurance—rather than superannuation. The few DDA complaints about superannuation have related to restrictive entry conditions for people with a disability or medical condition (HREOC 2003d;

sub. 143). In terms of the types of disability that have been the subject of complaints, IFSA observed:

... the mix of complaint types before HREOC seems to have narrowed such that the majority of current complaints are depression related where previously they covered a wider range including hepatitis, HIV, and drug use. (sub. 142, p. 29)

In reviewing the first five years of the DDA, Hastings (1997) noted that many insurance complaints were not able to be conciliated but a confidential settlement was made before a hearing began. She commented that although this outcome helped the complainant, it did not ‘shed public light on the provisions of the legislation’ or add to case law. One exception related to a complaint against AMP about insurance for a person with a vision impairment. The outcome of this settlement was made public by AMP, which agreed to provide the insurance previously denied (with an exclusion for blindness), and to review its policy in relation to people with vision impairments (allowing more people to be offered insurance with a blindness exclusion). More recently, three decisions have addressed specific aspects of the DDA relating to insurance, including who can be considered an associate (and thus complain of discrimination) and the s.46 exemption (see chapter 12).

Banking and finance

Banking and finance services have changed significantly in recent times, reflecting factors such as technological change. Complaints in this area have related to: access to a ticket dispensing machine (used for a queuing system) in a branch, to credit facilities (the refusal of a credit card) for a man unable to sign his name due to cerebral palsy, and to ATMs and Internet banking (the subject of various complaints, one as recently as 2002); and a requirement to declare HIV status on a loan application (HREOC 2003d, pp. 51–2).

The resolution of some of these addressed the particular complaint (such as allowing access to alternative credit facilities or the payment of compensation). In other cases, resolution involved broader measures, such as general process improvements, the adoption of industry standards, and work on standards arising from HREOC inquiries (section D.3). A bank responded to a 2002 complaint about ATM access by a blind woman, for example, by advising that it was playing an active part in developing industry-wide solutions and standards, and that it was in the process of developing more accessible ATMs, including audio output ATMs (HREOC 2003q).

Entertainment and recreation

Complaints in this area have related to: choice of seating in theatres; television captioning in hotels and cinemas; and travel and tourism (for example, prices for accessible cabins, inaccessible audio commentary for two deaf people on a guided tour, refusal to allow guide dogs on a bus tour) (HREOC 2003d, pp. 53–5). Blind Citizens Australia noted that discrimination due to use of a guide dog in general—complaints for which tend to be brought under ss.23 (access to premises) and 24—is one of its advocacy service’s major areas of activity (sub. 72).

Such complaints tend to be resolved through conciliation, involving some redress for the complainant and often a review of procedures by the respondent. In the case of television and cinema captioning, the ramifications of complaints have been broader, stimulating inquiries and changes by several industry players (section D.3). Following complaints about a lack of teletext televisions in hotels, for example, the hotels involved agreed to install additional teletext televisions. One chain agreed to do this in 10 per cent of rooms, giving a 15 per cent discount to deaf people until that target was achieved (Deafness Forum of Australia, sub. 71, p. 6).

Complaints about social participation

Of the few complaints in the areas termed ‘social participation’ in this report, few have proceeded beyond conciliation. Nonetheless, some issues have arisen.

Accommodation

Complaints about accommodation have been relatively few, tending to overlap with those made about access to premises (HREOC 2003d). Complaints have been made in relation to: hostel accommodation (rejection of accommodation on the basis of a person’s insulin-dependent diabetes); public housing (refusal by authority to install air conditioning required to accommodate a man’s paraplegia, and allocation of an inaccessible unit); holiday accommodation (additional fees imposed for accessible rooms); and the refusal of a lease to a HIV support organisation (HREOC 2003d).

Sport

No sport complaints were made in 2001-02 or 2002-03. Previous complaints, which have been rare, have arisen in relation to: requirements for golfers with disabilities to walk the course (that is, a prohibition on the use of assistive devices, such as motorised buggies); access to a children’s soccer skills program; a restricted motor

racing licence for a man with insulin dependent diabetes; and suspension of people with vision impairments from cycling and racing car competitions (HREOC 2003d).

Clubs and incorporated associations

The number of complaints in this area has been low, comprising fewer than 2 per cent of complaints in 2001-02 (HREOC, sub. 143, p. 74), and about 1 per cent in 2002-03. HREOC (sub. 143) commented that some complaints about access to premises have involved the premises of clubs and associations.

Disposal of land

HREOC noted that complaints about the disposal of land have been limited (sub. 143). Since 1996-97, when it began reporting separately on accommodation and land complaints, there was one land-related complaint in 1996-97, with one finalised through conciliation in 2002-03 (HREOC, sub. 235).

D.3 Other DDA provisions and goods, services and facilities, and social participation

Several DDA mechanisms other than complaints have been used to address issues in the provision of goods, services and facilities, and social participation. In some cases, these have stimulated positive changes for people with disabilities.

HREOC inquiries

HREOC has conducted three inquiries relevant to this appendix—namely, inquiries into captioning, mobile phones and hearing aids, and ecommerce—and has also deferred an inquiry into insurance. As well as highlighting accessibility issues, these inquiries illustrated differences in how they can be initiated; processes adopted by HREOC; and outcomes that are sought, and can be achieved.

Non-inquiry based approaches, such as research and discussion papers, to address issues at a systemic, rather than individual complaint, level have also been used, in telecommunications and institutional accommodation.

Captioning inquiries

HREOC has conducted several inquiries into captioning. The first related to closed

captioning of television material,¹ and was initiated by HREOC on 27 July 1998 without a complaint being lodged. In announcing the inquiry, the commissioner commented that it would provide:

... a public forum for industry, community and government to discuss the meaning and implementation of ... rights and obligations ... under the [DDA] ... as well as informing the Commission in applying the [DDA] ... (HREOC 1998c)

Byrne (in HREOC 2003d, p. 25) suggested that the captioning inquiry, as well as comments by Hastings (1997), encouraged the deaf community to make complaints about captioning in cinemas, on free-to-air and pay television, and on televisions in hotels and places of entertainment. The inquiries that resulted from these complaints, like the initial inquiry, involved consultation and public submissions. Forums were also held as part of each inquiry, bringing together interested parties to discuss issues and possible ways to generate progress. Byrne (in HREOC 2003d, p. 26) commented that these meetings were treated seriously and involved negotiations in good faith. The following major outcomes resulted from the cinema and free-to-air television captioning inquiries.

- Commencing on 2 November 1999, the cinema captioning inquiry resulted in a captioning trial of selected movies in cinemas in Melbourne and Sydney in July–September 2000. Despite mixed views about the success of the trial (HREOC 2000e), three major cinema chains had agreed to screen regular captioned movies by April 2001 (HREOC 2001c). The Anti-Discrimination Board NSW (sub.101) commented that this inquiry illustrates HREOC’s innovative use of inquiries.
- Commencing in 1999, the broadcasting (free-to-air) captioning inquiry involved issues such as the role of captioning standards under the *Broadcasting Services Act 1992* (BSA), relative to that of the DDA. The commissioner decided, on balance, that it appeared the captioning provisions of the BSA would not displace the DDA (but would be taken into account in the consideration of a particular complaint) (Innes 2000c). In addition, HREOC decided that the standards, although an improvement, did not adequately address existing complaints (Innes 2001). Thus, a forum was convened in Sydney in March 2001 (HREOC 2001a). In July 2003, television broadcasters agreed to increases in captioned programs over four years, with a five-year conditional exemption granted (following a further inquiry) (HREOC 2003m).

¹ Viewing ‘closed’ captioning requires the use of equipment such as a set-top decoder or a television with a built-in decoder (such as teletext televisions).

Mobile phones and hearing aids inquiry

A representative complaint (lodged by the Deafness Council of NSW on behalf of people who use hearing aids or cochlear implants) was made in July 1999. This alleged discrimination (in relation to telephone services and telephone equipment) as a result of problems using the GSM digital mobile phone network, given the high level of electromagnetic interference produced. It superseded an earlier complaint about the closure of the analogue service. In September 1999, HREOC announced a public inquiry into the matter, stating:

... contributions from consumers, industry and regulators can contribute to a general approach for meeting the objects of the DDA in this area. The inquiry will help the Commissioner decide how to finalise the particular complaint and may provide a basis to resolve some access questions without future complaints. (HREOC 2000d)

A draft inquiry report was circulated to interested parties, partly to help them reach a conciliated agreement about the complaint (HREOC 2000d). The inquiry covered issues such as ways in which to reduce interference and whether CDMA technology offered an alternative. HREOC considered these issues in the context of, among other factors, available choices of mobile phone services and equipment, and Telecommunications Act Regulations that promote self-regulation.

HREOC found that the complaint against manufacturers should be closed, but that the complaint against service providers should be conciliated to address:

- lack of adequate information for individuals about digital mobile phone services when entering GSM service contracts and acquiring GSM phones
- the risk that the circumstances prompting the inquiry would arise again.

As a result of the inquiry, Telstra, Optus and Vodafone launched schemes in April 2001 to address the problems faced by people using hearing aids. These schemes involved providing free or reduced-cost accessories to facilitate access to the GSM network, or allowing a swap to the CDMA network in certain circumstances. The settlement also funded an information seminar (HREOC 2001e).

E-commerce inquiry

The e-commerce inquiry was conducted at the request of the Attorney General (following approaches from TEDICORE). The terms of reference were received in August 1999, and a final report was tabled in June 2000. E-commerce was defined broadly, including electronic services such as banking.

During the inquiry, HREOC invited public submissions and issued an issues paper, a working paper, consultancy reports and a draft report for comment. It identified

several barriers to ecommerce for people with disabilities including accessibility and affordability of equipment. In addition, the inquiry identified:

... accessible banking as an urgent need for people with a wide range of disabilities, and the final report has led to some important developments in the banking sector. (Jolley 2003, p. 55)

Developments flowing from the report included:

- the joint establishment by HREOC and the Australian Bankers' Association (ABA) of a community forum (the Accessible Ecommerce Forum), to promote partnerships between industry, government and the community to address the report's recommendations
- the development or updating of action plans by the ABA and three major banks
- the development of voluntary industry accessibility standards (launched in April 2002) on Internet and phone banking, EFTPOS and ATMs (Jolley 2003; HREOC 2003d). The ABA reviewed technical aspects of the standards in 2003, while HREOC (2003r) sought information from people with disabilities and representative organisations about experiences with electronic financial services since the standards were released.

The deferred inquiry—insurance, depressive illness and anxiety disorders

In July 2001, HREOC requested comment on a proposed inquiry into insurance discrimination, depressive illness and anxiety disorders (Ozdowski 2001). This followed a request by the MHCA and beyondblue (the national depression initiative) to investigate reports of alleged discrimination in insurance against people with a history of major depression and anxiety disorders (MHCA, sub. 150). These organisations suggested a range of areas for consideration, many of which HREOC incorporated into a draft terms of reference. These considerations included:

- whether people who have experienced depression or an anxiety disorder are being refused insurance coverage or offered cover on less favourable terms than are people who have not been so diagnosed
- the data available to support refusal of cover or higher premiums and the extent to which these data distinguish between different illness severities or treatments
- which distinctions on the basis of depression should be regarded as reasonable
- whether HREOC should revise its insurance guidelines (MHCA, sub. 150).

HREOC noted that information from the inquiry could inform decisions on any future complaints, and could assist interested parties to identify possible ways of resolving these issues. The inquiry was deferred after IFSA 'advised that it was

prepared to auspice a cooperative process to work on issues in this area' (HREOC 2003d, p. 58). IFSA (sub. 142, p. 3) commented that its desire to work with the sector was driven by the increasing significance and cost of mental health claims, but the MHCA submitted:

IFSA's willingness to cooperate was influenced by the threat of the review of the situation under the DDA by HREOC ... and has resulted in the signing of a cooperative memorandum of understanding between the mental health sector stakeholders and IFSA member organisations. (sub. 150, p. 10)

The National Disability Advisory Council (sub. DR358) suggested it might now be useful for HREOC to undertake a full inquiry into access to superannuation and insurance, given continuing problems in the area.

Alternatives to HREOC inquiries

HREOC has adopted approaches other than inquiries to highlight issues of importance in various areas. In telecommunications, for example, HREOC had received requests to investigate the inaccessibility of some services, particularly SMS messaging and phone hardware (HREOC 2002h). HREOC (2002h) commented, however, that 'rather than undertake a project into a single issue such as SMS [it] has decided to look at telecommunications more generally'.

In late 2002, HREOC called for expressions of interest to produce a discussion paper on access issues for people with disabilities in existing and emerging telecommunications products and services. HREOC intended the paper to raise the profile of accessibility issues and help establish a framework for action to reduce discrimination (HREOC 2002h). The paper (Jolley 2003) was released in June 2003. It covered access difficulties for people with disabilities, areas for improvement, and potential roles for government and industry. A forum was held on 28 November 2003 to discuss issues arising from the paper and its recommendations. HREOC (2003t) issued a document summarising key points of the discussion, as well as making available papers prepared for the forum.

In 1997, HREOC undertook research into the abuse of people with intellectual disabilities in institutional accommodation, focusing on measures to ensure appropriate accommodation options. According to HREOC, this study:

... did not identify any options under the DDA likely to be more effective than the continued pursuit of available mechanisms under other laws. However, this is an issue where further attention by the Commission may be required. (HREOC 2003d, p. 29)

Guidelines and advisory notes

HREOC has issued guidelines, advisory notes or ‘advice’ in three areas relevant to this appendix.

Advisory notes on the accessibility of web pages

HREOC has revised its advisory notes on the accessibility of the Internet several times since issuing the first version in 1997. The latest revision was in August 2002. According to HREOC, the intention of the notes is:

... to assist people and organisations involved in developing or modifying worldwide web pages, by making clearer what the requirements of the DDA are in this area, and how compliance with them can be achieved. (HREOC 2002j)

HREOC also noted that, although they have no legal force, following the notes should reduce the likelihood of an organisation being subject to complaints. Further, HREOC would consider adherence to the notes in dealing with any complaints.

The notes provide information on possible sources of advice (including the Web Content Accessibility Guidelines developed by the W3C Consortium; expert advice; and AusInfo guidelines), and explain how unjustifiable hardship might apply. They suggest, for example, that financial costs of adjustment are likely to be less relevant in this area than in areas such as access to premises and public transport. Moreover:

... stylistic preferences rather than functional requirements are highly unlikely to be accepted as ... a basis for a defence of unjustifiable hardship (other than in cases where the artistic form of a site is a significant function) ... design must address access requirements, directly or by provision of alternative means of access. (HREOC 2002j)

In its ecommerce report, HREOC (2000a) gave two reasons for advisory notes being appropriate for this area, despite lacking the authority and certainty of prescriptive regulatory standards. First, changes to the DDA would be required to make a disability standard in this area and the time taken to develop standards ‘would present particular problems for regulating as rapidly changing an area as the Internet’. Second, recourse to the DDA (through complaints etc.) is still available.

Guidelines for providers of life insurance and superannuation

HREOC issued guidelines for the life insurance and superannuation industries in March 1998. The guidelines are intended to help insurers comply with the DDA, HREOC noting that the need for them stemmed from the DDA leaving much in this area open to interpretation (sub. 143). The guidelines outline the type of data that can be relied on, including underwriting manuals, local data, relevant overseas

studies, and relevant domestic and international insurance experience. They also provide examples of ‘other relevant factors’ that could be considered in the absence of such data. These include medical opinion, opinions from other professional groups, actuarial advice or opinion, relevant information about the individual seeking insurance, and commercial judgment (HREOC 1998b).

IFSA (sub. 142, p. 28) welcomed the guidelines, ‘as they provided a clear outline of the actuarial or statistical data that insurers could rely upon, while explaining the operation of the DDA’, but expressed concern about the use of the guidelines in practice (see chapter 14). In November 2003, HREOC issued a call for comment (Ozdowski 2003b) as part of a review of the guidelines. It noted that guidelines are not always the only or best mechanism to clarify rights and responsibilities, but that:

... even where industry bodies decide to pursue these courses [for example, industry codes and procedures], HREOC guidelines may still have valuable functions, pending the conclusion of industry standards and as a reference point for their making and the making of decisions by HREOC on exemption applications. (Ozdowski 2003b).

Advice on telecommunications equipment and the Disability Discrimination Act

HREOC issued advice on telecommunications equipment in August 2001, in response to a request at an Australian Communications Industry Forum meeting. The advice emphasised that DDA obligations cover equipment for both mobile and fixed line services, and that providers should meet accessibility obligations by ensuring (subject to unjustifiable hardship) that all equipment is accessible and/or by making available specialised equipment as required. HREOC suggested that universal design is the preferred option. This would benefit service providers by reducing their risk of being subject to complaint under s.122 (‘Liability of persons involved in unlawful act’) if, for example, employers install inaccessible equipment (HREOC 2001d). Reflecting the decision in *Scott v Telstra* (section D.2), HREOC noted that if customer equipment is provided directly or through others as part of a service, then the provider must supply equipment that is accessible to people with disabilities, unless this would involve unjustifiable hardship. It also noted that standards and codes made under the Telecommunications Act are the benchmark for determining breaches under the DDA (see Ozdowski 2003c).

ACE commented, however, that, although DDA requirements go beyond the standard services defined in telecommunications regulations, companies ‘appear to be relying on the interpretation of the *Telecommunications (Consumer Protection and Service Standards) Act 1999*, in isolation of their obligations under the DDA’ (sub. 31, p. 6).

Disability action plans

This section outlines some action plans developed under the DDA by providers of goods, services and facilities, and in areas of social participation. These examples illustrate different motivations for and approaches taken to developing action plans.

Disability action plans in telecommunications

In 1996, Telstra became Australia's first corporation to develop a DDA action plan (lasting three years) (Jolley 2003), stimulated by the decision in the Scott case (section D.2), with 91 per cent of its strategies and action points completed or in progress at its expiry (all those of its second plan were completed or in progress at its expiry) (Jolley 2003). Telstra's current plan is for the period 2002–04.

Optus's first action plan commenced in 2000 and is due for review in 2004. According to Optus (nd), this is its 'proactive approach' to compliance with the DDA and is required by the Australian Communications Industry Forum Customer Information on Prices, Terms and Conditions Code. It developed the plan with a working group involving disability organisations, and uses ongoing consultation with this group to review and modify the plan. Tasmanians with Disabilities Inc. contrasted the approaches of Telstra, which consulted after developing a plan, and Optus, which 'involved people with disabilities right from the beginning of the drafting of the Action Plan' (trans., p. 2167).

The plans of both Telstra and Optus aim broadly to increase staff awareness and improve access (to information, products and services) for customers and staff. Performance indicators include customer satisfaction/complaints and feedback from disability stakeholders (Telstra 2002; Optus 1999).

Disability action plans in banking and finance

In August 1997, the National Australia Bank (NAB) registered a disability action plan with HREOC. Hastings (1997) commented that the plan was 'detailed and innovative, and clearly has the enthusiastic support of NAB management at all levels', expressing the hope that:

... this organisation's having voluntarily committed itself to a program of eliminating discrimination will inspire other corporations to do likewise, both in the banking sector and generally. There are positive signs that this is in fact happening. (Hastings 1997)

Technological advancements, internal corporate restructuring and the need to integrate the ABA Disability Action Plan led NAB to revise its plan (NAB 2003). The revised plan was launched in April 2003 and lodged with HREOC in

September 2003. Following HREOC's ecommerce inquiry, the ABA and other major banks also developed (or updated) and lodged action plans (Jolley 2003). The establishment of working parties and steering committees—representing various areas of the banks—and consultation with disability groups have been used to develop these plans (see, for example, ANZ 2002; Westpac 2001). Objectives focus on improving staff awareness, employment opportunities and access to products and services. Assessment measures for the plans include regular reviews and feedback from customers and other groups.

Disability action plans in the arts

A number of arts organisations have submitted action plans. One inquiry participant (Becky Llewellyn, sub. 9) highlighted the Adelaide Festival Theatre. She noted that the Theatre, since adopting a plan, has made 'amazing progress', including structural alterations, and improved information, marketing and programming. It is now working (in conjunction with a Patron Reference Group) on other initiatives, such as audio description of theatre performances.

Disability action plans in sport

A number of sports clubs and organisations have submitted action plans. One example is the SPARC Disability Foundation, a disability charity working in the sports, arts and recreational area, that registered a plan in 1997. It reviews and updates this plan quarterly, with staff input. It has also helped other sport and recreation groups to develop plans (SPARC, sub. 15). SPARC highlighted the following factors that influence the making of action plans:

- expertise and resources—a particular issue for small community-based and volunteer-run organisations, in developing and monitoring plans (trans., p. 1041)
- government strategies, such as the approach of the SA Office for Recreation and Sport and Arts SA, which advise their clientele 'who apply for money that they must be working towards developing a DDA action plan' (trans., p. 1042)
- other incentives, such as appealing to an organisation's self-interest—in terms of the potentially greater membership that could follow—rather than forcing an action that may generate resentment (trans., pp. 1042–3).

SPARC also noted that action plans are firstly about education and changing attitudes, although most people automatically tend to focus on physical access issues (trans., p. 1048).

Disability standards

Of the areas discussed in this appendix, s.31 of the DDA only allows standards to be developed for the accommodation of persons with a disability (see chapter 4). Such standards have not been developed, although many inquiry participants (including the Physical Disability Council of Australia, sub. 113; Janet Hope and Margaret Kilcullen, sub. 165; Blind Citizens Australia, sub. 72; Action for Community Living, sub. DR330; Uniting Care, sub. DR334; the National Disability Advisory Council, sub. DR358; People with Disability Australia, sub. DR359) said they are needed. Several participants (such as the Independent Living Centre of NSW, sub. 92; Advocacy Tasmania, sub. 130; Office of the Public Advocate Victoria, sub. DR310; Uniting Care, sub. DR334; and the National Disability Advisory Council, sub. DR358) made specific suggestions about the possible nature and scope of such standards. Conversely, HREOC (sub. 143) commented that DDA standards may not be the most effective or appropriate means to address accommodation issues. The Disability Council of Australia (sub. DR291) argued that, as currently conceptualised, an accommodation standard would be unworkable.

Other participants have suggested that it should also be possible to develop standards in other areas, including the provision of goods and services in general (for example, Robin and Sheila King, sub. 56; Blind Citizens Australia, sub. 72), and insurance and superannuation (as long as these standards are legally enforceable) (National Association of People Living with AIDS, sub. DR314).

HREOC suggested telecommunications specifically as an area that may benefit from standards (sub. 143). Although disability standards for telecommunications cannot be developed under the DDA, standards of a different sort can be made under s.380 of the Telecommunications Act, which allows a regime of technical regulation. These standards contain two requirements on the needs of people with disabilities—an induction loop to assist people using hearing aids; and a raised dot on the number five button on telephone keypads to help blind people. There is debate about the scope of these standards and whether guidelines would be better (Jolley 2003). HREOC noted the need for further discussion with interested parties to determine the most appropriate mechanisms—such as the DDA or Telecommunications Act—for developing standards in this area (sub. 219). This was discussed at the telecommunications forum held in November 2003 (section D.2; HREOC 2003s, 2003t).

D.4 Costs and benefits of the Disability Discrimination Act in the provision of goods, services and facilities, and social participation

The impact of the DDA on outcomes in the provision of goods, services and facilities and social participation is difficult to determine. The above discussion suggests, however, that it has had effects in various areas—such as in the provision of TTYs, and the development of voluntary industry standards in banking, action plans in various areas, and a memorandum of understanding in insurance.

To the extent that the DDA has changed behaviour and reduced discrimination, various costs and benefits, accruing to various parties, can be attributed to it. Many of these are either intrinsically difficult to quantify or public information about them in Australia is lacking. Nonetheless, to the extent possible, this section briefly outlines some of these costs and benefits. Given the paucity of available Australian data, however, and in an attempt to at least indicate the possible costs and benefits of the DDA, international experience in these areas of activity is also discussed. The emphasis is on the provision of goods, services and facilities for which much more information is available than for areas of social participation.

Goods, services and facilities—the nature, benefits and costs of adjustments

The accessibility of goods, services and facilities to people with disabilities involves both physical aspects (such as entry to premises) and non-physical aspects (such as providing information in accessible formats, implementing appropriate policies and procedures, and staff attitudes/awareness). This section focuses on the latter, with physical accessibility issues discussed in appendix C.

Providers of goods, services and facilities can undertake various measures to improve the ‘non-physical’ aspects of access to customers with disabilities (box D.3). Some changes such as these have already been made in response to the DDA (sections D.2–D.3), involving a variety of benefits and costs.

Benefits to people with disabilities

Goods, services and facilities can be essential to life, or at least significantly enhance the quality of life. Retail outlets, for example, directly provide access to food and clothing, while banks indirectly provide such access (allowing access to funds to pay for necessities or entertainment activities). Increasing accessibility and

reducing discrimination in the provision of goods, services and facilities can, therefore, have many direct and indirect benefits for people with disabilities.

Box D.3 Measures to improve access to goods, services and facilities

Providers of goods, services and facilities can undertake various measures/adjustments to improve access to people with disabilities, including:

- auditing processes and procedures, and preparing, implementing and monitoring disability action plans
- providing awareness training for staff to make them more aware of policies and issues surrounding people with disabilities and DDA requirements
- improving communication with customers—such as by providing accessible websites, and information (menus, bills, lists of charges etc) in large print, Braille, plain English and other accessible formats; or allocating longer appointments to customers with intellectual and communication disabilities
- training people with disabilities to use accessible facilities
- offering home delivery or visits
- providing concessions (to people with disabilities and/or their carers)
- allowing alternative methods of identification where people with disabilities are not able to provide standard ones (such as a driver's licence)
- retail outlets changing service delivery methods—such as having staff bring down goods from an inaccessible first floor, or rearranging displays to facilitate movement around a store
- changing features on facilities such as ATMs
- guides at tourist facilities using a portable induction loop.

Sources: Department for Work and Pensions (United Kingdom) 2001; Meager et al. 2002.

Direct benefits include increasing the range and safety of goods, services and facilities that people with disabilities can enjoy—either on their own (allowing more independence and opportunities to participate in activities outside the home, for example); or with their carers, family and friends (allowing greater participation in outside activities with them).

Indirect benefits include:

- increased opportunities in other areas, such as employment and education
- reduced travelling costs, as more services closer to home or work become more accessible (Department for Work and Pensions (United Kingdom) 2001)
- improved self-esteem, with flow-on benefits in other areas

-
- increased social capital through the formation of networks.

The MHCA highlighted the importance of the last factor for people with mental health issues:

Utilisation of ... important structures [such as shopping centres and public facilities] promotes a feeling of community connectedness and can act as mental health protective factors. (sub. 150, p. 15)

More specific benefits can also result in particular areas.

- *Telecommunications* access provides opportunities in areas such as employment, education, social participation and emergencies (HREOC 2003d; Jolley 2003; TEDICORE, sub. 122). Estimates of the number of people in Australia who have a ‘phone-related handicap’ (Jolley 2003), suggest that the accessibility of telecommunications potentially affects many people.
- *Accessible information* is crucial to community participation. As the National Ethnic Disability Alliance commented, ‘access to information means, in effect, access to opportunities and therefore choices to participate in the community’ (sub. 114, p. 8). Potential benefits of accessible technology and the Internet include increased access to a variety of goods and services and faster and cheaper access (HREOC 2000a), and a reduction in the impact of barriers in areas such as transport. In the context of providing printed material in formats accessible to people with print disabilities, Hilzen and Bowes commented:

By providing people with disabilities greater access to the rapidly growing store of knowledge, digital technologies have created significant opportunities for them to learn, grow and contribute to society in both economic and personal ways. (Hilzen and Bowes nd, p. 6)
- *Superannuation and insurance* can affect opportunities, both now and in the future, in various aspects of life. Denial of insurance, for example, may reduce opportunities to participate in areas such as employment or travel, as highlighted by various inquiry participants—including the Disability Services Commission (sub. 44); Association for the Blind of WA (sub. 83); Michael and Denise Bassanelli (sub. 175); and Frank Fisher (sub. 200). The extent of a person’s superannuation can affect the quality of life in retirement.

The DDA appears to have contributed to increased access in all of these areas, although more remains to be done (sections D.2 and D.3). Thus, it can be seen to have delivered some of these benefits. The fact that quantitative evidence of these benefits is largely unavailable in no way diminishes their importance, nor the need to incorporate them into consideration of the net impact of the DDA.

Benefits to business

It has been suggested that improving access to their goods, services and facilities can benefit businesses in several ways—such as through increasing revenue, and improving their reputation/image. Increased flexibility, lower costs and new markets have also been suggested as possible benefits for publishers that integrate ‘accommodations for accessibility into their production workflow’, because storing content in an accessible format can reduce the ‘time and cost involved in meeting any specific need ... and the possibility of creating new products is enhanced’ (Hilzen and Bowes nd, p. 6). Some adjustments that do not relate directly to making physical changes to premises, such as staff training, might also provide benefits by improving the effectiveness of other ‘disability-friendly’ adjustments.

A number of inquiry participants reported anecdotal evidence that catering for people with disabilities was good for business (box D.4). However, the large number of complaints received by HREOC about the provision of goods and services (section D.2) indicates that not all businesses regard customers with disabilities as a profitable market. According to the South Australia Equal Opportunity Commission, ‘some businesses claim that they are expected to take on trust that disability friendly measures are good for business without evidence available to support such contentions’ (sub. 178, p. 3) (see chapter 6).

Box D.4 Is the DDA good for business?

A number of inquiry participants suggested that compliance with the DDA brought benefits for businesses:

I think there’s quite a lot of evidence that people have found accommodating disability is very good for business. ... If you look at McDonalds’ web site, if you go to some of these chains, McDonalds have a fantastic action plan ... It’s obviously considered good for business that they’re saying to people with disabilities, ‘Well, you can come to us. You can’t go to [a competitor’s outlet] because they don’t have an action plan’ or ‘They’re not being accommodating in the same way as we are’. While only some places do it, they get the advantage of having all the clientele of people with disabilities who now discover they can go out somewhere to eat. They have the advantage of all the other people who are the unintended beneficiaries. (Melinda Jones, trans., p. 1522)

Such is the potential market of people with disabilities that Tourism Queensland has identified disability as a potential untapped tourism market. Tourism Queensland is working with tourism operators, local government and accommodation providers to encourage accessible environments because it is good for business. Accessible environments not only allow and encourage people with disabilities to participate. Accessible environments and universal design is good for everyone. (Disability Action Inc., sub. 43, p. 3)

No comprehensive evidence is available on the demand-side benefits of compliance with the DDA in Australia. However, insights into the potential benefits of

adjustments in the provision of goods and services may be gained from a detailed 2001 survey of the effects of Part III of the UK Disability Discrimination Act 1995 (Meager et al. 2002). This suggested that adjustments to cater for customers with disabilities could provide both commercial and non-commercial benefits, although the nature and extent of benefits varied depending on the adjustment (box D.5).

Box D.5 Benefits to business of adjustments in the United Kingdom

Since 1999, businesses covered by Part III of the UK Disability Discrimination Act have been under a duty to make ‘reasonable adjustments’—in relation to practices, policies and procedures, auxiliary aids and services, and alternative provision of service—to facilitate the use of their goods or services by customers with disabilities. On behalf of the UK Department for Work and Pensions, Meager et al. (2002) conducted a survey of 1000 establishments covered by Part III of the Act (in the private, public and voluntary sector) and detailed case studies of a 50-establishment subsample.

Of all the establishments surveyed, 40 per cent reported having made adjustments to cater for their customers with disabilities. Of the establishments that did not make adjustments, the most common reason provided was that adjustments were not necessary. Only 4 per cent cited cost as the reason for not undertaking adjustments.

Many establishments reported a range of commercial and non-commercial benefits from adjustments. Increased accessibility was the most common benefit cited (particularly resulting from the provision of text phones, information on email/disk, and sign language interpreters), with many also reporting greater customer satisfaction (particularly due to the provision of dedicated staff, specific assistance, text phones, and simple language documents). Some changes (particularly the provision of concessions and Braille documents) appeared to increase the number of customers with disabilities. Some even reported increases in the number of customers without a disability—for example, 23 per cent of establishments that provided ‘simple language’ documents reported such increases. Increased revenue/turnover was only a significant benefit reported for the provision of home delivery services. Only a small proportion of establishments reported a reduction in complaints/litigation as a benefit of making the adjustments.

Most establishments also reported that adjustments had been more effective than anticipated—for example, by benefiting customers other than those with disabilities.

In a number of cases, firms reported that there was no noticeable effect/benefit from the adjustments made. In most cases, this proportion was smaller than those who reported some sort of benefit. However, more than half the establishments reported no benefit from providing subtitled videos, or information in large print and Braille.

Source: Meager et al. 2002.

The results of Meager et al (2002) must be interpreted with caution because they apply only to establishments that had made adjustments (40 per cent of the sample). Establishments that make adjustments might do so because they anticipate benefits

and are predisposed to finding that the benefits outweigh the costs. Equally, the 58 per cent of establishments surveyed that did not make adjustments (2 per cent did not respond) might have found that the costs outweighed the benefits.

Nonetheless, if applicable to Australia, Meager et al.'s results support the anecdotal evidence provided by inquiry participants, suggesting that individual organisations can benefit from improving their accessibility, and complying with disability discrimination legislation.

However, benefits accruing to individual organisations might not translate to the whole of the Australian economy. Any competitive advantage that is gained by one business through its disability-friendly policies will be to the detriment of its competitors that are inaccessible, with no positive effect on the amount of goods and services consumed in Australia. Overall demand for goods and services would increase only if, as some inquiry participants have suggested, a competitive advantage is achieved at the expense of overseas competitors (Paraplegic and Quadriplegic Association of Queensland, trans., p. 116). Moreover, even gains to individual firms can be lost in the longer term if competitors subsequently also adopt disability-friendly policies.

Benefits to staff

Staff also may benefit from the adjustments made for customers with disabilities, with subsequent benefits to business. Meager et al. (2002) reported staff benefits such as increased experience, competence, job satisfaction and morale, an improved working environment, and feeling more comfortable dealing with people with disabilities. Higher staff morale was associated particularly with the provision of awareness training, and the fact that some adjustments decreased the likelihood of customers becoming frustrated with staff.

Benefits to others

Various other groups can benefit from adjustments made to the way goods, services and facilities are provided, including:

- other customers—such as those with temporary impairments; or due to the creation of a friendlier environment and better, more flexible customer care in general (as reported in Meager et al. 2002)
- associates of people with disabilities—who may be able to enjoy a wider variety of activities with, or find that they are not relied upon to provide care in as many instances for, their family and friends with disabilities.

Costs

Like benefits, the costs of adjustment can accrue to various parties, although the emphasis tends to be on the costs to business.

In making adjustments in the way they provide goods, services and facilities, businesses can incur recurrent/ongoing and/or non-recurring/one-off costs. These costs can involve either explicit financial costs and/or opportunity costs. Some costs of very specific adjustments in particular areas have been estimated. For example, Gill and Shipley (2003) provide qualitative estimates of the costs (and benefits) of various features of telephones that can make them more accessible to people with various disabilities. In many cases, these costs are insignificant or low, but can provide significant benefits to people with disabilities. In banking and finance, NAB's rollout of its audio-enabled ATMs was reported to have followed an investment of almost 12 months and \$1 million (Nicholas 2002). The Bank conceded that this would not add immediate shareholder value but was committed to its disability action plan, under which it had also installed TTYs at call centres and standardised screen access on ATMs. To the extent that these adjustments were precipitated by the DDA, their costs could be attributed to it.

It is difficult to obtain more comprehensive estimates of adjustment costs in Australia. In the absence of such data, overseas evidence suggests that the costs of adjustments imposed by disability discrimination legislation are often low or non-existent, although they vary significantly with the type of adjustment undertaken. For example, Meager et al. (2002) reported average ongoing costs of website maintenance were significantly higher than for other adjustments. The type of adjustment also influenced whether costs were primarily one-off/start-up or ongoing/recurrent. Recurrent costs were relatively more significant for changes to non-physical aspects of service provision. Overall, however, costs tended to be higher for adjustments involving physical changes to premises.

Staff time and opportunity costs—arising, for example, in the course of providers thinking about adjustments, assisting customers with disabilities and training staff—were cited by some as a major concern. Costs also influenced the nature or timing of adjustment (such as whether Braille copies were only produced on demand).

These results need to be interpreted with caution. Many respondents were unable to provide cost data (or separately identify costs of adjustment) for various reasons. For example, some costs (such as those for large print documents, having dedicated staff, providing concessions and home visits) were absorbed within the normal expenditure of some establishments; while some found it difficult to attribute some costs specifically to meeting the needs of people with disabilities, where others also benefited from adjustments.

Trying to generalise costs from the provider to economywide level is extremely difficult. Such an analysis is confounded by factors such as the number of businesses and consumers potentially involved, and a lack of information on the type of adjustments that might be necessary and undertaken. Nonetheless, the Department for Work and Pensions (United Kingdom) (2001) attempted to estimate the overall costs of adjustments under the UK Disability Discrimination Act. For the types of adjustments relevant to this appendix, it estimated overall costs ranging from £187–234 million (\$515–\$644 million, non-recurring) and £91–399 million (\$250–1100 million, recurring costs, per year), most of which would be incurred by private sector providers.² As these figures indicate, there was significantly more uncertainty about recurrent than non-recurrent costs.

Net impact

Given the difficulties of estimating benefits and costs of adjustments in providing goods, services and facilities, it is equally difficult to quantify the net impact. Meager et al. (2002) provided some indication of what establishments perceived as the net impact of adjustments to them. In that respect, a majority of the establishments that had made adjustments reported that the benefits outweighed their costs, although this result varied across types of adjustment. Moreover, as noted above, some caution is needed in interpreting these results. In addition, the benefits Australian businesses derive relative to the costs of adjustment may be lower than in the United Kingdom, given the smaller potential market of people with disabilities for most businesses in Australia. Nonetheless, to the extent that the UK results are applicable to Australia, it suggests there could be net benefits to business of adjustments under the DDA. Net benefits are more likely to derive at the communitywide level, given the potentially significant, if largely intangible, benefits that accrue to people with disabilities and others.

Social participation—the nature, benefits and costs of adjustments

Many adjustments that might be made in areas of social participation—particularly accommodation, and clubs and incorporated associations—would involve physical changes to premises, the costs and benefits of which are discussed in appendix C. Other possible types of adjustment include, in:

- accommodation—installing specialised facilities, such as alarms with flashing lights for deaf people; changing lease conditions, such as no pets policies for people with guide dogs

² Foreign exchange conversion at the average 2001-02 British pound sterling–Australian dollar exchange rate.

-
- sport—changing competition conditions/rules, such as to allow people with disabilities to use assistive devices; educating other team members and officials about disability issues to promote a more inclusive environment
 - clubs and incorporated associations—adapting application or sign-in procedures to accommodate the needs of people with disabilities; educating staff and other members about disability issues.

These areas of activity are important means through which people can gain a sense of belonging, self-worth, wellbeing and connectedness with others, participate in the broader community and develop social networks, and thus decrease feelings of isolation. Hence, the benefits to people with disabilities of reducing barriers in these areas are significant. Benefits may also accrue to others, including:

- associates of people with disabilities—by seeing the improved lifestyle of their family member or friend; finding they are needed less often to act as ‘carers’
- others in the community (such as neighbours, other club members)—by interacting with a broader range of people and seeing different perspectives; experiencing a generally friendlier, more accepting and understanding atmosphere in clubs, extending beyond ‘disability issues’
- those making the adjustments—such as through increased club membership.

Most of these possible benefits are intangible and extremely difficult, if not impossible, to quantify. In terms of costs, these are likely to be relatively low for some types of procedural changes, but may be higher, if largely one-off, for adjustments such as installing specialised facilities. However, evidence quantifying the benefits and costs of improving access in these areas is not generally available, and what is available mainly relates to aspects such as the physical accessibility of premises.

Even without this information, however, the relatively limited application of the DDA to these areas so far suggests that the impacts of the DDA in social participation have been relatively low.