

Review of the Roads Act 1993 - Submission by Professor Susan Thompson

Public Submission

Who am I?

I am Professor of Planning, City Planning Program, Faculty of Arts, Design and Architecture at UNSW, Sydney. I am an urban planner, academic and teacher with over 30 years of service to UNSW, with prior experience in local and state government town planning. My work focuses on how to plan and manage cities, towns and public places in ways that make it easy for all people, no matter what their age, ability or cultural background, to engage in health-supportive behaviours as part of everyday living. I have made significant contributions to the field's research evidence base, transdisciplinary educational curriculum, and body of scholarship, impacting legislation, policy and practice. See more details here: [Professor Susan Thompson](#)

Summary of Submission

1. The breadth of the Roads Act Review is welcomed, especially the focus on meeting contemporary community needs.
2. Streets have enormous potential to accommodate the diverse needs of all community members living, working and moving in densifying urban centres and an increasingly degraded environment.
3. Streets can be health supportive environments – this is especially important for walkability and the most vulnerable in the community – older people and children.
4. Health supportive streets have co-benefits for the planet's health.
5. The lived experience of street users must be a core component of authentic community participation in planning and creating health supportive streets.
6. Health supportive streets are those which have slower traffic speeds, prioritising pedestrian use and safety.

Introduction

This is a once in a generation opportunity to review the Roads Act. The Issues Paper is excellent in how it points to key topics considering the changing role of roads and streets. My submission focuses on how the Act considers community issues, street safety, and public and environmental health (Issues paper: points 4.1a, b and c). In particular, my attention centres on walkability as a way to achieve a health supportive environment for all members of the community, with co-benefits for planetary health and environmental sustainability. I am especially concerned about walkability for vulnerable community members, including older people. It is they who live most of their lives at home and depend significantly on streets for physical activity, social connection and transport to access broader services and facilities within their neighbourhoods. A walkable and safe environment for older folk benefits everyone, as does a local road system with slower moving vehicles.

Streets as health supportive environments

The places where we live, work and enjoy recreation (our built environment), and the ways that we get around our neighbourhood, suburb and city, all play an important role in keeping us healthy and well across our entire lives. Being active, socially engaged with others, and easily accessing fresh and nutritious foods, are among the most important things that we can do on a

daily basis to reduce our risk of chronic, long term physical and mental ill health. Living in a neighbourhood that supports people being physically active and socially connected is essential for everyone. However, for older people this takes on greater significance as home becomes the focus of daily life and getting around easily is critical (see NSW Council on the Ageingⁱ Engagement Report 2022). Walking to local facilities and services, enjoying time in green spaces, getting to public transport and home again safely and efficiently, and meeting up with friends and family, are all key daily activities. The health benefits are considerable. The Australian Heart Foundationⁱⁱ promotes walking as a ‘wonder drug’ which can reduce risks for heart disease, stroke and some cancers. Walking also lifts mood which is positive for mental health and as we age, regular walking can help to protect against falls and bone density loss. A major study by the World Health Organization demonstrates that being physically active also reduces the risk of developing dementia and cognitive declineⁱⁱⁱ.

Social connection is also very important – not only to enhance a person’s feelings of self-worth and independence, but as an incentive to be active. Being lonely and socially isolated is a significant risk factor for both physical ill health, such as heart disease, and mental conditions such as depression. The built environment and how we get around our neighbourhoods and cities has been found to have significant impacts on loneliness^{iv}. Living in suburbs with good access to community facilities and parks is positive for making social connections. Also essential is how easy it is to get to those places, while being safe from crime, traffic and pollution.

Without exception, the roads and streets in our neighbourhoods, towns are the essential connectors that facilitate this health supportive environment. This is affirmed in comprehensive schemas such as the Local Government NSW’s ‘Age Friendly Toolkit’^v and the national Heart Foundation’s ‘Healthy Active Ageing’ website^{vi}, which includes research evidence, case studies from across Australia, checklists and policies. Internationally, the UK’s ‘Healthy Streets’^{vii} demonstrates the multiple roles that streets play in communities and how, with careful planning and authentic community engagement, these can become core places for everyone’s health and wellbeing. And in tandem, the health of the planet is supported with less vehicle trips resulting in reduced greenhouse gas emissions, ultimately lowering temperatures and addressing climate change^{viii}.

Listening to all voices in planning and delivering health supportive streets

The community is diverse with varying transportation needs and aspirations. Listening to the lived experience of all street users, not just stakeholder agencies and peak bodies, is important to ensure that all voices are heard, respected and included. New street and crossing designs, transport interventions and technological innovations are all impactful for users – for some this will be positive, but for others, there may be negative consequences. It is essential that the breadth of impact is understood and considered in implementing change. Assumptions cannot be made, nor unintentional consequences of proposals ignored. This issue was explored in a recent article for ‘New Planner’ – the NSW Planning Institute’s journal for practising planners. Entitled ‘Equitable and inclusive planning policy and practice for neighbourhood walkability: listening to lived experience’, the discussion focuses on older blind pedestrians and the negative impacts for them of flush or seamless crossings increasingly rolled out in suburban streets. Those charged with designing new or modified road and pedestrian facilities need to be aware of the wider ramifications of their designs, no matter how well intentioned they may be. The article is included as an appendix to this submission.

Slower traffic speeds enabling health supportive streets

The 30Please Movement^{ix} has been advocating for the reduction of vehicle speeds in the interests of safer streets. This is fundamental to the creation of a health supportive neighbourhood where pedestrians can confidently make use of the network to go about their daily activities, enjoying the lifelong health and wellbeing benefits.

Conclusion

Streets can and must play a major role in a health supportive environment. In order to adequately address the challenges of the 21st Century, a revised Roads Act needs to embrace greater community use of roads and streets that supports public health and that of the environment. A revised Roads Act can showcase best practice in responding to multiple needs in the context of urban densification, population growth and increasing competition for land. As part of this shift in focus, safety of pedestrians must be prioritised, and vehicle speeds reduced. Engaging the community in authentic and genuine consultations about road futures will enable decision makers to better appreciate how this can occur. Working together will bring about desired outcomes for the design and operation of local streets and civic spaces. I concur with the words of the Issues Paper where it says:

‘Walking priority is desirable on most street types and facilitating safe crossing points on higher speed roads is key to maintaining connections between local communities. Treatments that lower the exposure, likelihood and severity of a crash involving a person walking reduce serious injuries and fatalities in built up areas. These treatments require consideration of walking ahead of other road users’ (p. 33).

This is where the priority must be to achieve ‘more contemporary uses for roads and streets that are safe and responsive to community needs’ (Issues Paper, Key Reform Objective No 1).

ⁱ <https://cota.org.au/>

ⁱⁱ [Benefits of walking campaign | Heart Foundation Walking](#)

ⁱⁱⁱ WHO, 2019: [file:///C:/Users/z9100170/Downloads/9789241550543-eng%20\(1\).pdf](file:///C:/Users/z9100170/Downloads/9789241550543-eng%20(1).pdf)

^{iv} <https://theconversation.com/why-loneliness-is-both-an-individual-thing-and-a-shared-result-of-the-cities-we-create-198069>

^v https://lgnsw.org.au/common/Uploaded%20files/Ageing/Age_friendly_toolkit.pdf

^{vi} <https://www.healthyactivebydesign.com.au/healthy-active-ageing/active-ageing>

^{vii} [Healthy Streets | Making streets healthy places for everyone](#)

^{viii} <https://planetaryhealthalliance.org/what-is-planetary-health/>

^{ix} <https://30please.org/>

Equitable and inclusive planning policy and practice for neighbourhood walkability: listening to lived experience



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Gisele Mesnage, local resident and community advocate

Guide Dog Nyota Mesnage



Jennifer Moon, Guide Dogs NSW/ACT Social Change Advocate

Seeking out communities who are potentially affected by proposed changes to the built environment must be the precursor to detailed, careful and respectful engagement with individuals and advocacy groups about their lived experience and how this could be affected by change. This is the first step to avoid decision-making based on incorrect and misleading assumptions.

Our story begins with the opening of a new neighbourhood park and concerns about the safety of older pedestrians walking there. This was the catalyst for a concerted and organised community campaign involving residents, clinicians and academics. With good intent, the council decided to install new pedestrian crossings using current urban design trends which inadvertently altered and eliminated traditional wayfinding cues. This was especially problematic for pedestrians who are blind or have low vision. A broader discussion followed about equitable and inclusive walkability for health and wellbeing¹ and the role of planning in hearing all voices, especially the lived experience of people with a disability.

Healthy built environments for all?

Walkability is central to a healthy built environment and something most of us take for granted. Walking to local facilities and services, enjoying time in green spaces, getting to public transport and home again safely and efficiently, and meeting up with friends and family are all key activities. For older people, this is critical as home increasingly becomes the focus of daily life. The health benefits for everyone are considerable. From reducing risks for heart disease, stroke and some cancers², walking also lifts mood, enhances mental health and assists in alleviating loneliness and isolation.

As we age, regular walking can help to protect against falls and bone density loss, reduce dementia risk, and lessen cognitive decline³.

Planners are now well acquainted with the role of the built environment in supporting health and wellbeing⁴ and the need to take account of diverse community members in a range of local contexts. Under the Planning Institute's (PIA) 'Code of Conduct', planning professionals must treat everyone with respect and refrain from any discrimination⁵. Nevertheless, policy and practice are not always interconnected. Intersectoral relationships are particularly complex and sometimes overlooked through lack of knowledge, or worse, viewed as too complex to incorporate.

Walkability for all?

*'People with impairments (e.g., sensory, cognitive, and mobility) encounter significant built environmental barriers in performing everyday life activities such as going for a walk.'*⁶

This reality is not necessarily appreciated by decision makers, especially in relation to older people who are blind or have low vision. This was confirmed in an Australia-wide survey undertaken for Guide Dogs Australia⁷ with numerous challenges identified. Difficulties accessing community facilities, services and public places undermined confidence, together with the ability to feel part of a community, especially in the context of an increasingly complex urban realm.

Footpath challenges

Almost all respondents (96 per cent) reported difficulties navigating footpaths, frequently obstructed with outdoor seating for cafés and merchandise displays. Shared paths were ever more worrisome with micromobility devices, especially e-scooters and e-bikes. Crowd protection barriers were also challenging.



Figure 1: A flush pedestrian crossing which is dangerous for Gisele and her guide dog Nyota (Source: Susan Thompson, 2023).

There are significant safety issues for people with low vision or blindness attempting to walk along shared paths, often with few, if any, way finding clues accessible to them. Different space on the path for users (for example, pedestrians and cyclists) is frequently indicated by a painted line only. Coupled with the speed and unpredictability of cyclists and micro-mobility device users, this can be incredibly dangerous forcing those who are blind or have low vision to take alternative transport, often at greater economic cost and to the detriment of their sense of independence and health.

Flush crossings

Termed flush or seamless crossings, these are where the road and footpath meet at the same level. They are commonly found in shared spaces, in combination with continuous footpaths, and where there is a flush finish intersection. Such designs and footpath treatments significantly challenge the safe and independent mobility of people with low vision or blindness (in the survey over 80 per cent held high concerns about them). In part this is related to the removal of traditional environmental cues, most importantly the change of physical level from footpath to the road. Assumptions are made about how to designate the footpath end and commencement of a roadway with fast moving vehicles.

Tactile Ground Surface Indicators (TGSIs)

TGSIs are generally installed to denote the end of one use and the start of another, with the assumption that they will be sufficient to alert the pedestrian. This is widely accepted in practice and policy (for example, Australian Standard 1428.4.1; US Access Board⁹) despite the lived experience of people who are blind or have low vision. For them, tactiles on their own are extremely challenging to detect and need to be accompanied by some form of gradient change between footpath and roadway, such as compliant, aligned kerb ramps. Where there is no physical indication of such a change, a guide dog or cane user will generally walk onto the road unaware. In a busy, noisy and crowded urban environment, it is mentally demanding for blind or low vision pedestrians to detect the tactiles underfoot to safely cross a road⁹ when there are no other physical indications to warn of potential hazard.

What can planners do?

For planners, letting go of assumptions and really listening to, and taking note of the lived experience of the community (individuals and peak bodies) are fundamental in any engagement activity. So too is the prioritisation of



Figure 2: The local park which started our story – these spaces are the heart of neighbourhoods, connecting communities, and must be safe and easy to get to by all (Source: Susan Thompson, 2023).

neighbourhood walkability and defending this in the face of challenges from other technical disciplines.

Although implementation of the Australian standards is not in the remit of planners, strategically planning and providing walkable neighbourhoods clearly is. Part of this work includes communicating to other responsible stakeholders the different challenges for users, especially those with disabilities.

Planners can collaborate across advocacy sectors, designers and infrastructure agencies to understand the complex needs of those with disabilities, working together to plan and implement inclusive and safe walkable environments.

And finally, a call out to PIA to urgently act on all recommendations in the 2024 discussion paper 'Planning for Disability Equity and Inclusion'¹⁰.

Conclusion

Community members, council, advocacy groups, research academics and educators must work together using health and wellbeing research, understandings of unintentional design consequences, and residents' lived experience, to advocate for equitable walkable local neighbourhoods. Inclusive and respectful planning practice is complex, nuanced and contextual. Innovation is essential but has to be carefully considered, alongside the lived experience of those affected. Ultimately, there are no simple or quick solutions

to achieving an inclusive and equitable environment where everyone's health and wellbeing is supported and nurtured. ■

Endnotes

1. BE@Impact 2024, *Assisting communities to advocate for equitable walkability: Drawing on research for healthy built environments to support local residents and stakeholder organisations*, see: youtube.com/watch?v=eh2cPCj82g4&t=2s
2. See: https://walking.heartfoundation.org.au/benefits-of-walking/#the_wonder_drug_1
3. WHO 2019, *Risk reduction of cognitive decline and dementia*, see: [file:///C:/Users/z9100170/Downloads/9789241550543-eng_per_cent20\(1\).pdf](file:///C:/Users/z9100170/Downloads/9789241550543-eng_per_cent20(1).pdf)
4. Planning Institute of Australia 2016, 'Planning for healthy communities position statement', See: <https://www.planning.org.au/documents/item/7902>; New Planner 'Healthy Built Environments' quarterly columns from 2010-2021
5. Planning Institute of Australia 2023, *Code of conduct*, see: <https://www.planning.org.au/documents/item/6014>
6. Stafford, L & Baldwin, C 2018, 'Planning walkable neighborhoods: are we overlooking diversity in abilities and ages?', *Journal of Planning Literature*, vol. 33, no. 1, pp. 17-30.
7. Moon, J 2024 'Environmental clues: using them and losing them', *Access Insight*, Autumn, see: <https://access.asn.au/access-insight-autumn-2024-environmental-clues-using-them-and-losing-them-reprint/>
8. US Access Board 2023 'Public right-of-way accessibility guidelines', see: <https://www.access-board.gov/provag/>
9. Valos, N & Bennett JM 2023, 'The relationship between cognitive functioning and street-crossing behaviours in adults: a systematic review and meta-analysis', *Transportation Research Part F: Psychology and Behaviour*, Vol. 99, pp. 356-373.
10. Stafford, L, Traill, A, Holmes, A, Bailey, D, Novacevski, M, Taylor, M, Henderson, T 2024, *Planning for disability equity and inclusion: a discussion paper for the planning profession*, The University of Tasmania.

Susan, Sidney Luker Medallist, is Professor of Planning in the School of Built Environment, Faculty of Arts, Design and Architecture, UNSW. Susan's academic work focuses on researching, teaching and advocating for inclusive and equitable healthy built environments and the positive role that planners play in supporting wellbeing.

Gisele and Nyota, Gisele is blind and her bestie is her guide dog Nyota. Gisele is passionate about digital accessibility and walkability. Nyota and Gisele are especially concerned about the lack of safe pedestrian crossings, particularly flush crossings, which present a deadly hazard to walking for blind pedestrians. Gisele was awarded Inner West Council Senior Citizen of the Year 2024 for her advocacy work.

Jennifer has worked in the field of blindness and low vision for over 35 years and is currently with Guide Dogs NSW/ACT in the Social Change team. Jennifer holds a Bachelor of Arts (Disability Studies), Master of Cognitive Science, is a qualified Access Consultant and is a Certified Orientation & Mobility Specialist (COMS).