

**Submission  
No 17**

## **INQUIRY INTO PUBLIC TOILETS**

**Name:** Dr Lorraine Dickson

**Date Received:** 15 October 2024

---

## **Submission for the Inquiry into Public Toilets**

### **Executive Summary**

#### Toileting issues

Incontinence is the term used for the problems experienced by people who are unable to contain and hold their urine and/or faeces long enough for them to get to a toilet. It is a costly problem and, although it affects more females than males, it is a very prevalent problem affecting approximately 56% of Australians. It can affect people of any age yet most do not seek assistance because of the associated feelings of shame and stigma.

#### My experience

For over 30 years I have worked as a registered nurse specialising in toileting issues. While working for a NSW Government health service I saw people of all ages and both sexes from a wide ranging social and geographical area. There are numerous types of incontinence so, in order to devise individualised treatment and management plans, it was necessary to conduct an in-depth assessment of the person's individual issues.

#### Strategies for managing bladder and bowel problems

Most people who experience bladder and bowel management problems wear pads or special underwear.

Some people who have had underlying health issues may need other more specific collection or elimination equipment.

Many people who have issues try to delay their toileting need to attempts to identify a suitable toilet which they often need to use quickly and, many need to go frequently.

These people can be people with health issues and disabilities but many can be people without recognised toileting issues. These can be young children, pregnant women, men with prostate issues, people with slow mobility or those who need assistance to get to and position themselves and then use the toilet.

Many people with bladder and bowel containment issues avoid going out because they worry about being able to locate a toilet and/or experiencing an accident. If they not able to get to a toilet and then have an accident, they are embarrassed and they feel shame. This problem also leads to low self-esteem and increasing depression. When these people really need to leave their homes they often restrict their fluid intake which can lead to further health problems.

Many people who are reluctant to use public toilets say they:

- Are unclean and smell - many women will not sit on the toilet because they say they are dirty or they feel they'll "catch something",
- Are unsafe,
- Do not always have bins for disposal of their pads or equipment,
- Do not have suitable toilet paper, seats or handwashing and drying facilities,
- Do not have sufficient privacy because they do not have doors or locks.

Many women say that males often “misfire” and make the seats and floor in front of the toilets wet so then they have even more cleanliness issues. Some say toilet cubicles are too narrow and many would like handwashing facilities contained within the cubicle. Others express their thoughts that toilet doors which open away from the toilet allows more room and enables assistance in case of an adverse event.

Reliance on artificial lighting can also be an issue for some, particularly when the light is faulty or broken.

There is a public toilet App funded by the Australian Federal Government but maintained by the Continence Foundation of Australia. It is used extensively by many people and many people who experience toileting issues rely on it when planning trips away from their homes. However, although the available toilets are regularly reviewed the state of cleanliness etc. is not checked except by their cleaning companies.

Many public toilets contained within public playing fields etc. are not generally available to the public and are only open when deemed needed such as when games are being held.

#### Public Toilet Suggestions

People who desperately need to urinate or defecate, especially when they are in an area where they are unable to find a public toilet, will seek somewhere they feel is safe and private enough for them to empty their bladder or bowel. This is not acceptable and therefore, there should be the provision of:

- Public toilets every 40 – 50 kilometres on major roads and motorways – this will also assist with road safety through allowing people to break their journey.
- Notification of the location of public toilets on GPS Apps.
- Good and clear signage for the location of public toilets
- Sufficient toilets for the people who may need them (women need a greater number than men).
- Regular cleaning and maintenance of the public toilets some may need cleaning more than once a day.
- The provision of a safe environment, toilet seats, toilet paper, privacy, good lighting, disposal bins, handwashing and hand drying facilities.

Public toilets should be planned for when roads and infrastructure is planned.

All levels of Government should:

- not be reliant on the provision of toilets in shopping centres and food outlets.
- encourage all car fuelling station owners to provide some toileting facilities so people can use their need to stop and refuel as also a rest stop. This is especially necessary if there isn't a well signposted public facility close by.

#### Conclusion – my quest

Appraising public toilets and reporting good and bad. Continue to raise the awareness of the need for quality public toilet facilities through reporting what I find and am told.

## **Submission for the Inquiry into Public Toilets**

### **Background**

For over 30 years I have worked as a registered nurse specialising in toileting issues. Before leaving full time employment I had attained the grade of Nurse Practitioner, Continence and was working with a health service in country NSW. During my time as a specialist nurse, I also undertook extensive studies and my 4<sup>th</sup> and final degree culminated in the completion of a Doctor of Nursing. All my studies focussed on my interests and study pursuits around the assessment, treatment and management of incontinence - helping people of all ages and both sexes to control or regain control and containment of their continence problems. The research I undertook for my doctorate involved working with nurses to seek and institute improved care for elderly residents living in a Multi-Purpose Service (a program to provide integrated health and aged care services in regional, rural and remote communities - including acute care, subacute care (such as respite and palliative care, emergency, allied health, primary health and community services. The program allows older people in small communities to remain close to family and friends and still receive the ongoing aged care support they need. The New South Wales Health website describes a Multi-Purpose Service (MPS) provides a home-like environment for aged care residents.

### **The meaning, impact of incontinence, prevalence and cost of incontinence**

Incontinence is defined as any accidental or involuntary loss of urine (urinary incontinence) or faeces (faecal incontinence).

Many people experiencing incontinence are reluctant to seek assistance because of embarrassment and the associated feelings of being perceived as being lazy or dirty. Yet it is a common and costly problem. Although it is more common in women and as individuals age, it is not an inevitable consequence of ageing and can affect people of all ages, including children and young people.

Deloitte Australia in their report (Economic Cost of Incontinence in Australia, published in June 2024) says "it is estimated that 2.4 million men (19% of the total population of men) and 4.8 million women (37% of the total population of women) had some degree of urinary and/or faecal incontinence (UI/FI) in 2023. This is an overall increase of 53% since 2010. These are likely to be underestimates as incontinence is frequently under-reported to healthcare services by those affected and often misdiagnosed or not diagnosed by clinicians ..... The severity of incontinence can vary and urinary incontinence is much more prevalent than faecal incontinence."

The financial cost of incontinence in 2023 was \$66.6 billion, with an additional \$33.8 billion in lost wellbeing for people living with incontinence.

There are several types of incontinence (Continence Foundation of Australia website).

1. Stress urinary incontinence which is more common in women. This is the most commonly recognised form of incontinence. It is the accidental leaking of urine when you exercise, cough, sneeze or laugh.  
Causes - In women pregnancy and childbirth can stretch and weaken the pelvic floor muscles that support the urethra (the bladder outlet tube) but many men develop stress incontinence after prostate surgery.
2. Urge urinary incontinence (unstable bladder) is the involuntary loss of urine associated with urgency (a sudden and strong need to urinate). People who experience urge incontinence get a strong feeling of the need to urinate even when the bladder isn't full and loss of urine before reaching the toilet. These people often need to pass urine more frequently. Even if they don't accidentally lose urine, urgency and frequency can interfere with everyday activities because of the need to go to the toilet frequently.  
Causes - the types and amounts of fluids they drink, stroke, Parkinson's Disease, multiple sclerosis and other health conditions that interfere with the brain's ability to send messages to the bladder via the spinal cord. It can also be a result of constipation, an enlarged prostate gland or simply the result of a long history of poor bladder habits such as going to the toilet before the bladder is full ("just in case").
3. Urinary retention is the inability to empty the bladder completely. This may result in leaking small amounts of urine on a regular basis.  
Causes - can be a blockage of the urethra caused by a full bladder which can put pressure on the urethra (the small tube through which urine passes), making it difficult to pass urine, an enlarged prostate, a prolapse (droop) of pelvic organs which can block the urethra, damage to the nerves that control the bladder, urethral valve or pelvic floor muscles, diabetes, multiple sclerosis, stroke or Parkinson's Disease (which can interfere with the sensation of a full bladder and with bladder emptying) and some medications including over the counter medications and herbal products.
4. Functional incontinence now known as disability associated urinary incontinence is when a person is unable to recognise the need to go to the toilet, locate the toilet, access the toilet, manage their personal needs (e.g. remove clothing), recognise the toilet.  
Causes – this often means there is a physical, intellectual or environmental issue that makes it difficult for them to use the toilet and includes problems with walking (arthritis or cerebral palsy) and problems with memory or learning (such as dementia and intellectual disability).
5. Nocturia which is when a person wakes during the night or main sleep time because they need to pass urine. This can also cause a risk of falls when they get up in the dark.

Causes - heart or kidney problems, poorly controlled diabetes (Type 1 or Type 2), swollen ankles, taking fluid tablets at night for bladder infections, an overactive bladder, constipation (a full bowel can be pressing on the bladder), an enlarged prostate (the bladder may not empty out fully), being pregnant, changing position from upright in the day to lying flat at night (this increases blood flow to the kidneys and more urine is produced), having broken sleep (may need the toilet just because of being awake), consuming large amounts of fluid before going to bed at night and consuming alcohol or caffeine (e.g. coffee, chocolate and cola) before going to bed at night.

6. Post micturition incontinence (commonly known as after-dribble) can occur when men leak a small amount of urine after emptying their bladder.

Causes - the muscles that surround the urethra (the tube that carries urine from the bladder to the penis) do not contract properly. This stops the bladder from fully emptying. A common cause of post micturition incontinence is an enlarged prostate or weakened pelvic floor muscles.

7. Nocturnal enuresis (bedwetting) is the involuntary passing of urine that occurs at night during the main sleep period.

Causes - the inability to wake to a full bladder, the bladder becomes overactive at night and cannot store urine, the kidneys make a large amount of urine at night that the bladder has difficulty holding.

8. Children - daytime wetting - If a child regularly wets during the day after the age of 4 (professional advice is advised).

Causes can be - Overactive bladder (occurs when the bladder has problems storing urine. The child has urgency and may leak urine on the way to the toilet. They may also go to the toilet more than eight times a day), Underactive bladder (occurs when the child goes to the toilet infrequently (less than four times per day) and sometimes urine escapes without any warning as the bladder overfills. Urinary tract infection is common), Leakage (can occur if the child is in the habit of putting off going to the toilet and wets when the bladder is overfilled), Incomplete emptying of the bladder (some children empty their bladder incompletely and this can also lead to wetting).

9. Faecal incontinence - the accidental or involuntary loss of faeces from the bowel.

This may also include have being unable to control wind or staining from faeces in underwear.

Causes can be - long term straining, medications, e.g. antibiotics, drugs for arthritis and diabetes, lifestyle (e.g. heavy lifting leading to weak pelvic floor muscles), weak back passage muscles (having babies, getting older, some types of surgery, or radiation therapy), bowel disease (e.g. Coeliac disease, Crohn's disease), nerve disorders (resulting from Multiple Sclerosis and Parkinson's Disease), diarrhoea and constipation.

Older women can often have stress and urge incontinence at the same time – they experience incontinence when they cough, sneeze etc. as well as having difficulty holding onto their bladder when they need to go to a toilet.

### **Strategies for managing incontinence**

Most people who have incontinence problems wear disposable incontinence pads/pants, sanitary pads or washable products such as specially designed pants, wash cloths or even rags. These need to be changed and disposed of or washed frequently to avoid health issues such as urinary tract infections and rashes.

Some people have a stoma which is a small opening in the abdomen which is used to remove body waste, such as faeces and/or urine, into a collection bag. Common reasons for people who need this collection system include bowel cancer, bladder cancer, inflammatory bowel disease such as Crohn's Disease or Ulcerative Colitis, diverticulitis or an obstruction to the bladder or bowel. These people need privacy when they need to attend to their stoma. They also need close access to handwashing and hand drying facilities as well as a disposal bin.

People with urinary retention and bladder nerve damage (spinal cord damage e.g. paraplegia, spina bifida, sometimes multiple sclerosis) may need to self-catheterise and have similar needs to those who have a stoma. They need to be extremely careful with their hygiene because they need to insert a small, flexible plastic tube into their bladder to allow urine to flow through this tube which is then removed. These people need to do this regularly to prevent a build-up of stagnant urine and to allow their kidneys and bladder to remain healthy by preventing urinary infections. This technique also assists some of these people who also experience urinary incontinence as it relieves the pressure on their bladder. Bladder pressure problems can cause urinary backflow which can irreparably damage their kidneys. So, for people with these problems it is imperative that they attend to their needs as required.

Parents with small children often need to access toilets quickly when their children begin to recognise their toileting needs. When children are young, they sometimes don't recognise their "calls to toilet" until it becomes urgent – or they try to hold on and then experience an accident. Therefore, it is important for their parents or carer to be able to get them to toilets quickly. Younger children and babies need somewhere for their parents or carer to change wet and soiled nappies or pull-up pants and they need facilities to wash as well as dispose wet or soiled items.

Pregnant women often experience urinary frequency and urgency because of the pressure on their bladder caused by the growing baby in their abdomen. So, they often need access to toilets quickly to avoid accidents.

People experiencing urge incontinence need a toilet because they need to toilet urgently and, often, frequently. People who suffer from stress incontinence can have an accident when pressure is applied to their abdomen e.g. cough or sneeze. Although many people with both these issues wear a pad, when they experience incontinence, they need to be able to change it, attend to their personal hygiene and dispose of their used pads.

People with disabilities may also need to use a toilet promptly. They may also be reliant on a carer and bulky equipment so need access to space as well as appropriate toileting, washing and disposal facilities.

### **How do these people manage their toileting problems when they need to go out?**

Many of the people I've seen who experience incontinence explain that they -

- avoid going out because they worry about having an accident while they are out,
- worry about feelings of embarrassment when they are unable to find a toilet which is suitable to attend to their needs, and
- restrict their fluid intake in attempts to avoid problems.

These are not good strategies. Avoidance of going out can lead to social isolation, not receiving assistance for issues (such as medical appointments), feelings of low esteem and depression. The restriction of fluids can have a disastrous effect on their health because it can lead to dehydration, kidney problems, constipation and exacerbate an already unstable bladder.

Many people I have spoken to about their management concerns leading to their reluctance to leave their home say that -

- most public toilets are unclean and odorous, so they don't want to use them at all,
- they will not sit on any toilet seats (particularly women) because they are likely to be unclean and they are worried they "will catch an infection" so they try to "hover above them". This does not allow for their pelvic floor muscles to relax therefore they may not fully empty their bladder and, for those who are unsteady, they are more likely to fall,
- they feel unsafe using public toilets,
- many toilets do not have seats, so they are expected to sit on the toilet bowl,
- public toilets do not always have bins for pad and equipment disposal,
- public toilets don't have toilet paper,
- some toilets don't have properly closing doors or locks on the doors for privacy, and
- there are often times when handwashing and drying facilities are unavailable.

Many women complain that, if the toilets are unisex, males often wet the floor in front of the toilet and on the seat, so they have to be careful when they pull down their pants or try to sit on the toilet. Some men have also complained of this especially when they need to or routinely sit to use the toilet.

Others people say that toilet cubicles are too narrow and many would prefer a handbasin etc. to be contained within the cubicle.

Some people, particularly those with a disability or who are unsteady, would like to have a toilet door which opens outwards so that it allows more room in the toilet cubicle as well as allowing easier assistance if they need it or have a fall.

Lighting can also be an issue. Reliance on artificial lighting can be problematic as lights can break or need repair and, if someone needs to clearly see what they are doing (maybe self-catheterisation or attending to a stoma) they need good lighting.



There is a Public Toilet App which is funded through the Australian Federal Government and maintained by the Continence Foundation of Australia. It is reviewed yearly when the Continence Foundation of Australia hold their “Great Dunny Hunt”. However, although they review that the toilets located within the App are still available and they add new ones to the App, it does not recognise the condition of the toilets. Despite this, I have often told my clients about it and encouraged them to use it where possible when they need to go out. Some plan their trips around toilets located in this App when going out and use the App as a reference to their journey. I have also recommended it to Disability Group Homes and aged care facilities and I have used it myself when I’m in unfamiliar areas. However, it worries me that many of the public toilets I have been recommending to people, are often poorly maintained and reminiscent of some found in 3rd world countries. Some of my clients say they rely on toilets provided in shopping centres, at food outlets or at car service centres.

Toilet facilities, which are usually locked, such as those located in playing fields, can be extremely frustrating for many people as they are aware these toilets are unavailable to them and they can’t access them. So, I have often told clients that they can apply for a MLAK (Master locksmith access key) through obtaining a letter from their doctor and then taking it to a locksmith. This has proved to be very helpful for some who have ongoing concerns about experiencing unexpected and uncontrollable accidents because of either urinary or faecal incontinence. With the key they are able to use these facilities when they are out because it gives them access to most of these public toilets.

### **Public Toilet Suggestions**

The current situation with public toilets is simply not good enough and action is needed. There is a need for more than are currently available. They are a public necessity and without them there is a risk that people will try to locate somewhere which they can use for their desperate elimination needs. This is obviously deemed as illegal but, more importantly, is also a health risk.

- Public toilets should be planned for when roads and infrastructure is being planned.
- All levels of Government should not be relying on shopping centres and food outlets to supply public toilets but should encourage all vehicle fueling stations to provide some provision, especially if there isn’t a well signposted public facility nearby.
- There should also be sufficient toilets for the amount of people who need them to avoid queues which is disastrous for those who need quick access. At nearly all public facilities there are often queues outside women’s toilets as women need the sit-down variety and private cubicles.
- Toilets should be cleaned and serviced regularly and there should be the provision of a safe environment, toilet seats, toilet paper, privacy, good lighting, handwashing, hand drying and bins. High use toilets may need cleaning services twice or even 3 times a day.
- There should be better signage especially in suburban shopping strips so people can find toilets quickly and easily with parking nearby.
- GPS Apps should standardly notify the user of the location of public toilets.

- Toileting facilities should be readily available every 40-50 kms on major roads and motorways. This will allow people to:
  - quickly find a toilet when they need one and are travelling, and
  - break people's journeys to provide a break and a rest stop.
 This will no doubt be even more important as many smaller towns are being bypassed and are no longer on some of the major connecting roads and motorways, hence local public toilets are harder to locate.

### **My quest**

As part of my retirement plan which includes travelling throughout Australia, I have been reviewing public toilets I find along the way. I then send reports about them to their local councils. So far, my husband and I have done about 25 appraisals as part of our travels. We don't visit all public toilets and only assess them when we need to use one ourselves. We commenced these appraisals in June 2024 as we travelled through western NSW and Qld and we report both good and bad. If possible, I report them through the Snap, Send, Solve App but, when I don't have Internet access, I send them by email to the local council when I get Internet access. So far, I've had some good feedback from many of the councils who have received a report and to date, there has only been 2 councils who say they can't access them through the App.

This quest commenced because of the public toilets near the Hawkesbury River on the M1. They are not far from where I live and are always atrocious no matter the time I've called in. I am aware that they are regularly cleaned (I've seen cleaners there) but they have a high volume of use and the cleaning routines are not sufficient for the number of people using them. Others I have mentioned them to have also agreed with me saying they've also found them particularly disgustingly and offensive. One time in the recent past, when I visited them, I noticed that a bus load of elderly passengers was pulling in so their travellers could make use of them before entering the city limits. I can only imagine what some of those people thought when they saw those public toilets. I felt ashamed and then tried to locate who to report them to. That took a lot of research as it was not readily available or easily located on the Internet.

To date these and others on the M1 (Buchanan Rest Area on the New England section near Cessnock on the M1) are, in my view, the worst I've seen and been to. This includes some in remote areas of outback NSW which are drop toilets.

To date, new ones at the Mangrove Dam take the award for the best although I feel they need a skylight or high windows to provide natural light. Some of their cubicles could be a little narrow and the doors to the "normal toilets" open in towards the toilet and only the ones delegated as being for the disabled open out. Others to be commended are the newer facilities in Cobar, Warren and Dunedoo.

Dr Lorraine Dickson, RN, Nurse Practitioner, Continence, JP  
RN, Grad Cert Ad Ed & Trng, Grad Dip Nur (Comm Hlth), MN, DN

## Examples of available Public Toilets



Mangrove Dam



Warren – Dunno Street



Cobar – Drummond Street