Accessible Housing in Australia

A Submission
by the Disability Council of NSW

June 2005
The first requirement of disabled people in participating as equal citizens within the community is a home which is suited to them, together with control over the necessary help they require to live independently.

Contents

Executive Summary ................................................................. 3
Introduction .................................................................................. 4
   About the Disability Council
   The Structure of the Submission
Disability and Equity ................................................................. 5
   Definitions of Disability
   Equity and access
UHD and accessible housing ...................................................... 7
   Defining UHD
   The logic of UHD
   Social impacts
The affected population .............................................................. 12
   Statistics on Disability and Ageing
   The cost of Access
The cost effectiveness of UHD ..................................................... 16
   Refocusing the cost debate
   Savings to Government
The Current Landscape .............................................................. 20
   International precedent
   Local initiatives
   Quality Standards
   Sustainability
Policy tools and initiatives ......................................................... 23
Summary response to questions in the report ......................... 24
Conclusion .................................................................................. 28
Submission Summary

The Disability Council, operating under the Community Welfare Act 1987, is the official advisory body to the NSW Government on disability issues and policy. It is the NSW Disability Advisory Body to the Commonwealth.

The Disability Council’s submission focuses on the following key points.

- From an agreed date in the future (no later than 1st January 2008) all new private dwellings should be designed and constructed to meet the principles of Universal Housing Design (except in exceptionally rare circumstances where topography makes it impossible or prohibitively costly).

- The need for housing built to UHD principles is urgent, will become even more so in the next 30 years due to the changing demographic of the Australian population, and, therefore, planning for such contingency needs to begin immediately.

- There should be certainty provided to all stakeholders through a national regulatory framework, which we believe requires amendment of the BCA.

- Across OECD countries the emerging trend is to move from requiring a percentage of houses to be made fully accessible to a new dispensation that requires all new housing conform to UHD principles, based on convergent social and economic imperatives.

- UHD principles are an essential to a sustainable future, are easily marketable and benefit all of society, not only older people or those with disability.

- Primary short term initiatives need to include the development of statistics to inform policy initiatives, incentives for developers and builders to build housing that incorporates universal design features, community education programs, practical initiatives to address the shortfall in accessible housing stock and principally the acceptance of UHD as the basis for all future building initiatives.
Introduction

About the Disability Council of NSW

The Disability Council of NSW is the official advisory body to the NSW Government on disability issues and policy. The Council, appointed by the Governor and reporting to the Minister for Disability Services, operates under the Community Welfare Act 1987 and is made up of a majority of members who have disability. In addition, there are members who have experience in the provision of services for people with disability and their families.

The role of the Disability Council is to:
- Monitor and evaluate all government policies relating to disability issues and assess their impact on people with disability;
- Advise government on priorities relating to services provided for people with disability;
- Promote the integration of people with disability into the community through community awareness and education;
- Encourage diversity, flexibility and innovation in services through constant consultation with people with disability and their families, and
- Function in NSW as the State’s Disability Advisory Body to the Commonwealth Government, commenting on Commonwealth issues that affect people with disability and their families in NSW.

Members of the Disability Council are selected on the basis of their experience of disability and their understanding of issues, knowledge of service delivery and government policy.

The structure of the Submission

Following this comment on key terms in this submission, we will address key themes, including:

- Issues of equity and the definition of disability;
- Supply of and demand for accessible housing and
- The justification for refocusing the debate to an analysis of the benefits of universal housing design.

In so doing, we will discuss the urgency of need and the sound economic reasons we see for action. Our submission will, therefore, touch on the balance between costs and benefits, offering various potential solutions to the perceived problems of change management. From our perspective the needs of the whole community can only be met by a fundamental shift of policy in favour of universal housing design and construction of all new private dwellings.
For the sake of clarity, throughout this document the following abbreviations are used:

- The Disability Council of NSW is referred to as Council.
- Accessible Housing in Australia: A Research Report has been referred to as the Jaguar Report.
- UHD means universal housing design.
- BCA means Building Code of Australia.
- ABCB means Australian Buildings Code Board.
- AS 1428 means Australian Standard 1428 Design for Access and Mobility.
- SMARTA means Selling and Marketing Accessible Real Estate To All.
- ACAA means the Association of Consultants in Access, Australia.

Disability and Equity

Definitions of Disability

According to its introductory remarks, the Commonwealth Disability Strategy is:

…about enabling full participation of people with disabilities … (and)… (t)his means ensuring that people with disabilities have the same access to buildings, services, information, employment, education, sport and recreational activities as everyone else in the community.


In using the term “people with disabilities” the Australian government defined a social minority whose need for equal treatment was to be partially addressed by improved community attitude, anti-discrimination legislation and the reduction of social barriers. Yet the use of disabilities (in the plural) suggests disability is a descriptor of an individual, rather than a social imposition.

Any review of disability discrimination legislation demonstrates that Australian legislation has accepted a ‘deficit’ definition of disability. People are described in terms of their deficits/impairments and disability is loosely defined in terms of these.

1 The DDA for instance, though far more encompassing in its definition/ coverage than other legislation, defines disability as: a total or partial loss of the person’s bodily or mental functions or part of the body; the presence in the body of organisms causing or capable of causing disease or illness; the malfunction, malformation, or disfigurement of a part of the person’s body; a disorder or malfunction that results in the person learning differently from a person without the disorder or
We favour a more subtle understanding, based on what has become known as the social model of disability. We acknowledge that individuals may be born with or acquire physical, sensory, intellectual or psychiatric impairments. Impairments however, in and of themselves, are not necessarily a barrier to full social participation.

The term disability acquires significance as a consequence of the social imposition of inequality or disadvantage by acts of omission or commission made within the structure of society. The social model of disability acknowledges impairments as real aspects of any and all individuals but argues that disability arises from the society’s failure to meet the needs of all its citizens equitably, regardless of impairment. From this perspective, we believe, disability can ultimately be eradicated by addressing (designing out) social barriers.

Council holds to the view that failure to identify and address the housing, educational and employment needs of people with disability should be regarded as failures by the whole of society, including governments, to ensure practical options that can make possible equitable treatment of people with disability. In effect, disability is created by the lack of foresight and care to policy formulation and implementation not by the impairments with which individuals live their lives.

We favour this broader and deeper understanding of disability. We recognise that no individual can be fully functional in every aspect of social existence. We understand at the same time, however, that no society can be said to treat all fairly unless that society is purposely designed to include all citizens, regardless of their social / individual realities (age, gender, disability, race, etc).

**Equity and access**

Ensuring that the BCA covers equal access to buildings for people with disability should be a role of the ABCB in the same way that safety or sustainability has been mandated, to different degrees, through nationally agreed standards. In Council’s view, an agreed minimum standard of accessibility should be listed among the objectives of the Inter Government Agreement on Building Regulation Reform.

Unless and until such regulation is codified within the BCA (and any associated planning or regulatory instruments) we will perpetuate a perverse exclusion. Currently, society does not seek to ensure equality of opportunity with regard to access. Those who find themselves excluded from the mainstream or something close to full rights to participate find themselves, perversely, bearing most of the malfunction; or a disorder, illness or disease that affects a person’s thought processes, perception of reality, emotions or judgement or that results in disturbed behaviour
social, economic and personal costs of that exclusion. This is neither sustainable nor acceptable.

The basis of the Commonwealth disability strategy is equal access. The ability to live autonomously is, within what most people take for granted or term ‘common-sense’, premised on the ability to function in one’s own home, to visit or receive friends and family as much as it is on being able to access public facilities and services in much the same way as others. That ‘common-sense’ view needs to be supported by instruments and regulation, given the failure of voluntarism, to ensure the desired outcome of equality of opportunity.

We take the view that, while the DDA does not cover all areas of discriminatory practice, its general intent is to reduce discrimination. We further believe that Government’s failure in the past to consider the access needs of people with disability when approving development applications for dwellings is out of step with the intention of the DDA. That failure indirectly discriminates against people with disability as potential home buyers and/or tenants.

Council’s proposal to remedy this combines three initiatives:

- To require that UHD principles underpin all new development approvals for private dwellings.
- To develop strategies to make existing premises more accessible.
- To develop strategies to finance such improved access provision.

While not perfect such action would signal government’s acceptance of its obligation to all citizens. It would shift the policy focus to acceptance of the right to access as a right of all citizens rather than the unmet need of a minority group.

UHD and accessible housing

Defining UHD

What may be called adaptable or accessible housing has different titles, labels and meanings in different countries (e.g. Universal Design is commonly used in the USA, Lifetime Housing in the England, Barrier-free in Scotland, Senior Citizens –Good Living Code in the Netherlands).

Each version varies slightly in use. Even so, all operate on essentially the same premise – that because people’s needs and abilities change throughout life it is both more desirable and cost-effective to provide housing which is accessible for everyone from first use and which can be adapted at a future date to suit the needs of individuals as they change or as new occupants move into the dwellings.
The Jaguar Report has used the term *accessible housing* in a generic sense and does not distinguish between *accessible, visitable, adaptable and universal* housing. We accept that generic use for the purposes of the Jaguar Report discussion only. Without launching into a detailed debate on the definition of each of these terms, Council needs to note the potential for differences between UHD guidelines and more focused concepts such as, for example, fully *wheelchair accessible* housing. We see such distinctions as being essential.

A house built to UHD principles may meet certain fundamental criteria. There will be circumstances, however, in which some people will require more specific / tailored design and construction 'specs' (e.g. full wheelchair access). Cost-effective development of such tailored options will be more achievable if we start from a platform of UHD principles. Beginning with shared parameters each house may be required to accommodate different groups slightly differently. The fundamentals of design and construction must assist that process not inhibit it.

The principles of UHD require design and construction that results in the following outcomes. We see those as being:

- There is a continuous accessible path of travel from the front boundary or car park and throughout the entry level of dwelling.
- The entry is on the main level which has a living and food preparation area, an accessible shower, hand basin, WC and bedroom.
- Living areas and bedrooms, when furnished, allow for adequate circulation space for a person using a wheelchair.
- Doorways and corridors are wide enough to allow a person using a wheelchair to manoeuvre into and out of rooms.
- Door furniture, switches, controls and outlets are within reach of and can be used by all.
- There is potential for future adaptation to dwellings with two or more levels for vertical access by a person using a wheelchair.
- Walls in WC and bathrooms are reinforced to enable future fixing of grab rails.

These criteria are similar to those outlined in AS 4299. The major distinction lies in the last of the dot points above. Council contends that an *adaptable* house should, from the design stage, be so constructed as to anticipate all potential users of the house, thus it prefers the criteria listed above to the descriptors of an adaptable house found within AS 4299.

*The logic of UHD*

Council is certain that housing designed and built to UHD principles has many aspects that recommend it to the population as a whole, not just people with disability or frail, ageing residents.
• Larger rooms and corridors allow for greater amenity for any and all residents.
• Uninterrupted access to a yard or veranda allows such areas to become an extension for everyone of the living space.
• Elimination of unnecessary steps (main access level/threshold) makes access easier for people with prams/strollers or movement of furniture by householders or professional removalists.
• Power outlets placed higher than skirting board level, out of the reach of toddlers, are, nevertheless, easier to use for all adults.
• Efficient layout principles ensure the home is easier to live in.
• An adaptable dwelling is more easily visitable by family members or friends with poor mobility or who use a wheelchair, whether temporarily or permanently.

We contend, additionally, that UHD principles make housing safer for everyone, to the direct economic benefit of individuals and society as a whole. The minimisation of stairs, steps (and shower hobs) reduces the likelihood of slips trips and falls by residents, visitors or tradespeople. This is a benefit to the occupant / injured party and, as we illustrate below, results in significant cost savings to governments and the community as a whole.

Beyond these immediate benefits, UHD dwellings meet changing needs both through their initial design (eg easy access, wider doorways) and ease of modification to meet individual requirements. UHD is flexible enough to cater for the changes in health and lifestyle which commonly occur with the natural ageing process - decreasing mobility, failing eyesight etc. In these situations, the design of UHD dwellings makes life easier and, in many cases, may avoid the need for individuals to move to a different home or into residential care.

The benefits of adaptability are at their most observable when the occupant develops (temporarily or permanently):
• mobility or dexterity difficulties (including common diseases of older persons such as arthritis), as the home is easier to move around in without steps, has electrical outlets placed higher than skirting board level, lever taps, large switches etc.
• an injury or impairment that requires the use of a wheelchair or other mobility device as it provides wider corridors and doorways, adequate turning areas, power outlets within reach, and no steps/ tripping hazards.

In addition the family and close associates of people experiencing such difficulties would benefit, because individuals would be supported ‘in place’ to live autonomously and could be assisted more easily (e.g. due to absence of steps or greater ease of use of the bathroom) without the additional, avoidable disruptions (social, psychological, economic, cultural) of relocation forced by house design.
By comparison the modifications of a fully wheelchair accessible house would include grab rails, a modified kitchen and, potentially, shower rails and/or affixed shower seating (i.e. it has already been adapted for the benefit of a wheelchair user). This said, it should be remembered that no house designed to access standards (e.g. AS 1428) will suit the requirements of all individuals. Thus housing that is made adaptable (i.e. to UHD principles) allows occupants the options of modifying housing to suit very specific needs.

Over time a house may accommodate a person born with a disability, one or more members of a household whose injury, disease or illness impairs their mobility or vision, or a long-term resident who becomes old or frail resulting in mobility restrictions. A relative no longer be able to live without some level of assistance may join the household. In all these instances, the housing needs of the household change, often quite dramatically.

Households also sell-up or finish their tenure to purchase or rent elsewhere. Dwellings designed and constructed with due consideration to the needs of all of the population will be able to suitably accommodate a greater diversity of people. If all new housing is designed and constructed accordingly, the housing choices of a larger group of buyers and/or tenants will be expanded significantly.

Further, properties initially designed as homes can change purpose over time if, for example, a current or future owner or occupant chooses to set-up a business or work from home. At all times businesses need to comply with requirements of local council ordinances relating to businesses; or the occupant may need to ensure potential clients have access to their service so as not to run the risk of a complaint under the DDA.

Council is strongly of the view that all future housing should be designed so as to meet the outcomes noted above. In this way houses can be used by owners throughout life and adapted to meet need if and when modification is needed.

Social impacts

The adoption of UHD principles allows for ‘ageing in place’, recognising that a home is more than merely bricks and mortar. Apart from meeting the basic need for shelter the home provides a foundation for family and social stability.

Being able to live in one’s home for as long as possible is a strong preference for many, as it maintains local social networks and familiarity with a neighbourhood; factors which become more important with advancing age.

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The rate of building new hostels and nursing homes could never, conceivably, keep pace with verifiable demographic change, which we know will result in the increase in the number of older people needing support. Unless UHD principles are incorporated into all new housing there will be a severe shortage of traditional ‘aged care’ places throughout Australia in the decades ahead. Action that makes possible ‘ageing in place’ reduces demand for such accommodation with further economic benefits for society as a whole (as discussed below).

The inability of existing dwellings and design principles to meet access needs disadvantages everyone, not just members of community care client groups. The whole of family life can be restricted if housing type comes to dominate decision-making because one family member has access requirements that are not met by current norms. From parenting responsibilities or sibling relationships to education, employment and socialising, life is more restricted for people with fewer choices or less accessible housing.

Further, the absence of or reduced interaction with people with disability has a negative impact on the whole society. Acceptance of familiarity with diversity has consequences both for individual tolerance and growth and demonstrates to the world at large this society’s acceptance of its obligations to all.

Australia has global and regional as well as national and more local dimensions. Our society must not only address the diverse range of needs of all its residents but we must also engage with, contribute to and, at times, compete with a modern, ‘globalised’ world.

Richard Florida has argued in *The Rise of the Creative Class* that a society cannot succeed in attracting creative individuals to lead industry if it is not diverse and accepting of the changes required to meet the needs of all citizens. Creativity that springs, in part, from engagement with diversity, is central to sustainable economic success. Australia needs to attract, retain and nurture creative minds. Our whole approach to shaping modern Australia must incorporate creative diversity, based on a supportive, inclusive platform for all, and which is readily exhibited in the planning, construction and use of the built environment, including accessible homes.

There are sound socio-economic reasons for adopting UHD principles which are detailed later in this submission. There are also equity issues at stake. Some members of society need accessible housing to function equitably in society. For those people, that need is currently unmet or very poorly met. Before discussing the economic rationale for adopting UHD principles the submission turns to consider the specific social position of this group.

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The affected population

Statistics on Disability and Ageing

Everyone is affected by an inaccessible society. The most affected groups are those people denied access entirely or with access only on unequal terms, preventing or inhibiting autonomous, dignified engagement with the 'mainstream' of social participation. The number of such persons is increasing (both in absolute terms and as a proportion of the total population) as a result of the ageing demographics of Australia.

In the 2003 Australian Bureau of Statistics (ABS) Survey of Disability, Ageing and Carers one in five people in Australia (3,958,300 or 20.0%) were reported as having a disability4.

Its predecessor, Disability, Ageing and Carers: Summary of Findings 1998, noted:

- 150,000 people are wheelchair users,
- 350,000 use other mobility aids and
- another 1,200,000 require assistance with self care, communication or mobility around their home.

Results from the 1998 survey show that the majority of Australians (89%) live in a private home with at least one other person. This is also the case for three-quarters of people with disability. Paradoxically, people with disability are more likely than others to live alone. About 18% of all people with disability do so compared with 6% with no disability. As many as one in eight people with profound or severe restrictions live alone and must rely on ex-household carers.

Disability has a greater impact on the living arrangements of people aged 15 to 64 than it does for older people. Of all people with disability, 58% are aged 15 to 64, and of those with profound or severe restrictions, one in ten lives on their own. In this age group, 15% of people with a disability live alone, compared with 7% of those with no disability.

Older people (those aged 65 and over) are also more likely to live alone, regardless of whether or not they have a disability. Many older people living alone have a history of living in a family home, from which children have moved on and/or spouses or partners have died or needed out-of-home care. Some 28% of older people with no disability lived alone, compared with 27% of those who have a disability, and 20% who have a severe or profound restriction.

The preliminary findings of the 2003 Survey of Disability, Ageing and Carers, referred to above, noted that almost 4 million people reported a disability and the rate increased with age, reaching 81% for those 85 years and over. With an ageing population such statistics highlight the urgent need to plan for the future accommodation/living options of people with disability.

Nursing home and aged care hostels cater to a small percentage of the groups identified above. At most, 7% of older people live in ‘cared’ accommodation because of their high level of need for support.

Retirement villages specify mature age limits and are intended for retired people, but are not necessarily targeted on people with disability. Some retirement villages provide independent housing only, some have supported accommodation, and others have a mix of accommodation options. The 4% of older people who live in retirement villages include people with and without disability. Almost half of retirement village residents reported a need for help or supervision, some or all of the time, with self care, mobility or communication.

The exponential increase in older citizens with disability, as illustrated in the graph below, suggests a much larger percentage of our population will require accessible homes in which to live, as retirees, for a longer duration (decades rather than years) than any previous generation of Australians. More Australians will require assistance at home, more of us will use mobility aids, more will be at an age where slips, trips and falls at home are more likely and will have dramatic impact on their lifestyle options and the demand placed on Government services.

Table 1: Disability rates by age and sex, 2003

![Graph showing disability rates by age and sex, 2003]

The statistics above are taken from ABS website and can be located at: http://www.abs.gov.au/Ausstats/abs@.nsf/Lookup/A4D933C2065DF740CA2569DE00221C87
The ABS data-set referred to above indicates that, whereas for the population as a whole the incidence of disability is 20%, for people aged 60 years and over it is more than 50%. In 2003, there were 3.35 million people aged 60 years and over (17% of the population), which compares to 3.0 million people (16%) in 1998. In 2003, just over half that cohort had a reported disability (51%) and 19% had a profound or severe core-activity limitation. The disability rate increased with age, reaching 92% for those aged 90 years and over and the number of people in this category is on the increase.

Those aged 85 years and over made up 1.4% of the total population at June 2002. Under all main series, this group is projected to grow to between 2%-3% by 2021. In 2051, this group will represent between 6%-9% of the total population, and in 2101, between 7%-11%. The rate of this increase demonstrates the clear need to start planning now.

The cost of Access

The Productivity Commission (2003) has recently noted:

*For most Australians, home ownership is a major goal. Nearly 70 per cent of dwellings in Australia are owner-occupied, and it has previously been estimated that as many as 90 per cent of people attain home ownership at some stage of their lives. The ‘family home’ is also the most significant asset that most people acquire in their lifetimes and accounts for around two-thirds of all household wealth in Australia.*

Home ownership for most people with disability remains, however, an unobtainable dream.

The national statistics quoted above place 47% of people with disability in the lowest two income groups of all Australians. The majority of people with disability in the workforce receive low pay. Many can only maintain part-time work. The result of these economic realities is that a disproportionately large number of people with disability rent property rather than own it.

Compulsory mortgage insurance and other bank charges have priced lower income earners out of the housing market. Recent tax incentives and the reduction or waiving of Stamp Duty may have some effect on the numbers able to afford entry to the housing market but neither change will address the inequity of opportunity generally experienced by people with disability due to their lower earnings.

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For the majority of people with disability in the rental market, the very act of modifying the home to meet their needs is dependent on the will of an owner who may not be willing to accommodate reasonable adjustment. Even among home owners in Strata Schemes the decision as to whether a unit / villa can be modified is that of the Owners’ Corporation.

In 2003 SMARTA conducted a survey of 400 clients. Though small, the survey clearly confirmed that most people with disability modifying their own homes do so at significant cost. Of the survey respondents 77% lived in a Torrens Title home and another 7% lived in villas or townhouses. (It is possible, though the survey did not seek the information, that the need to obtain Owners’ Corporation consent to modify dwellings impacted on the clear preference for Torrens Title homes). 70% of respondents needed to modify their homes, 64% had purchased their homes and of these 78% privately funded the modification to their homes. Costs of modifications were as tabled below.

Table 2: Cost of Modifications: Smarta Survey 2003

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<td>Over 20 000</td>
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The city of Sydney (where this survey was conducted) has the highest priced homes in Australia. The added cost of modification borne by people with disability is not shared by other potential buyers and provides a further inequity when assessing the affordability of a particular home. As noted, the SMARTA survey recorded 64% of respondents as home owners (with or without mortgages) with 70% of respondents needing to modify their own homes. One explanation of the anomaly raised by these statistics is that 6% of survey respondents paid for modifications to rented premises to make them accessible. In each case modifications were made at the expense of the person with disability.

The NSW government initiative, the Home Modifications and Maintenance Service (HMMS) was established to maintain older people in their homes rather than modifying homes for people with disability to allow them to function independently. The scheme is often used by people with disability to modify their homes, however, even though it was not established to meet such demand. HMMS is not available to tenants. Although establishing UHD principles as the basis of all future housing may decrease the cost of modifications and increase

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7 The high percentage of home owners in this survey might be accounted for by the number of compensation cases won by people with spinal cord injury.
the availability of modifiable housing stock in the future it will do nothing to decrease costs for those needing accessible housing on the current market.

It is imperative, therefore, that timely action is taken on to increase both accessible and adaptable housing stock. With only 1.5% of the national housing stock being built each year (about a third of which replaces existing stock), it will take 50 years for the majority of housing to be structurally more suitable for people with mobility impairments.\(^8\)

Council supports the position that all future housing needs to be adaptable (built to UHD principles). As we argue below, Council further maintains that the development of adaptable housing, though it will not immediately overcome the housing inequities facing people with disability, is necessary to make the transition to accessible housing more affordable. That transition will result in economically sound practices, which improve affordability; removing altogether the avoidable costs of making homes accessible by modifying poor design in favour of designing for all potential users at the outset.

**The cost effectiveness of UHD**

*Refocusing the cost debate*

The cost effectiveness of building to UHD principles benefits builders, building owners, government and the community at large.

The main benefit to the builder is the greater marketability of well-designed, easily accessible homes for all for life. A greater proportion of the house-purchasing market and more niches within the total market are open to builders complying with UHD design principles. Anecdotal evidence from Europe (particularly Scandinavia) supports our belief that more accessible homes are preferred by buyers.

We see no significant disadvantage to builders in UHD design principles, although we acknowledge that some construction practices may be required to change. We anticipate those changes to be essentially cost-neutral.

We can find no compelling evidence (rather than the substantial amount of unproven opinion) that UHD design principles, if applied to all new stock, would increase construction costs. We doubt that any such evidence exists.

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\(^8\) Hill PDA (Land Economists, Real Estate Valuers, Urban Planners) in association with Brian Elton and Associates & Rider Hunt Quantity Surveyors (1999) *Adaptable Housing Study*: A cost benefit analysis of adaptable homes, prepared for NSW government Department of Urban Affairs and Planning, Housing and Metropolitan Branch, May 1999; p.iii. This study cites ABS Australian Housing Survey 1994 Cat 4182.0, as the source.
Hill\(^9\) notes:

...the major cost impact of adaptable housing standards ... is to low-rise residential flat development because of the need to incorporate a lift. This added cost needs to be balanced against the economic benefit it adds to the sale value of the unit.

His research compares the added cost of modifying adaptable housing (using AS 4299 as a standard)\(^10\) to the cost of upgrade where no prior thought has been given to adaptive features. We note, also, that Hill’s assessment was conducted in a context of modification and adaptation being seen as a minority activity rather than a whole system duty or practice.

Hill’s findings are not detailed in our submission though Council would recommend them as background reading. It is worth noting that his work is now six years old. The figures Hill quotes need to be updated to reflect current costs and savings relating to designing to UHD principles. That said, Council acknowledges his point (and that of others quoted) that savings outweigh costs when accounting for all costs to government and the community.

Hill argues that the reduced cost of modifying adaptable housing is a benefit to government, which currently bears the higher costs of modifying its own housing stock (and owner occupied stock through HMMS) to improve access. He notes six other areas in which cost saving to government can be identified, namely:

- reduced need to move into residential care;
- reduced cost of rehousing;
- reduced government administration costs;
- savings in home care costs for seniors and people with a disability;
- savings in health care costs and
- savings as a result of fewer falls at home (such homes providing safer environments).

The building industry has, at times, argued that additional costs are a significant burden. This is only true while barrier-free, UHD and/or accessible design remains marginal to design and construction practices. The ‘additional cost’ argument disappears if and when all private dwellings are required to conform to UHD principles. It seems highly relevant to Council that, in addition to the cost-neutral effect of UHD principles, significant savings can be made by government as society adopts UHD principles (as noted below).

\(^{9}\) Hill’s study on adaptable housing assumes a standard to AS 4299. Council would argue that UHD principles should form the criteria to which housing should be constructed and this standard is insufficient. However, it is assumed costings would be similar.
Savings to Government

Savings to government include:

- **Reduced Hospital, Pharmaceuticals, Ambulance, medical and Allied Health Costs**

  Mathers and Penn (1999)\(^\text{11}\) estimated the cost to the health system of fall related injuries by people aged 65 or older in the 1993-94 financial year as $406.4 million. Cripps and Carmen\(^\text{12}\), who compared their figures with those pertaining to 1997-98 financial year note a 20.57% (5.1425% per annum) increase in the number of injuries over the 4 year period (approximating $490 million). It can be reasonably assumed that costs would escalate at the same rate. This same research noted 48% of these falls occurred within the home. Using such figures it can be estimated that the 1998 health related cost of injuries in the home by people 65 or older was in excess of $235 million.

  In assessing the present and future relevance of such figures we note that most (but not all) falls occur among the elderly. The costs cited above do not included those associated with falls by people under the age of 65. Furthermore, with the exponential rise in the percentage of the population that is ageing, these costs can be expected to escalate. It is also noteworthy that these direct health-related costs do not include indirect costs such as lost productivity or family disruption. They can be seen, therefore, as an underestimate of the true costs to the economy of trips and falls.

  Assuming the same annual increment in the cost of injuries cited above the figure for health related costs for the 2005-2006 financial year (based on the 1993-94 estimate) is in excess of $636 million dollars. (This is an underestimate because it ignores the increase in the proportion of the population over 65 noted above).

- **Reduced or delayed admissions to residential care services**

  Injury in the home, particularly for older people (the majority of those injured) often results in relocation. By reducing the chances of injury (through reducing tripping hazards) the ability to provide ongoing support within the home will reduce the numbers requiring residential care or hospitalisation.

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\(^{12}\) Raymond Cripps, Judy Carmen, 200, Falls by the elderly in Australia: Trends and data for 1998, Injury Research and statistics Series, Adelaide AIHW cat no INJCAT 35
• **Community living and support**

The move to deinstitutionalisation often requires housing to be adapted to meet the needs of people with mobility problems, including wheelchair users. Similarly with more people with illness, injury and temporary disability living in the community, as a result of early discharge from hospitals or increasing programs providing care in the home to defray hospital costs, the design of housing stock becomes even more critically important.

• **Reduced lost productivity**

Quite often an injury sustained at home results in lost work hours. This includes not only the work time of the injured party but that of hospital visitors or friends and/or family forced to take time from work to provide informal care. The net effect is a less economically effective society.

• **Reduced need for rehousing into subsidized purpose built housing**

Similarly, the ability to age in place reduces the costs and likelihood of avoidable relocation. Such relocation, especially of tenants without the means to finance alternatives, is subsidised by government.

• **Reduced need for home/community support services & compensation savings due to a safer environment**

Hill PDA et al noted the potential for reductions in workers compensation if the home working environment is safer. This applies to tradespeople and removalists injured by slips and falls as well as paid carers. Similarly, the need for formal/paid home support would be reduced if the environment is designed and built to meet the real needs of all people.

• **Reduced expenditure on support services**

Reduced expenditure on support services, both for paid care and post-injury aids and appliances, will allow limited funds to be spent elsewhere.

• **Reduced cost of home modification**

Often the cost of modifying a home with entry steps requires a small lift or extensive ramp. Similarly, small or poorly designed bathrooms, kitchens or bedrooms, may require significant reconstruction or adaptation if they were not initially constructed to UHD principles.
• **Greater independence for informal carers**

Reduced need for informal care (due to fewer injuries) will allow those people providing the care (usually women and/or family members) more time to function independently. As we note above this would reduce the likelihood of injury to carers (with associated costs) and increase productivity (if informal carers return to the workforce). UHD principles applied to new housing also have the benefit of reducing their general fatigue with, we contend, a likely reduction in associated medical costs (often related to avoidable stress).

• **Greater independence, inclusion and choice for people with disability**

Dependence on care within the home reduces personal autonomy. Increased choice and functional ability for people with disability living in accessible homes would improve their social interaction. It may also allow people greater freedom to join (or increase their hours of input to) the paid workforce as, less dependent on others, they will be able to leave their homes unaided.

• **Reduced need for temporary residential care [respite care]**

There may be instances where structurally better suited housing will allow people to return to or remain in their home where, otherwise, temporary residential care would be required.

**The Current Landscape**

*International precedent*

Council does not intend to supply and exhaustive comment on international precedent for making the transition to UHD principles of house design and construction. We are aware that such comment can be provided by others intending to provide input to the report (e.g. The Australian Network for Universal Housing Design). Suffice it to note that the movement towards UHD, in one form or another, has international momentum. The economic imperative of the move has been accepted in many OECD countries on several continents.

In 1999 England and Wales made changes to part M of the building regulations to require an accessible entry, a 900 mm-wide path from car-space to entry, an accessible WC in the entry storey, switches and socket outlets within easy reach (450-1200 mm from the floor). It is noteworthy that the Deputy Prime Minister has advised that these provisions need to be upgraded.

Following self government, Scotland developed its own similar regulations and Northern Ireland introduced amendments to its Building Regulation in 2001 to achieve harmony with Scotland, England and Wales.
The European concept of accessibility is the result of a request from the European Commission (made as long ago as 1987). It is based on UHD principles and applies to the design of buildings infrastructure and building and consumer products.

Over the past twenty years a growing number of local councils and housing associations in the Netherlands have encouraged the development of housing to meet UHD principles/outcomes. By 1996 44% of new social housing in Amsterdam was adaptable, as was 60% of all new housing in The Hague. In 1997 such adaptability was legislated as part of the Dutch Building Code.

Japan’s first sojourn into requiring accessible housing was in 1994 with its first Gold Plan. This was not implemented effectively and the plan had to be updated. The New Gold Plan was issued with major emphasis on ageing-in-place. Regulations now require all new housing, about one million units, should be built to UHD principles anticipating 30 years of ‘liveability’.

Local initiatives

There has been limited action to address the need to increase the supply of accessible/adaptable housing in all states and territories in Australia. These standards vary from jurisdiction to jurisdiction, not only between but often within States. Such highly localised variation has profoundly negative consequences for builders who need to familiarise themselves with a multiplicity of local or State regulations. Council strongly recommends movement to a single, national design standard based on UHD principles. Notwithstanding that recommendation, some of these initiatives and their respective deficiencies are noted below.

In the ACT draft guidelines were introduced in 2002 to require the provision of 10% of new multi-unit dwellings in specified areas to AS 4299.

Planning NSW funded the development of a model DCP on adaptable housing in 2000-2001 by Willoughby and Newcastle Councils which required 20% of units to AS 4299 in multi unit or villa projects with over 9 residences. This has been emulated or modified by other councils; the Sydney Councils of Ryde, Willoughby and Waverley copying it verbatim. The Seniors Living SEPP (which is ostensibly to cater to the needs of older people and people with disability) provides for a percentile of housing to be accessible and the NSW Department of Housing is currently developing design guidelines to ensure all new public housing developments are designed to accommodate wheelchair users.
The Residential Design Codes of Western Australia (the R-Codes) seek to encourage the development of small scale specialised housing for older people and people with disability.

In South Australia the Housing Trust has adopted elements of AS 4299 and applied it to selected two-bedroom single storey housing developments. While a requirement has existed in that state for many years that all apartments or houses are to meet some access provisions when 20 or more are built in a single project the building industry has been creative in its avoidance of this requirement.

In essence state and local initiatives range from policy to make 20% of housing accessible (including the requirement for handrails and other modifications to suit a wheelchair user) to a similar percentage of housing being made adaptable (as defined by AS 4299).

In the private sector many of the major builders have moved in this direction (Landcom requiring 20% of units in multi-unit complexes to meet AS 4299 requirements). The major move to requiring all new stock to meet access/adaptability provisions is being made by public housing authorities, perhaps due to their combined role of builder and manager of the assets. Their awareness that there are cost savings in ensuring housing is more easily adaptable to potential needs is likely to be a factor leading to their decisions to raise the bar and require all new stock meet universal access requirements. It is Council’s view that all governments need to follow this lead.

**Quality Standards**

It is noteworthy that housing purportedly built to AS 4299 is passed as compliant when often that is not so. For instance, many buildings where doorways have been widened and kitchens/bathrooms have been design to allow for modification (for wheelchair use) still have inaccessible verandas. This is partly due to the widely held belief that a hob on verandas is necessary to avoid potential rain damage to carpets. Those inspecting such housing need to improve their familiarity with requirements if such omissions are to be corrected.

**Sustainability**

Buildings built to be useable by all, reduce the need to modify or alter them as occupants’ needs change or as the occupants change because such buildings have been designed for a diversity of needs and uses from the beginning. Housing that is readily adaptable will waste fewer materials due to demolition; with there being less requirement for new or replacement materials; less wasted
energy embedded in replacing materials and less energy required to demolish the old to build, re-build or modify a new structure.

Further, being adapted to meet the needs of the future population they will support a sustainable housing market across generations to come. A difficulty in public housing currently relates to the dearth of appropriate housing options. There are far more single people in public housing needing smaller units than there was when most current housing stock was developed. It has meant in effect there are a surplus of inappropriately large housing (intended for families) and undersupply of smaller units.

Building to UHD principles is premised on the assumption that the diverse needs of the target audience will dictate housing design, making for a more sustainable housing future.

**Policy tools and initiatives**

The ABS data quoted earlier in this paper give a clear indication of the urgency of the need to make change. It is essential, if we are to avoid the spiralling costs of slips, trips and falls; of retrofitting inappropriate housing; of on-costs from lost time from injuries occurring around the home; that we plan a housing future in which the design of housing assists the reduction of such costs.

Initiatives currently taken at local (or state) government level need to be included under a single framework of regulation and compliance monitoring that addresses the issue by requiring all housing conform to UHD principles. This goal can only be achieved by unified action through the mechanism of the BCA, determined by consensus within the ABCB.

Amendment of the BCA is needed to require universal housing design principles to underpin all design of residential dwellings. Similarly, we favour an amendment to the DDA to ensure the Act applies to new housing development, design and construction and equality of access to rental housing.

Completion of Standards Australia's review of AS 4299 is needed in readiness for the aforementioned changes to the BCA.

At the State level tools exist to address the issue of modification of existing dwellings (such as the Home Maintenance and Modification Service in NSW). These services are under-funded and unable to meet the demand for modifying existing housing stock to meet access needs. Council acknowledges the need for such services as a means of improving existing stock.

Local governments could provide incentives for developers and builders to build housing that incorporates universal design features. Means to improve access
provision of existing stock might include discounts on rates or taxes, supply of free advice on modification options, community education programs on both the ‘how’ and ‘why’ of planned modification.

Current sustainability tools (like BASIX in NSW) might be expanded to include UHD requirements. Similarly, UHD might be included in the National Sustainability Training Framework, currently being coordinated by the Australian Greenhouse Office.

Summary response to questions in the report

The Jaguar Report has asked seven key questions of respondents. Based on the full text of our submission, above, we conclude with the following summary responses.

1. **The nature and extent of demand for accessible housing.**

   Housing built to UHD principles benefits the whole community but particularly and directly benefits:
   - People with disability (currently 20% of the Australian population of which number almost two-thirds have physical impairment)
   - Seniors (currently 14% of the population, rising to 25% within 30 years)
   - Family members living with people in the groups above.
   - Family members, neighbours and friends who may wish or need to visit or be visited by people in the primary groups.
   - Formal and informal carers of older people and people with disability, assisting them with daily living activities;
   - Cleaners, furniture removalists, ambulance workers and tradespeople working on premises.

   It should be remembered that the needs of a particular household may change with time and that all dwellings have many occupants throughout each dwelling’s lifetime thus the demand for access is always in flux.

2. **The nature of housing design and features that improve accessibility of housing.**

   The principles of UHD design, as noted above (p8), are seen by Council as the ‘bottom-line’ basis of accessible housing design. A house conforming to those design principles can be adapted more economically to meet the needs of any particular individual.

3. **The range of current and potentially usable policy instruments**
Amendment is needed to the BCA to require compliance of the design and construction of all new private dwellings with UHD principles.

Amendment of the DDA to include a duty not to discriminate on the grounds of disability with regard to new housing development, design and construction commenced after a specified date.

Standards Australia review of AS 4299 must be completed satisfactorily.

4. **Identify the range of benefits associated with improved provision of accessible housing.**

The introduction of UHD principles as the basis of future housing design should:

- Reduce or delay admissions to residential care services.
- Defray hospital and associated costs by reducing slips, trips and falls;
- Increase productivity due to reduced lost time injury and reduced hours of time off work to visit/care for injured parties;
- Lead to fewer injuries to older people and young children due to better housing design.
- Reduced demand on institutional care arrangements for older people and people with disability because they can stay in their own homes longer.
- Result in more appropriate and efficient use of acute care hospitals and rehabilitation facilities.
- Create safer work environments for both paid and unpaid care-givers, tradesmen and others working in residential premises.
- Reduce costs for home modifications, assistive equipment and paid assistance for daily living tasks.
- Meet the changing needs of families throughout their residency and the different needs of occupants throughout the life of the dwelling, improving sustainability.
- Maintain people in their current community networks and relationships.
- Enrich communities by the continuing presence and participation of older people and people with a disability.
- Expand the market for home-ownership.
- Improve the quality of design.
- Reduce construction costs.
- Increase re-sale value of homes compliant with UHD principles.
- Broaden the understanding of what is meant by sustainable housing.

5. **Benefits and costs of different policy instruments.**

- Legislation
All OECD countries that have identified the need to move towards a more accessible / adaptable environment as integral to their health and social welfare commitments have developed comparable legislation.

The principal benefit to government of legislating to require housing to UHD principles is significant cost saving across the whole of government.

The principal benefit of Australia-wide legislation to the building industry will be a single legislative framework, replacing the myriad local government requirements and, therefore, affording them certainty prior to commencement of construction.

- **Incentives**

  Though changed standards can only be guaranteed by legislation, incentives at the State Government level (grants) and at the Commonwealth (tax relief) could be provided for all building work not covered by the BCA. This should improve both accessible and adaptable housing stock further reducing costs.

  The Commonwealth Treasurer could introduce tax credits for new housing that surpasses the deemed to satisfy threshold.

  First-homeowner grants for new properties could be tied to compliance with UHD principles.

  Modification grants equalling the value of first-homeowner support could be made available to finance work that would modify an existing house to meet UHD principles.

  Local government authorities could provide incentives for developers and builders to build housing incorporating UHD principles as Commonwealth and State governments might introduce tax incentives, rate reductions, fund advisory services and expand sustainability tools to include UHD principles.

- **Education and awareness**

  Council sees value in education and awareness programs. We believe, however, that in and of themselves such programs are insufficient as a change strategy. Such campaigns and programs must be backed by legislative change that results in a mandatory framework of compliance (like safety, plumbing or environmental aspects of housing design).
There would clearly be great value in education programs that explain the need for and consequences of the new frameworks developed to meet UHD principles.

Such education programs should be matched by training of those monitoring such standards as current homes are being passed as compliant when they are not so. A body like ACAA might be consulted in this regard.

- **Market forces**

  There is increased interest in UHD by major housing industry leaders (Strockland, Multiplex, Stirling and Crown to name but four developers active in NSW), which we attribute to the shifting requirements and pressures of perceived and expressed market forces. The interpretations of requirements / preferences by different developers vary as a consequence of the policy / regulatory framework within which the supply side must currently operate. We suggest, nevertheless, that an industry already factoring-in the need to increase accessibility (for market reasons) will be more accepting of regulation that clarifies obligations, creates certainty for all and set a level playing field at an enhanced standard.

6. **Possible long term issues for government and stakeholders if an accessible housing focus is not adopted.**

   A decision not to adopt UHD principles for future housing will:
   - increase demand for specialist housing and the cost of modifying existing dwellings when modifications are needed;
   - increase need for acute care beds and rehabilitation facilities;
   - exacerbate existing difficulty in providing community care;
   - isolate further vulnerable people due to an inaccessible environment;
   - avoidably increase health, housing and welfare budgets for older people and people with disability;
   - waste human potential.
   - waste resources.
   - inhibit economic growth.

7. **Required or desirable collaborations between federal, state, territory and local levels of government in support of accessible housing policy.**

   The lead strategy, noted above, requires the redesign of the BCA and DDA to include access provisions to residential premises

   Incentives for home-owners and landlords, education and awareness for the industry should link to Commonwealth and State budgets for health,
welfare and housing and cover all works to housing, be it to new housing, modification or refurbishment.

Conclusion

We believe that the combination of social and demographic changes at this point of Australian history (the last twenty years) require concerted and coherent action to meet the needs of the foreseeable future. The community as a whole benefits from better designed and constructed housing that has the potential to meet the needs of all people across all generations and in all locations as people’s needs change. There are sound social and economic imperatives operating that require an appropriate and timely response from regulatory bodies and key State, Territory and Commonwealth decision-makers.

Making the nation’s new housing stock more accessible for use by the whole population is not some marginal or fringe policy objective. Accessible housing must become fundamental to our thinking in much the same way that safe housing is fundamental or internal plumbing has becoming or as environmental sustainability is increasingly being seen as fundamental.

The social outcome of housing that meets the diverse needs of a diverse community is being understood and accepted by a broader constituency of stakeholders than ever before. The next key step is clarify and codify exactly what Australia means by ‘accessible housing’ so that everyone is certain about what they should expect whether they are planning, designing, developing, building or living in a new home.

The new houses of Australia’s 21st Century and beyond must fit with the foreseeable needs of the people who will live in them. We should learn from the experiences of planners and policy-makers at Australia’s cutting edge as well as the lessons from overseas jurisdiction. That knowledge must be tailored to meet local circumstances building on the traditions and assumptions of the Australian vernacular of design and construction.

The mechanism that pulls the strands of inclusive housing design and construction together in the Australian context is the Building Code of Australia. We strongly recommend, therefore, that the ABCB resolve to act in the interests of a sustainable housing future that meets the needs of all Australians.