



Submission to
City of Canterbury Bankstown
Discussion Paper:
Livable Housing Options to make new
homes easier to use for everybody,
everyday, at all stages of life



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Submission by Australian Network for Universal Housing Design to the City of Canterbury Bankstown Discussion Paper: Livable Housing Options to make new homes easier to use for everybody, everyday, at all stages of life

Introduction

Australian Network for Universal Housing Design (ANUHD) is a national network of people who believe that the homes we build today should be fit for all of tomorrow's Australians. ANUHD has been advocating for an access standard for all housing in the National Construction Code (NCC) since 2002.

ANUHD congratulates the City of Canterbury-Bankstown on City of Canterbury Bankstown Discussion Paper: Livable Housing Options to make new homes easier to use for everybody, everyday, at all stages of life (Discussion Paper).

Background

Within the Council of Australian Governments' (COAG's) 2010-2020 National Disability Strategy¹ (Australia's response to the United Nations Convention on the Rights of Persons with Disabilities), the Policy Outcome of inclusive and accessible communities adopted an aspirational target that by 2020 all new homes would be constructed to meet agreed universal design standards (p. 34). This was a self-regulating initiative called Livable Housing Design (LHD)² favoured by housing industry leaders over a regulated initiative through the NCC³.

By January 2015, it was evident that both the private and social housing sectors had failed to reach any of the agreed interim targets and, without government regulation, less than 5% of the 2020 target is expected to be met⁴.

In October 2017, COAG directed its Building Ministers' Forum to undertake a national Regulatory Impact Assessment (RIA) regarding an access standard for housing in the NCC. The RIA is to examine the LHD Silver and Gold levels as options for a minimum accessible standard; use a sensitivity approach; and be informed by appropriate case studies⁵. Now called The ABCB Accessible Housing project, the RIA is well underway and any changes to the NCC are not due until 1 May 2022.

In September 2019, in response to the lack of action towards the LHD 2020 target, the United Nations Convention on the Rights of Persons with Disabilities Committee recommended that Australia amend the NCC to adopt a mandated access standard for all new and extensively modified housing⁶.

Recommendations

ANUHD recommends that:

1. A minimum access standard should be applied to all new and extensively modified housing in the City of Canterbury-Bankstown, whether this is as a result of the ABCB Accessible Housing project or this Discussion Paper.
2. This minimum access standard for all new and extensively modified housing should be equivalent to the LHD Gold Level.

Comments on the Discussion Paper

In discussing what will make new homes easier to use for everybody, everyday, at all stages of life, ANUHD raises three questions:

- Who needs livable housing?
- What level of access does livable housing require?
- What is best practice in livable housing?

Who needs livable housing?

Most people live in the community in regular housing.

Most people live in households in the community. Of the nearly 23 million people in Australia, 4.1 million people (or 18.5% of the population) identify they have a disability⁴. Forty per cent of people with disability are over 65 years⁵. Most people live in regular housing in the community with only 184,000 people (0.8% of the population) living in some form of specialist accommodation¹⁴.

Pregnant women, parent with prams, toddlers, and people with illness or injuries also need accessibility for a more limited time. Illness and injuries are rarely planned so there are many people who find the need for accessibility is a surprise to them.

Not only do we live in our own homes, we tend to change our homes and we visit other people's homes as part of participating in work, family and community life. This means we must consider the access needs of dwellings throughout their life-cycle, as part of our urban infrastructure, rather than just as an item to build and sell.

The presence of disability impacts on a broader network.

Currently, 36% of households have a person with disability (including older people)⁷, yet accessibility is needed by a much broader cohort. Disability impacts on the household, especially primary carers, who are mainly women and children. Twenty per cent of older people and people with disability receive formal home-based support through My Aged Care and the NDIS^{8,9}. This leaves eighty percent of older people and people with disability who rely on informal support from family, friends and neighbours to remain in their homes and communities.

One in three households are renting

Nearly one in three households are in rental properties¹⁰. Most low to middle income households in private tenancies are in housing stress¹¹. When renters need access features, they have three issues to overcome. The first is that most rental housing is inaccessible, the second is that most landlords are reluctant to have their properties modified¹², even though, by law, they must allow for reasonable modifications¹³; and the third is that the tenant must pay for these modifications and then pay again to have them removed when vacating the property¹³.

Social rental housing goes some way to respond to this housing need; however, social housing stock has not kept pace with growth in either the overall national dwelling stock or the number of households¹⁰. Thus, many of Australia's most vulnerable and poor households are being forced to live in dwellings that are unsuitable for them with resultant negative impacts on wellbeing, health and independence¹⁴.

Most dwellings will need to be accessible

Research undertaken in the USA suggests that there is a 60% probability that a newly built single-family detached unit will house at least one person with a disability (defined as mobility impairments) within the household during its expected lifetime. If the needs of visitors are considered, the figure rises to 91%¹⁵. Although there is no equivalent research specific to Australia, our demographic data match those of the USA¹⁶ and suggest these findings should be considered as pertinent and significant to this Discussion Paper.

In answer to “*Who needs livable housing?*”

Given the current demographics and the anticipated changes in the next 30 years, nearly all new housing will need to be accessible during its expected lifetime, if the needs of both residents and visitors through the dwelling's life-cycle are to be taken into account.

What level of access is necessary?

A useful concept to consider is universal design, which is referenced in the UNCRPD¹⁷, the National Disability Strategy¹ and the Livable Housing Design Guidelines².

The definition of universal design: “design that allows everyone, to the greatest extent possible, and regardless of age or disability, to use buildings . . . without the need for specialised or adapted features”¹⁸, raises two questions:

1. What do we mean by the “***greatest extent possible***”, when we talk about inclusion of all people?
2. What do we mean by “***without the need for adaptation***”, when there is such a diversity of needs, and these needs change over time?

“Greatest extent possible”

It is useful to consider accessibility in housing as being analogous to seatbelts in cars. We think we will never need them—we forget they are even there. Yet, we are grateful at that moment when we need them—to the extent that they will lessen significant disruption, injury and cost, and even save our lives. The impacts of such safeguarding mechanisms go beyond the individual. It extends to our families and friends, to acute and ongoing health and welfare support, and to the broader economy that retains our continuing participation as tax payers and citizens.

It follows that there is a public interest in the design of housing, typically considered to be a private matter between the developer and the buyer. In this context, there is a public interest in preventing housing which, intentionally or unintentionally:

- excludes and marginalises people, and denies communities of their social and economic participation;
- incurs avoidable costs for future users of health and support services.
- directly increases the demand for government housing assistance, in the form of specialised accommodation, accessible social housing, and home modifications assistance; and
- frustrates the attainment of COAG’s objective to build communities that are “globally competitive, productive, sustainable, livable and socially inclusive and are well placed to meet future challenges and growth”¹⁹.

ANUHD notes that the preliminary costs given in the Discussion Paper do not form part of any formal study at this stage. This is important as our rationale for LHDG Gold level encompasses much more than the initial cost of access features in a dwelling. When identifying the costs and benefits of a solution to provide access to the greatest extent possible; that is **to make new homes easier to use for everybody, everyday, at all stages of life**, four levels of impact should be considered:

1. **Developers and buyers** of new housing construction (the impact at the point of first sale)
2. **Residents and visitors throughout the life of the dwelling** and the industries providing home modifications and home-based assistive technology (the impact on residents throughout their life and throughout the life-cycle of the dwelling)
3. **Acute and ongoing health and support services**, including hospitals, in-home care providers, and providers of alternative specialist residential care (the impact on allied health and support service providers and their funders as a consequence of inaccessibility in housing)
4. **Governments and communities** in normalising the presence of a wider range of people being included and participating in family and community life (the impact on Australian society in the resultant exclusion (such as, increased demand on social housing and income support) or inclusion of households in society and the benefits of

their inclusion (more citizens are employed or participating in their local community). See Figure 1 below.

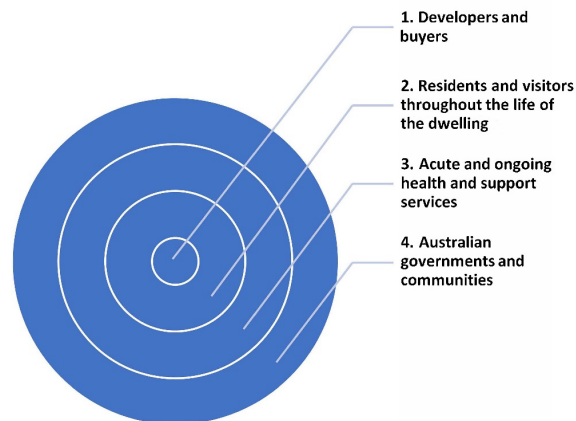


Figure 1 Related levels of impact

The most comprehensive impact analyses in the last 20 years have been the PDA Hill Adaptable Housing Study for the NSW Government²⁰ and the Victorian Government Regulatory Impact Statement (RIS)²¹.

The PDA Hill study²⁰ in 1999 conservatively anticipated future government investment in aged and disability support and included costs and benefits in 1, 2 and 3 levels. It also recognised there were unquantifiable impacts:

Although difficult to measure, the quality of life benefits to someone who finds that he or she can live more independently or comfortably, or who can remain at home longer even if support needs have changed, should not be under-estimated. (p. 33)

In 2009, the Victorian RIS²¹ also focused on 1, 2 and 3 and recognised there were unquantifiable benefits. It states:

This estimate excludes the unquantified benefits of reductions in hospital stays, greater safety and amenity, better quality homes and ageing in place. This estimate also excludes unquantifiable participation benefits. Taking into consideration the unquantified benefits, and in particular the unquantifiable participation and equity benefits. (pp. 6-7)

Both studies concluded that these benefits would outweigh the costs and recommended mandated a minimum level of access in all new housing through building legislation.

Three policy trends support consideration of a higher level of access due to increased financial commitments and pressures on government:

Social and economic participation of people with disability

Replacing the welfare model of funding, the NDIS has adopted an insurance-based approach, informed by actuarial analysis, to the provision and funding of supports for people with

disability with the key goals of social and economic participation. The NDIS has triggered a change from short-term welfare thinking to a notion of shared risk, long-term analysis and early intervention⁹. The funding in this area has effectively doubled with more than twice the number of participants, and an exponential increase of people working in home-based support.

Ageing in place

The Aged Care Reforms²² are focused on the wellbeing of older people, promoting their independence, giving them choice and retaining their community engagement. Maintaining older people at home within their informal networks is the key cost-saving strategy.

The costs to the Australian community are significant and growing. In 2018, dementia is estimated to cost Australia more than \$15 billion. By 2025, the total cost of dementia is predicted to increase to more than \$18.7 billion in today's dollars, and by 2056, to more than \$36.8 billion. Dementia is the single greatest cause of disability in older Australians (aged 65 years or older) and the third leading cause of disability overall.

Avoiding hospital stays

Recognising that the current state hospital systems regularly do not have the capacity to meet the demands particularly of the ageing population, there is an increasing move to meet health care needs by developing admission avoidance, and early discharge models of care. This has been supported by an increasing consumer demand for more choice in health care delivery including home-based care, coupled with advances in technology and pharmaceuticals that enable alternate care options²³.

“Without need for adaptation”

Costs of retrofitting

Designing for absolutely everyone is nigh impossible. People are diverse in their needs and these needs change over time. It is useful, therefore, to consider what is cheap to change in existing inaccessible dwellings and what is expensive to retrofit to these dwellings. Access features in a dwelling can be divided into three priorities (See Table 1).

Table 1. *Priorities for an access standard in housing*

Element of the dwelling		Ease of retro-fitting
Priority 1 Structure	Layout of rooms, levels, corridors and doorways t Any access feature that can be provided at no extra cost	These features are expensive and take months to provide after the construction of the dwelling Such as doorhandles, easy-reach light switches,
Priority 2 Fitout	Cupboards, shelves, benches, grabrails, taps, hand-held showerheads	These can be done in a day
Priority 3 Add-ins	Non-slip mats, shower chairs, brighter lighting	These can be sourced easily and cheaply

It follows that when considering a mandated level of access, **the first priority is the structure of a dwelling**, that is, access to the dwelling, the entry level, stairs, the width of door openings, corridor widths, layouts of essential rooms and reinforcement in walls for grabrails, to allow easy use for everybody, everyday, at all stages of life—to visit and to stay.

The **second priority** is the fit-out; that is, cupboards and benches, light switches and grabrails. Many of these can be designed and easily adapted for individual needs and more independent use of the dwelling, and do not prevent a person from living in or visiting the dwelling.

The **third priority** is the add-ins, which can be easily purchased and installed by the resident.

Clearly, if features in the second or third category contribute to making new homes easier to use for everybody, everyday, at all stages of life at no cost (such as, lever handles, easy to reach switches), their inclusion should be the first priority.

In answer to “what level of access is necessary?”

If the City of Canterbury-Bankstown means what it says; that is, Livable Housing Options to make new homes easier to use for everybody, everyday, at all stages of life, the minimum standard should be equivalent to the LHD Gold Level.

What is best practice in livable housing?

As stated in the Discussion paper, the Council recognises there is a need to review access requirements in housing to reflect future population and industry best practice directions. They are not alone in this endeavour.

ANUHD considers that the City of London, UK, showcases best practice reflect future population and industry best practice directions in its proposed City Plan²⁴. The Mayor of London sets the scene for the future of one of the world’s most complex, diverse and populated cities:

I am optimistic that we can embrace London’s population rise as a once in a lifetime opportunity to write the next big chapter in London’s history and to deliver a new vision for our city. We let down future generations if we do not properly plan for accommodating growth in a way which is environmentally, economically and socially sustainable.(p. 2)

With regard to livability, all new housing in the United Kingdom (UK) has been required to provide a meet Building Regulation requirement M4(1), the UK equivalent to LHD Silver level since 1999²⁵. The Plan states that, to provide suitable housing and genuine choice for London’s diverse population, including disabled people, older people and families with young children, the London City Council proposes:

- at least 10 per cent of new dwellings should meet Building Regulation requirement M4(3), (the UK equivalent to LHD Platinum level).

- all other dwellings meet Building Regulation requirement M4(2), (the UK equivalent to LHD Gold level).

ANUHD, however, does not support a percentage of housing being a dedicated standard. There are many previous examples²⁶⁻²⁸ of this, which have failed to improve social inclusion in any measurable way or to get the right housing to the right people.

In answer to the question, “What is best practice in livable housing?”

The City of Canterbury Bankstown will be demonstrating world class best practice if, along with the other ANUHD recommendations, they also committed to all new housing meeting LHD Gold level and avoid percentages of housing to a higher standard.

Conclusion

Given the current demographics and the anticipated changes in the next 30 years, nearly all new housing will need to be accessible during its expected lifetime, if the needs of both residents and visitors through the dwelling’s life-cycle are to be taken into account.

If the City of Canterbury-Bankstown means what it says; that is, Livable Housing Options to make new homes easier to use for everybody, everyday, at all stages of life, the minimum standard should be equivalent to the LHD Gold Level.

The City of Canterbury Bankstown will be demonstrating world class best practice if they aim for all housing to be Gold level and they avoid any percentages of housing to a higher standard for special disability consideration.

Our formal recommendations are on p. 6.

We thank you for the opportunity to contribute to the Discussion Paper.

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