

Dear consultation team,

I am writing to you in response to the invitation to make a submission, on the above topic, in *The Age*, Saturday, 17 April 2004.

A feature article on Warren Hogan on 23 December, in *The Australian*, stated:

". . . Hogan's report aims to get us thinking creatively about the future. He wants builders and home owners to consider wheelchair access and the width of hallways and bathroom entrances because you cannot have a system encouraging people to stay at home, only to discover that nursing services cannot bathe them or help them to the toilet."

These views are likely to be reflected in the final report which was transmitted to the government in February.

Baillieu Myer also specifically refers to "home modification (making the home safer and easier to get around when you have reduced mobility)", in an op ed piece of last June's *Age* newspaper.

He is of course alluding to one of the five sections of the Myer Foundation 2020 Vision report which, in short, recommends:

"Innovative and accessible housing arrangements and community infrastructure to minimise the impact of disability and illness and promote delivery of community service."

Warren Hogan's encouragement to creatively think about the future; Baillieu Myer's specific reference to "home modification" and the wider matter of "innovative and accessible housing arrangements and community infrastructure"; are in urgent need of being addressed in the government's planning and policy regarding an ageing population.

This could occur most effectively through housing and building policy and regulation.

Making all new housing accessible has been recommended as a sensible measure for an inclusive society for at least a quarter of a century in Australia. Initially this seems to have been prompted by the governmental and legal recognition that inclusion of people with a disability is a human rights issue (eg. UN Declaration on the Rights of Disabled Persons, December 1975; International Year for Disabled Persons, 1981; amendments to Victorian Equal Opportunity Act extending its provisions to people with disabilities, 1982) and by the movement toward de-institutionalisation which was part of that human rights movement (see Attachment 1).

Housing accessibility is not revolutionary. Sweden has had a visitability housing standard since 1976, progressively strengthened since then. England and Wales (Oct. 1999), Republic of Ireland (Jan. 2000), Scotland (Apr. 2000) and Northern Ireland (Apr. 2001) have introduced visitability requirements more recently and a report from Northern Ireland has since noted the benefits and acceptance of these regulations and has recommended that these be extended and strengthened further (see Attachment 2).

Accessibility of the built environment is strongly favoured by Triple bottom line accounting:

Social, economic and ecological sustainability through requiring accessible/ adaptable dwellings

a) Social sustainability

It is worth mentioning here:

the isolation occasioned by people with a disability having difficulty visiting their friends', neighbours' and family's houses. It excludes people with a mobility impairment from numerous contacts and networks, which those without such impairments take for granted. There are the social events, of course (BBQs etc), but neighbourhood newspapers, neighbourhood watch, book clubs, small interest group meetings, etc, often meet in people's houses, and lack of access make involvement in such vital local activities difficult or impossible.

Inaccessibility (including inaccessible housing) not only excludes people with a mobility impairment, but also precludes others from receiving what excluded people have to offer.

b) Economic sustainability

There is quite a lot of work showing the cost saving from building adaptable housing, both:

- Australian studies (eg. summary of May 1999 study for Dept of Urban Affairs and Planning -DUAP- NSW

(see Attachment 3)

Although the cost of making apartments in low- medium- and high-rise buildings accessible is minimal when accessibility is incorporated in the initial design, the cost of making them accessible if they are not built accordingly from the ground up becomes disproportionately high.

So "Table 1 Comparative cost expressed as % of total cost" (p.4) in "Breaking into adaptable housing: A cost benefit analysis of adaptable homes" (Dept of Urban Affairs and Planning, NSW, May 1999)

shows additional initial cost of adaptability to be between 0.3 and 0.7%, but additional cost of making such dwellings accessible if they have not been built adaptably from the beginning is estimated to be 9.2 to 21.9%.

That is, it cost around 20 to 30 times as much to alter such buildings down the track, than if one does it initially. And consider further, that the need for modifications usually occurs at the very time when people can least afford it: times of illness, disability or relying on the Age Pension.

and

- European studies (extensive research available from Joseph Rowntree Foundation, UK, at <http://www.jrf.org.uk/housingtrust/lifetimehomes/> and a short summary of a recent report funded by the Joseph Rowntree Foundation (JRF) is also attached: Attachment 2).

The February 2002 JRF funded report states that savings are due to:

- Reduced expenditure on adaptations
- Savings in home care costs associated with heating
- Savings associated with reduced accidents in the home
- Savings in cost of removing adaptations in non Lifetime Homes
- Delaying moves into residential care
- Reduced need for temporary residential care
- Savings in health care costs
- Savings in re-housing costs

c) Ecological sustainability

Design for all, or universal design, since it includes accessibility, reduces the need to modify/ alter buildings with changing needs because the building was designed for a diversity of needs and uses from the beginning. Thus, with accessible housing which is based on universal design principles there will be less waste of materials due to elements of the housing otherwise having to be demolished, less need for new materials otherwise required by the replacement structure (and the energy which is 'embedded' in these materials), and less need for energy otherwise required in demolishing the old and building the new structure.

Compelling arguments as to why an ageing population is best supported through in-home or community care (rather than relying mainly on institutional support) is provided in the Attachment 4, which summarises the international experience and information from a Canadian social policy analyst.

For your information I briefly detail some supporting documentation below, which is attached in full.

Please let me know if I can assist in any other way.

(Summary details of attachments immediately below.)

Sincerely,

Bernd Bartl

1.

'Housing And Daily Living': The Law and Persons with Handicaps, Vol. 1,

December 1978.

This report of 25 years ago states (pp.172&173):

"recommendations as to the construction of entrances and doorways in houses, width of passages, position of switches, window closures and door-knobs. We consider it desirable that those features be incorporated into all new houses, as they do not involved additional cost and can be used equally as well by able-bodied persons as by disabled persons. . . . We further consider it an excellent idea to make provision at the design stage for easy conversion of bathroom and toilet facilities in the home for use by

handicapped persons."

2.

'Lifetime Homes in Northern Ireland', Findings factsheet, February 2002.

Cost savings and benefits associated with building to Lifetime Homes

standards are identified, including:

- Reduced expenditure on adaptations
- Savings associated with reduced accidents in the home
- Savings in cost of removing adaptations in non Lifetime Homes
- Delaying moves into residential care
- Reduced need for temporary residential care
- Savings in health care costs
- Savings in re-housing costs

3.

'Breaking into adaptable housing: A cost benefit analysis of adaptable homes', May 1999

- The provisioning of adaptable housing should not be limited to special, purpose-built housing for a sector of the community, but rather applied universally to all households.
- Cost of modifications are between roughly two and twenty times as much if adaptability is not designed in from the beginning
- Cost savings to individuals and to governments

4.

"Ageing, ready or not", in About the House, November - December 2002, page 17&18, attached but can also be found at http://www.aph.gov.au/house/house_news/magazine/ath14_ageing2.pdf

These are excerpts from the above article about a Canadian social policy analyst, Satya Brink, who visited Australia last year, regarding socially and financially sustainable (accessible) housing where the population is ageing:

"According to Dr Brink, proceeding with a 'phase 2' response when entering a 'phase 3' environment can be a recipe for waste and frustration."

Phase 2: "In the second phase, once the proportion of older people reaches 11 to 14 per cent, the demand starts to skyrocket for nursing home care, particularly because there are few other options. Attempts are made to meet the demand, with the building of various forms of (barrier-free) housing

with care and services attached. But the cost of this investment is huge,

and cannot meet demand. Policies emerge to support ageing-in-place, but the support is piecemeal, rather than comprehensive. Older persons with similar needs but living in different settings-in the community, in residential

care, or in nursing homes-receive different services and pay different

costs. The United States, Canada and Australia are currently in this phase."

Phase 3: "In 'phase three' countries, older people make up more than 15 per cent of the population, and there is a high proportion of seniors with

better health and declining rates of disability. In these countries provision of housing and services are 'delinked'. Existing housing stock is adapted for ageing-in-place, and care services are provided regardless of type of residence, with home and community care services readily available."

Japan has a high or even the highest proportion of older people globally.

The recognition by Japan that voluntary "targets" are not adequate, is thus salutary in terms of considering regulation for accessible housing in

Australia:

"In 1994, the Japanese 'Gold Plan' set a series of ambitious targets for specialised aged housing. The targets weren't met. In particular, the target for "care housing" fell short, with fewer than 7,000 of a planned 100,000 units built.

An updated 'New Gold Plan' was issued, with a major emphasis on

ageing-in-place. Regulations now require that all new housing, about one million units, should be built for 30 years of 'liveability', to universal design standards.

By 2015-when one in four Japanese will be 65 or over-the target is to have 40 per cent of the housing stock supportive of ageing-in-place, half from new construction and half through renovation. Because of the major savings to the health and social services budget, Japan's Ministry of Health and Welfare provides second mortgages at concessional rates for construction of barrier-free housing.