



# Response to the Consultation Regulatory Impact Statement



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Objective: To ensure that new housing is designed to meet the needs of the community, including older Australians and others with mobility limitations.

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## Executive Summary

CUDA endorses the stated objective of the Consultation RIS with the addition of the word “all”:

*to ensure that [all] new housing is designed to meet the needs of the community including older Australians and others with mobility limitations.*

We argue that the choice of a cost-benefit analysis was not the right method to analyse the questions underlying the stated objective.

Regardless of the method chosen, we contest much of the analysis in the CIE report. We argue that the biases and data gaps result in flawed analysis and render the conclusions poorly justified.

The decision to give the project the ‘Accessible Housing’ title underscores the assumptions upon which the RIS is formed. It should be a regulation update for housing for the NCC.

The key points of dispute are:

- The use of the seven per cent discount rate (central case) is out of line with market rates which are closer to three per cent.
- There is no qualitative analysis where quantitative data was unavailable and over-arching policy frameworks were not included.
- The draft changes to the NCC are not the same as the Silver and Gold levels of the LHDG which the Building Ministers’ Forum required. The narrowing of doorways and introduction of steps renders all options inaccessible, particularly for people who use wheelchairs or other mobility devices.
- The consultation process has resulted in documents that have been shared in inaccessible formats - particularly for the people for which this project was said to be initiated and who stand to benefit most.
- There is little or no reference to the changes in societal attitudes towards people with disability, our human rights obligations, and the current Royal Commissions into aged care and disability care.

Consequently, our answers to the consultation questions should consider the foregoing, that is, the questions are based on the wrong premise and a flawed cost-benefit analysis. Had full attention been paid to the objective of the project, we believe the questions would be about the best way to meet the objective.

As it stands, the underpinning premise implies that we can “afford” some citizens more than others. Any questions of cost should be about minimising exclusion for the one third of households that have a member with a disability and making our homes fit for purpose.

We conclude by recommending that the underpinning premise be reconsidered, and the economic analysis by CIE be thoroughly reviewed.

**CUDA supports Option 2. We note, however, that both Gold options have “sound economic credentials” in the Dalton/Carter Report to which we refer in our response.**

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## About Centre for Universal Design Australia (CUDA)

CUDA is a registered charity with the aim of creating a more inclusive world where everyone is included everywhere, every time regardless of their background, age or level of capability. We advocate for the implementation of universal design across all fields of design because it is the means by which to achieve inclusive communities.

### Universal Design

Universal design is an approach to designing goods, services, built environments and communications technology so that they include as many people as possible without the need for specialised or separate solutions<sup>1</sup>. This includes the design of policies, plans, and in this case, housing.

The most visible beneficiaries of universal design are people with disability, people with chronic health conditions and people who are growing older and less able. However, incorporating universal design principles does not disadvantage any other group in society. Indeed, it improves the convenience and ease of use for everyone. This includes carers, parents with baby strollers and small children, anyone with wheeled devices, removalists, paramedics, and fire and rescue services.

The concept of universal design accepts that there will be individuals who will need specialised and custom designs, such as aids and devices to support their independence. These aids include specialist disability accommodation (SDA)<sup>2</sup> which is not mainstream housing. However, anyone in SDA housing needs a universally designed supportive neighbourhood to participate in everyday life. They also need access to the homes of friends and family on an equal basis with others<sup>3</sup>. SDA housing is therefore an adjunct to mainstream housing – both work together.

### Opening Comments

Housing lies in a complex and contested landscape. Apart from increased size, Australian housing design has changed little in the last 50 or so years, save for fashionable enhancements. However, population demographics, community expectations and the way we live our lives, have changed. Now is the time to bring our housing design and related regulations up to date to incorporate current and future housing needs for everyone.

The Consultation RIS has focused on individuals with disability, but most people live in households – in families. When one person is unable to carry out their participation in, and contribution to, family life, it changes the rhythm of the whole family and their whole

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<sup>1</sup>Center for Universal Design, (1997) [https://projects.ncsu.edu/ncsu/design/cud/about\\_ud/about\\_ud.htm](https://projects.ncsu.edu/ncsu/design/cud/about_ud/about_ud.htm)

<sup>2</sup> National Disability Insurance Agency, Specialist Disability Accommodation. <https://www.ndis.gov.au/providers/housing-and-living-supports-and-services/housing/specialist-disability-accommodation>

<sup>3</sup> United Nations Convention on the Rights of Persons with Disabilities (2006). <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>

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economy. When households are taken into account where disability and long term health conditions are present, the numbers are approaching fifty percent of households<sup>4</sup> (Table 1, page 11 for the breakdown).

We acknowledge that the property industry exists to make a profit for shareholders. However, the quest for profit should not compromise the lives of Australian citizens. It is also important that the industry adds value to the community from which they draw that profit. We all need homes that are fit for purpose.

### Objective of the RIS

The objective of the RIS is, “To ensure that new housing is designed to meet the needs of the community, including older Australians and others with mobility limitations.” The aim is to include accessible universal design features as standard - not as optional extras “for special people”.

For the purposes of this response document, we keep the aim and objective, with the addition of “all” new housing front of mind in our response.

If the overall outcome is to ensure all new housing meets the needs of the community with features that are not *optional extras*, it follows that the quest must be one of how to best achieve this.

We therefore challenge the basis of the CIE cost-benefit analysis because it does not answer questions related to the objective.

### Livable Housing Design Guidelines

The initial Livable Housing Design Guidelines (LHDG)<sup>5</sup> in 2010 included a claim by industry that all new housing will adopt the LHDG by 2020. This has not materialised. However, the LHDG remain a valid for implementing universal design features in all new homes. Indeed, they were carefully considered such that any additional cost would be minimal.

The LHDG also address the issue of cost by advising that impositions associated with the need to provide additional space can be minimised where LHDG features are considered at the outset of design. In large homes, space is not an issue.

These guidelines are voluntary, and whilst there has been some interest from individual house-builders, adoption by volume builders has been extremely limited. Consequently, if Livable Housing is to become an industry norm, accessible features must be mandated. Regulation retains the level playing field and ensures ongoing efficiencies and certainty for industry.

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<sup>4</sup> ABS 2015 Survey of Disability, Ageing and Carers,  
<https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4430.0main+features202015>

<sup>5</sup> Livable Housing Australia, 2017 Livable Housing Design Guidelines v4  
[http://www.livablehousingaustralia.org.au/library/SLLHA\\_GuidelinesJuly2017FINAL4.pdf](http://www.livablehousingaustralia.org.au/library/SLLHA_GuidelinesJuly2017FINAL4.pdf)

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Unfortunately, for many people, the term “universal design” conjures up notions of “disabled” design, wheelchair users, access ramps and ugly rails. However, the LHDG show how existing features can be adapted with style and little disruption to building processes.

### Underpinning biases and assumptions

The decision to give the project the title of ‘Accessible Housing’ underscores the assumptions upon which the RIS is formed. If universal design features were included in the NCC, it would not need a special name – it would just be a regulation update for housing. There are two biases here that underpin the whole project.

The following comments relate to assumptions underpinning the RIS process and documentation:

1. The language and title focuses the mind on people with disability, particularly wheelchair users. This is likely because the Access to Premises Standard is related to the Disability Discrimination Act. This is the frame of reference the industry recognises. Level access becomes “disabled” access. Consequently, it led to the focus on disability statistics for the cost-benefit analysis.

2. The process treats the project as an addition to the NCC rather than an amendment. The assumption follows that any addition is an “extra” and must therefore cost more.

The housing industry is a strong lobby group that provides information via media and other means to press its case. However, the information in their annual reports varies from their media claims<sup>6</sup>. Their *a priori* claims should be thoroughly examined.<sup>7</sup>

We note that the consultation documents and questions are biased towards housing industry suppliers who understand the basis and technicalities of the project. Consequently there are no discussion questions suited to the community or housing advocates that are not involved in housing construction.

3. The documentation is not presented in an inclusive communication format, either in terms of language or in terms of digital access. Therefore, a large number of people who would directly benefit most from accessible homes are prevented from making submissions on the same basis as others. We acknowledge that a concession has been made for personal experiences and information to be emailed to the ABCB.

4. The methodology for the cost-benefit analysis, and the decision to apply a cost-benefit analysis method, is at odds with the aim of this particular Consultation RIS.

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<sup>6</sup> Murray, C. 2020. Time is money: How landbanking constrains housing supply.

<https://www.sciencedirect.com/science/article/abs/pii/S1051137720300449>

<sup>7</sup> Phibbs, P. 2018. Australian housing policy – going round in circles. <https://johnmenadue.com/peter-phibbs-australian-housing-policy-going-around-in-circles/>

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If the aim is to ensure new housing is to meet the needs of the community without the need for optional extras, it follows that any cost-benefit analysis should show what features offer the most value for any extra cost incurred.

To meet the objective of the RIS, the cost question should be underpinned by an approach to minimise exclusion. The question then is not, “can we afford it?” Rather it should be, “what will be our return on investment?” That is, an outcome approach.

5. There is an assumption that industry will not or cannot mobilise for further cost efficiencies. The ability of industry to be innovative and creative in minimising any additional cost is absent from the analysis.

Basing a cost-benefit analysis on disability statistics at one point in time discounts benefits across the lifetime of the home, the lifetimes of household occupants and visitors, and people yet to become disabled and aged. With population ageing this cohort is set to increase in size over time.

The impact of applying LHDG on industry is measured in bricks and mortar. The impact of applying LHDG on occupants is not measured. Measuring budget savings to households and government budgets is not the same thing.

6. Measuring the impact on occupants requires a methodology that focuses on outcomes – qualitative measures. The efficiencies of individuals and households should be considered alongside industry efficiencies. This is absent from the analysis

Housing is an asset class that involves many stakeholders and shareholders in the pursuit of profit. We do not challenge this. However, the pursuit profit should not be at the expense of everyday lives. In effect, industry resistance means industry continues to control our quality of life.

If there is an additional cost to applying LHDG (which Livable Housing Australia was at pains to say was minimal), it is not stated *who decides* the ethical question of whether “the community” should pay the cost or not.

We note the coincidental alignment of the CIE conclusion with the stated policy position of the Housing Industry Association (HIA). That is, to maintain the status quo with a voluntary approach and education<sup>8</sup>. The HIA takes the position that people with disability are a government responsibility.

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<sup>8</sup> Housing Industry Association Policy: Accessibility in Residential Building, 2018. <https://hia.com.au/-/media/HIA-Website/Files/Media-Centre/Policies/accessibility-in-residential-buildings.ashx>



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### Overarching instruments

Australia has obligations under two United Nations conventions: the Rights of Persons with Disabilities<sup>9</sup> and the Sustainable Development Goals<sup>10</sup> to “leave no-one behind”. Housing is not excluded from either and both explicitly cite universal design as the means by which to be inclusive.

Both instruments call upon all three sectors to take responsibility: governments, business, and community.

Australia’s National Disability Strategy (NDS)<sup>11</sup> is our response to ratifying the UN Convention on the Rights of Persons with Disabilities and its Optional Protocol. Responsibilities for implementing the NDS apply to business, community and government organisations. It captures people of all ages in all situations, housing included.

The NDS is not to be confused with the National Disability Insurance Scheme (NDIS). The NDIS caters for a very small section of the disability community and does not cover older people who represent almost half the disability population. The NDS is a strategy for all of us.

With the expansion of the NDIS, Aged Care at Home and Hospital at Home, our homes become the workplaces of paid staff, as well as family carers. This is also an occupational health and safety issue. Homes need to be designed for everyone’s safety as well as amenity, and in the right places, which is everywhere.

### National Disability Strategy

In the 2011 edition of the National Disability Strategy three of the five policy directions relate directly to housing:

Policy Direction 1: increased participation of people with disability, their families, and carers in the social, cultural, religious, recreational and sporting life of the community.

Policy Direction 2: improved accessibility of the built and natural environment through planning and regulatory systems, maximising the participation and inclusion of every member of the community.

Policy Direction 3: improved provision of accessible and well-designed housing with choice for people with disability about where they live” (p29).

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<sup>9</sup> United Nations Convention on the Rights of Persons with Disabilities, <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>

<sup>10</sup> United Nations, Sustainable Development Goals and Disability <https://www.addc.org.au/home/disability-development/disability-and-the-sustainable-development-goals/>

<sup>11</sup> Australian Government, National Disability Strategy 2010-2020. <https://www.dss.gov.au/our-responsibilities/disability-and-carers/publications-articles/policy-research/national-disability-strategy-2010-2020>

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The National Disability Strategy recognises that the NDIS requires a whole of community change effort to remove barriers to inclusion. The NDIS is therefore only a partial response. Those not included in the NDIS are reliant on their fellow community members to remove barriers to inclusion. That includes the ability to visit family and friends in their homes on the same basis as others.

SDA housing is a fringe product, but its very existence leads to assumptions it is a problem solved. The Australian Government is providing \$700m<sup>12</sup> each year for SDA housing which is being delivered by specialised housing organisations. Other developers are working in this space because it is heavily subsidised.

#### Four points should be considered.

First, most people experience disability at some point in their lives, but few anticipate or plan for it. Roy Morgan's major study<sup>13</sup> on behalf of the current Royal Commission into Aged Care Quality and Safety found that whilst younger people had little concern about the idea of going into aged care (when they are older), older cohorts were more interested in receiving care at home.

Younger people are unable to see the value of staying at home and therefore will not see the value of accessible features. Consequently, asking them to assess the dollar value to them in terms of willingness to pay is entirely hypothetical.

Second, universally designed features are good for many people. Trip hazards are a problem for young and old alike. A step free entrance is good for bringing in the shopping, the baby stroller or bicycle, someone temporarily on crutches, big items of furniture, emergency personnel and paramedics. Robot vacuum cleaners can get to every room with level transitions. More room to move makes life comfortable for everyone.

Third, people with disability do not live alone – they live in households with others. While eighteen per cent of people report a disability, they live in more than one third of our households. If you add the twenty-two per cent of people with a long-term illness, counted separately by the ABS<sup>14</sup>, almost half of all households require easy to use features (see Figure 1 and Table 1). All household members are affected in some way by disability.

Statistically, half the population takes us close to a point of critical mass which means a mainstream approach is needed.

Fourth, family members are often carers, and carers often experience disability or chronic illness themselves. Many reduce their work hours to part time or give up work altogether.

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<sup>12</sup>NDIS Media Release 8 February 2019. <https://www.ndis.gov.au/news/1448-governments-take-action-increase-specialist-disability-accommodation>

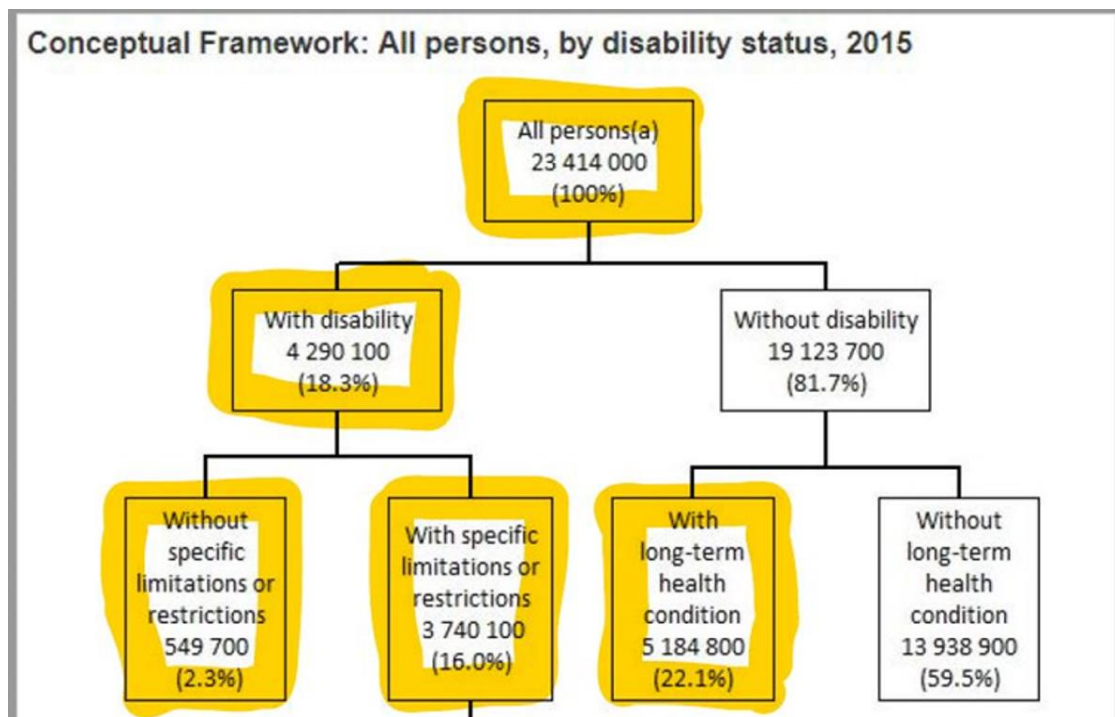
<sup>13</sup> Roy Morgan, 2020. Royal Commission into Aged Care Quality and Safety, Research Paper 4, What Australians Think of Ageing and Aged Care. [https://agedcare.royalcommission.gov.au/sites/default/files/2020-07/research\\_paper\\_4\\_-\\_what\\_australians\\_think\\_of\\_ageing\\_and\\_aged\\_care.pdf](https://agedcare.royalcommission.gov.au/sites/default/files/2020-07/research_paper_4_-_what_australians_think_of_ageing_and_aged_care.pdf)

<sup>14</sup> ABS 2015 Survey of Disability, Ageing and Carers, <https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4430.0main+features202015>

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Studies on the efficacy of home modifications<sup>15</sup> show that hours of paid care and family care are reduced by seventeen and forty-two percent respectively when modifications to improve accessibility are introduced. Not only that, health and quality of life outcomes improve for all.

Figure 1: All persons by disability status 2015



Source: ABS 2015 Survey of Disability, Ageing and Carers

Table 1: Comparison of individuals and households

	Individuals	Households
People with disability	18.3%	35.9%
People with long term health condition	22.1%	45.2%
TOTAL	40.4% (no overlap)	81.1% (some overlap)

A home should last at least 60 years according to the Property Registry.<sup>16</sup> This means at least four families are likely to live in the one home. If at least one third of households have

<sup>15</sup> Carnemolla, P. Bridge, C., 2019. Housing Design and Community Care: How Home Modifications Reduce Care Needs of Older People and People with Disability. In Int J Environ Res Public Health.

<sup>16</sup> Property Registry, 2019. *How Long Will a New Home Last?* <https://propertyregistry.com.au/how-long-will-a-new-house-last/>

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a person with disability, of those four families, it follows that at least one is likely to have a member with a disability or long term health condition.

The economic research by Smith, Rayer and Smith (2008, 2011) <sup>17</sup> found that a new home built today has a 60% chance of having an occupant with a disability, and a 91% chance of a visitor, or would-be visitor, with a disability. It did not include those with long term illness.

The important part of this research is that it took both the lifespans of families *and* the lifespan of homes. Taking only individuals with disability today, and a new home today, does not account for value over the lifetime of the home.

#### A “little bit accessible”

The draft of the NCC proposed changes has deviated from the LHDG with narrowed doorways and made provision for steps into and within the home. There is no explanation for this. Indeed, it does not match the costings or the objective of the project.

Accessibility either works or it doesn't. It requires a seamless path of travel into and throughout a home. One small step or narrow doorway breaks that seamless path of travel and renders any other access features irrelevant. Housing can no more be a “little bit accessible” any more than a motor vehicle can be a “little bit safe”. It's either accessible or it is not.

We note that several questions in the online response template press the point about whether there are benefits of having just some features. It seems the concept of accessibility is very poorly understood.

#### Buyer aspirations – Willingness to Pay

The use of Willingness to Pay data in this analysis is misleading. Buyer aspirations do not include ageing and disability. The Roy Morgan research referenced earlier shows that younger people do not have a grasp of what older age, a serious accident or a chronic illness entails and how it will impact their living arrangements. Consequently, it is misleading to assume they have any notion of what the features would be worth to them in any of the scenarios.

#### Concluding remarks

We recommend that the underpinning premise of the Consultation RIS be reconsidered, and the economic analysis by CIE be thoroughly reviewed. The objective of the project should be held front of mind throughout.

Australia needs housing that is fit for purpose and caters for demographic change and community expectations. The ways in which we utilise our homes today were not

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<sup>17</sup> Smith, Rayer, Smith, 2008. 2011. Smith, S.K., Rayer, S., Smith, E.A. "Aging and Disability - Implications for the Housing Industry and Housing Policy in the United States." Journal of the American Planning Association 74, no. 3 (2008): 289-306.

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considered at the start of the current mass market housing era. Our demographics and expectations have changed but the industry has not.

The Housing Industry Association actively promotes voluntary uptake and dismisses mandatory standards. This is on the basis that, “industry information and education programs, and direct Government assistance to people with disabilities” is the way to address the issues (p2).<sup>18</sup> The HIA Policy Position claims, without evidence, that it is “not appropriate or cost effective to address concerns about accessibility for people with disability”.

It is unconscionable that the housing industry should continue to impact our quality of life by insisting that the status quo remain.

The house-building industry in Australia is fragmented and relies on regulations to keep the system functioning efficiently. Goodwill is insufficient to hold the housing system together. Consequently voluntary guidelines or piecemeal approaches will not and cannot work. They do not afford a level playing field or regulatory certainty, both of which are highly valued by the industry.

In spite of their resistance to additional regulation, the fragmented housing industry cannot function without it.<sup>19</sup> This is what makes accessible housing impossible to achieve voluntarily. Adjustments to housing regulations in the NCC have not kept pace with community needs and now industry is being brought to the negotiating table unwillingly.<sup>20</sup>

More than one third of Australian households report an occupant with disability. A further twenty two per cent report a long term illness. This means that around half our households need homes fit for purpose.

Homes must support our everyday lives, and be designed with inclusion, safety and amenity in mind. This should be the guiding principle.

The time has come for Australia to “ensure that [all] new housing is designed to meet the needs of the community, including older Australians and people with mobility limitations”.

## The Consultation Questions

The consultation questions are problematic in that they are all based on a flawed cost-benefit analysis. Nevertheless we will respond as best we can.

There is some necessary repetition in our responses due to many of the questions asking for the same information but in a different way. This is caused by the underpinning

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<sup>18</sup> Housing Industry Association Policy: Accessibility in Residential Building, 2018. <https://hia.com.au/-/media/HIA-Website/Files/Media-Centre/Policies/accessibility-in-residential-buildings.ashx>

<sup>19</sup> Bringolf, J., 2011. Barriers to Universal Design in Housing, *Urban Research Centre, College of Health and Science*. <https://researchdirect.westernsydney.edu.au/islandora/object/uws:11184>

<sup>20</sup> Ward, M., Bringolf, J., 2018. Universal Design in Housing: Getting to Yes. In *Studies in Health Technology and Informatics Vol 256: Transforming our World Through Design, Diversity and Education*, pp299-306. IOS Press. <http://ebooks.iospress.nl/volumearticle/50576>

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assumptions in the cost-benefit analysis. If the Consultation RIS expressed an accurate and unbiased understanding of the problem, the questions would be framed differently.

### Understanding and quantifying the problem

*A key element of a RIS is understanding the nature and size of the problem that government intervention would address through a regulatory proposal.*

*Housing that is inaccessible for people with mobility limitations can impose various costs on those people and their families and the community more broadly. These costs include:*

- *safety-related costs, where people with mobility limitations remain living in housing that does not meet their accessibility needs, they are at higher risk of falls*
- *costs associated with additional care needs where people with accessibility needs remain living in housing that does not meet their accessibility needs*
- *unnecessarily high costs associated with home modifications*
- *costs associated with avoidable moves to more suitable accommodation*
- *costs associated with longer stays in hospital and transition care, where discharge is delayed due to their home lacking accessibility features*
- *costs associated with loneliness, where people with accessibility needs are unable to leave their own house as frequently as they would like or are unable to visit friends and relatives*
- *additional costs associated with inappropriate or premature entry into residential aged care (or other institutional care) due to dwellings lacking accessibility features.*

*The questions in this section are focused on the Consultation RIS' description of 'the problem' and the costs it imposes due to a lack of accessible housing.*

### Question 8.

**Do you agree the problem is adequately established?**

**No.**

The “size of the problem” goes beyond the cost impositions on individuals with mobility limitations.

#### **Focus on “mobility limitations”**

This is a very narrow view of the problem. While wheelchair users and people with mobility devices are at the greatest disadvantage when it comes to accessing the built environment, it ignores other beneficiaries. The title of the project “Accessible Housing” has biased the project towards people with mobility limitations because this is a familiar framework for an industry that is used to working with the Access to Premises Standard and AS1428 suite. It is broader than this.

#### **The number of people who are affected**

Other beneficiaries are absent from the statement of the problem and therefore the size of the problem is not adequately stated. There are two key points.

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There is no doubt that people with mobility limitations now and into the future will benefit directly from housing that is accessible, both as a resident and a visitor. However, people with mobility limitations and other disabilities live in families, in households. Their ability to live in and visit a home impacts the whole household. This has not been taken into account.

People without mobility limitations, unless their life is cut short, will experience these limitations in later age, if not before. Carers, with and without disability, are impacted by inaccessible housing. This has not been taken into account.

According to the ABS 2019 statistics, more than 95 per cent of older Australians were living in households. Less than 5 per cent were living in congregate residential settings. Research over more than ten years<sup>21</sup> shows that older Australians wish to age in place and receive care at home<sup>22</sup>. This has not been taken into account.

Accessible features provide benefits of convenience and ease of use for all residents and visitors: parents with babies in strollers and young children, ambulant people bringing in shopping, furniture removalists, paramedics and emergency personnel. Designs for people with mobility limitations are not detrimental to any other person. This has not been taken into account.

### **Assumptions that existing policies are implemented**

The existence of policies does not equate to action having been taken by government or the market. The key policies were identified in the Consultation RIS as:

- *funding home modifications and other support services (through the NDIS and various aged care policies) to support people with mobility limitations to stay in their own home*
- *funding for residential aged care places*
- *planning policies put in place by some state and local governments to encourage private provision of accessible housing*
- *provision of accessible social and community housing.*

The Consultation RIS has failed to examine whether these policies had actual outcomes for occupants. There is no evidence that these policies have met any stated actions or outcomes.

To assume these policies have provided a measure of accessible housing such that a change to the NCC is unnecessary or should be minimised is erroneous. The housing needs of older people and people with disability are not assured by these policies. Policies can change at any time, and they may or may not be called up or enforced.

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<sup>21</sup> Judd, B., Olsberg, D., Quinn, J., & Demirbilek, O. 2010. *Dwelling, land and neighbourhood use by older home owners*. <http://www.ahuri.edu.au/publications/p70392/>

<sup>22</sup> Roy Morgan, 2020. Royal Commission into Aged Care Quality and Safety, Research Paper 4, What Australians Think of Ageing and Aged Care. [https://agedcare.royalcommission.gov.au/sites/default/files/2020-07/research\\_paper\\_4\\_-\\_what\\_australians\\_think\\_of\\_ageing\\_and\\_aged\\_care.pdf](https://agedcare.royalcommission.gov.au/sites/default/files/2020-07/research_paper_4_-_what_australians_think_of_ageing_and_aged_care.pdf)



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## Home modifications

The Consultation RIS:

- does not acknowledge the unmet need for home modifications
- assumes that modifications remain for the life of the home
- assumes the modification is as good as Silver or Gold level
- assumes it will suit everyone
- does not account for the costs of professional assessment and reporting processes
- does not account for the costs of alternative arrangements, support workers and equipment during the waiting period

Unmet needs<sup>23</sup> are caused by ineligibility for government funded modification programs or lack of personal funds to undertake modifications. Additionally, the time at which a person needs adaptations to the home is usually when they are least able to carry out the complex tasks required. Older people are fearful that tradespeople will take advantage of them even if they can afford the modifications. Not having the modifications does not negate the unmet need.

Government-funded home modifications are rationed and are not granted as a prevention. A modification will only be granted *after* the fact. That is, once a person has had a fall or has a major health event. Funding for home modifications is for the few, and the few who have health or mobility conditions that allow them to wait in the queue for the modification to take place.

The wait for assessment alone can be anywhere from three to twelve months<sup>24</sup>. If approved, the building work might be completed within three to six months. If declined, the process will begin again. By then it is usually too late. The end result is that further accidents are likely, carers become further distressed, and residential care is the result.

Government-funded home modifications are specified by occupational therapists for the particular needs of individuals. This is often at a time when a person's inability to remain independent at home becomes obvious and acute. Government-subsidised home modifications tend to be done when a person's care needs are escalating, and they are at risk of being referred to residential care. Therefore, they are not the carefully planned and beautifully designed solutions people might prefer. Rather, by their nature they are required to be cost conscious and implemented as quickly as possible. As a result, aesthetics are not a high priority, and there is evidence that a lack of good design can cause distress to the

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<sup>23</sup> Carnemolla, P., Bridge, C. 2011. Housing Design and Community Care: How Home Modifications Reduce Care Needs of Older People and People with Disability, *Intl Journal of Environmental Research and Public Health*. <https://www.mdpi.com/1660-4601/16/11/1951/htm>

<sup>24</sup> Architecture and Access blog page. 2017. Lisa's tips for parents undertaking NDIS-funded home modification. <https://www.architectureandaccess.com.au/lisas-tips-for-parents-undertaking-ndis-funded-home-modification-be-prepared-be-patient-dont-hesitate-to-follow-up-with-the-ndis-to-keep-the-process-moving-and-select-your-service-prov/>



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resident who feels their home has turned into an institution, or that their home becomes an unwanted beacon of vulnerability.<sup>25</sup>

There is no guarantee that modifications carried out today, especially ramps and rails, will remain in the home. Once the house is for sale, modifications that are considered a threat to maximisation of sale price are removed. In rental accommodation any modifications can be removed, but the cost of removal falls to a new tenant. Good design is therefore critical.

### **Residential aged care places**

Residential aged care is rarely a choice. It is usually the place of last resort. Aged care is not to be confused with retirement villages that require residents to be relatively independent. The Consultation RIS assumes that residential aged care is a solution that older Australians want and that it is readily available. With the current COVID-19 pandemic the community is looking at aged care in a new light. We refer to the Roy Morgan report cited earlier.

### **Retirement Villages**

The Property Council of Australia and the Retirement Village Association merged in 2012<sup>26</sup> to form the Retirement Living Council. This is a dedicated national division of the Property Council of Australia which advocates for this sector of the industry and provides marketing material for promoting their products.

Independent research on the housing needs and preferences of older people reveals that the picture is more complicated than that presented by industry. Downsizing is also more complex than leaving the current home for a retirement village.

The information referenced by the Consultation RIS is a website of the Property Council marketing their villages.<sup>27</sup> When there are no other options to downsizing a retirement village is not so much a choice as a necessity for those who can afford both entry and ongoing fees. For those who cannot afford the costs, or have concerns about the management of the villages, they stay put and hope for the best. Hoping for the best will often result in more accidents and reduced quality of life.

While there are some older people who live in large homes that are difficult to maintain, there are others who have more modest dwellings where actual size is not the issue. Research by Judd et al revealed that many older people make use of all three bedrooms in

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<sup>25</sup> Phillippa Carnemolla and Catherine Bridge (2012) *Landscape Modification: an alternative to residential access ramps and lifts* 1st ed. Sydney: Home Modification Information Clearinghouse, University of New South Wales. (July) [online]. Available from [www.homemods.info](http://www.homemods.info)

<sup>26</sup> Retirement Village Association, 2012. *Retirement Village Association and Property Council of Australia to merge*. <https://www.villages.com.au/info-centre/post/news/retirement-village-association-and-property-council-of-australia-to-merge>

<sup>27</sup> Retirement Village Association, <https://www.villages.com.au/info-centre/post/news/national-survey-shows-retirement-village-residents-happier-than-their-peers>

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their homes.<sup>28</sup> In addition, once retired and spending more time at home, the space becomes more important. This has been highlighted during the COVID-19 pandemic.

### **State based planning policies**

At best, some state and local government planning policies have asked for a proportion of accessible dwellings in multi-unit developments. This can be anything from five to twenty per cent of dwellings. These policies, even when implemented, have associated problems:

- There is no matching process for people in need and the dwellings
- It is an unreliable way to provide accessible housing
- Lack of regulatory consistency results in confusion across industry
- The value of any accessible dwellings is lost because there is no process for matching people to places. Even if a household is matched in the first instance, the property moves into the general stock once the dwelling is on-sold.

The *hit and miss* approach of percentage or proportion policies is not a reliable way to provide accessible housing. The proportion argument is based on the flawed notion that the number of dwellings should equal the number of people with disability.

Even if the proportion policy were to solve the problem, twenty per cent does not match the number of households that need accessible features now and into the future<sup>29</sup>. With the number of households with disability and long term health conditions reaching towards the fifty percent mark, we now have critical mass. This is not a small number – it's a mainstream number.

Developers need consistency to ensure efficiency. Efficiencies are lost with different jurisdictions demanding different design requirements. It also results in patchy results as evidenced during implementation of the 2009 Nation Building housing stimulus package as discussed in the study by Bringolf.<sup>30</sup>

The Specialist Disability Accommodation (SDA) initiative for NDIS recipients offers more certainty to developers and builders. It has been successful because of generous financial incentives and processes to match clients to dwellings. Also, there are accreditation checks made before the incentive is paid. However, this is an expensive way to provide accessible housing and it further marginalises occupants. In addition, this is a very minor section of the overall housing stock.

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<sup>28</sup> Judd, B., Liu, E., Easthope, H., Davy, L., & Bridge, C. (2014). *Downsizing amongst older Australians*. [https://www.ahuri.edu.au/\\_data/assets/pdf\\_file/0012/2181/AHURI\\_Final\\_Report\\_No214\\_Downsizing-amongst-older-Australians.pdf](https://www.ahuri.edu.au/_data/assets/pdf_file/0012/2181/AHURI_Final_Report_No214_Downsizing-amongst-older-Australians.pdf)

<sup>29</sup> ABS 2015 Survey of Disability, Ageing and Carers, <https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4430.0main+features202015>

<sup>30</sup> Bringolf, J. 2011. Barriers to Universal Design in Housing. *Urban Research Centre, College of Health and Science*. <https://researchdirect.westernsydney.edu.au/islandora/object/uws:11184>

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Social housing also represents a small proportion of all housing. While community housing providers are doing their best, they will be unable to provide all the housing that is required and in the places it is needed.<sup>31</sup>

### Existing accessible stock

In the Forward of the fourth version of the LHDG, the Chair of Livable Housing Australia, Sophie Pickett-Heaps says,

*“Our goal is simple: we champion the adoption by 2020 of a Silver rating for all new homes.”*

There is no evidence in 2020 that the LHA strategy has worked. In the absence of any reporting by LHA, ANUHD & RI Australia undertook a study. They found that at best, the voluntary, championing, approach will achieve five per cent by 2020<sup>32</sup>. There is no empirical evidence that even five per cent actually exists today.

Consequently, the problem has not been addressed because studies on the supply of accessible homes have not eventuated and CIE have not adequately analysed government programs or policies.

### Question 9.

In general, do you agree the Consultation RIS adequately describes the extent of these problems?

**No.**

This is not only about people with mobility impairments. Other people are adversely affected by the lack of accessible housing and that is because people live in households.

The Consultation RIS refers to “vulnerable members of the community” (p 23). First, people with disability are vulnerable because they are forced to live in inappropriate accommodation. Their vulnerability, and in many cases their disability, is caused by barriers to access in the built environment. An impairment is a medical condition, whereas disablement is the result of the interaction with a disabling social and physical environment.<sup>33</sup>

The Consultation RIS has taken the perspective that a mobility impairment affects only individuals. It has not taken a life view of the issues. That is, people with any kind of disability live in households, are part of families, have friends, work colleagues and join

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<sup>31</sup> Troy L, van den Nouwelant R, Randolph W. 2019. [Estimating need and costs of social and affordable housing delivery. City Futures Research Centre](#). University of New South Wales, Sydney

<sup>32</sup> Australian Network on Universal Housing Design, & Rights & Inclusion Australia, 2015. *Report on the Progress of the National Dialogue on Universal Housing Design 2010-2014*. <https://aduhdblog.files.wordpress.com/2020/03/anuhd-report-on-progress-of-lhd-jan15.accessible.pdf>

<sup>33</sup> People with Disability Australia, The Social Model of Disability <https://pwd.org.au/resources/disability-info/social-model-of-disability/>

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social groups. They can also acquire a disability at any point in time and that shouldn't mean giving up on work or a social life.

The Consultation RIS has also taken the statistics of people today as the key measure and failed to consider that ability is only a temporary state. That means there is no accounting for the years of living in a home by people today, plus the years of those yet to come. This reality has been thought through by Smith, Rayer & Smith.<sup>34 35</sup>

Their quantitative analyses in the USA estimates that a new home built today has a 60% probability that it will house at least one resident with a long term disability during the home's lifespan. If visitors are included, the figure rises to a 91% probability of requiring accessibility.

When a member of a household experiences changes to their health or ability, it changes the whole rhythm of the family and their whole social and financial economy. People who need accessible homes today and in the future are families leading everyday lives.

The current focus ignores the benefits to other people including those with chronic health conditions, obesity and short term disablement.

### **People with long term illness**

The current focus ignores the benefit that accessible housing can make to people with long term health conditions. People with long term health conditions do not identify as having a disability. This is why the Australian Bureau of Statistics reports them separately to those with disability. Table 1 on page 11 shows the breakdown. The table shows an additional 22.1% of the population have a long term health condition. They also live in households. Indeed, a household might have more than one person with either a health condition or a disability.

We can see that 35.9% of households have a person with disability and 45.2% have a resident with a long term health condition<sup>36</sup>. This is not double counting. Allowing for some overlap, potentially, we are looking at more than half of all households needing accessible features.

More recent data from the ABS in 2018<sup>37</sup> shows that almost half (47.3%) the population had one or more chronic conditions and the figures are rising. The ABS lists the chronic conditions in order of magnitude as:

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<sup>34</sup> Smith, S., Rayer, & Smith, E. 2008, Aging and disability: Implications for the housing industry and housing policy in the United States. *Journal of the American Planning Association*, 74(3), 289-306.

<sup>35</sup> Smith, S., Rayer, & Smith, E., Wang, Z., & Zeng, Y. 2012. Population Aging, Disability and Housing Accessibility: Implications for Sub-national Areas in the United States. *Housing Studies*, 27(2), 252-266.

<sup>36</sup> ABS 2015 Survey of Disability, Ageing and Carers, <https://www.abs.gov.au/ausstats/abs@.nsf/Lookup/4430.0main+features202015>

<sup>37</sup> Australian Bureau of Statistics. 2018. (2018). 4364.0.55.001 - National Health Survey: First Results.

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- Back problems
- Arthritis
- Asthma
- Diabetes mellitus
- Heart, stroke and vascular disease
- Chronic obstructive pulmonary disease (lung condition)
- Cancer
- Kidney disease

Each one of these conditions can cause a different degree of disability, but they can all result in a reduction of mobility, especially over time.

The incidence of obesity is yet to make its mark with younger cohorts most likely to experience chronic health conditions later in life.

People with health and disabling conditions aside, there are other beneficiaries. For example, “kneeling” buses for wheelchair users also aid people with strollers, shopping trolleys, and wheeled luggage. Accessible homes also have additional beneficiaries: small children, parents with strollers, furniture removalists, paramedics, emergency services, pregnant women, carers (paid and unpaid), and people with temporary health conditions. Devices such as robot vacuum cleaners can also access all parts of the home when there are level transitions.

Being able to come home from hospital sooner with crutches or a wheelchair, albeit temporarily, should also be counted. Sports injuries, workplace accidents, and road accidents are, unfortunately, regular occurrences. The number of people in this category has not been counted, but it is more cost efficient all round if the individual can return home and the family can get on with their lives.

The added convenience and social value for other occupants and visitors has not been included in the cost-benefit analysis.

#### ‘Cost of care’ assumptions

Carers are often at an economic disadvantage because the care they provide means that their employment opportunities are restricted. Deloitte Access Economics<sup>38</sup> found the employment rate of informal carers (47.3%) is below the Australian average (65%). However, many carers give up full time paid work or take part time work so that they can fulfil their caring role.

In giving up wages, carers also give up superannuation. Their lack of workforce participation also means they do not pay tax. Full time carers also receive a government carer payment<sup>39</sup>.

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<sup>38</sup> Deloitte Access Economics, 2020, The value of informal care in 2020, <https://www2.deloitte.com/au/en/pages/economics/articles/caring-comes-at-a-cost.html#>

<sup>39</sup> Australian Government, Payments for Carers. <https://www.servicesaustralia.gov.au/individuals/subjects/payments-carers>

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Deloitte Access Economics estimates that foregone earnings amounts to \$15.2 billion. That is equivalent to 0.8% of GDP.

These foregone earnings should be included in the cost-benefit calculation.

These personal costs can be reduced if the home facilitates independence of the person being cared for. Carnemolla and Bridge<sup>40</sup> found that informal care hours were reduced by 42% when the home was modified to facilitate independence in a study that included a majority of older people living at home receiving community care. The modifications were features such as wider doorways and a hobless shower, which are in the LHDG.

Reducing the need for care through housing design, brings not only cost-benefits, but an increase in quality of life associated with greater independence and autonomy.

The value of home modifications on health-related quality of life and saved care hours should be included in the cost-benefit calculation.

#### Calculation of lost earnings for carers and people with disability

We challenge the application of the minimum wage amount to calculate the lost earnings of carers, and indeed people with disability.

The Consultation RIS referenced an overseas study of people who are blind to arrive at the rate of the minimum wage rate of \$19.49 per hour. Regardless, this rate can only be used for assessing the *minimum* impact for individuals and for the nation.

We also challenge the assumption that if carers were not caring they would all be in low paid employment. It also assumes that a professional person who sustains a spinal cord injury, for example, could not continue work as a professional at a professional rate. Indeed the rates in the Consultation RIS for construction personnel range from \$35 to \$61 per hour. People with disability and/or family members also work in the construction sector<sup>41</sup>.

The rate of average weekly earnings, approximately \$35 per hour is a fairer representation for the cost-benefit calculation<sup>42</sup>. Deloitte Access Economics concludes:

*In 2020, the estimated earnings foregone for primary and non-primary carers was \$11.4 billion and \$3.8 billion respectively. Combined, the opportunity cost for all carers is \$15.2 billion. This is equivalent to 0.8% of GDP and 10.6% of the value of formal health care (p 26).*

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<sup>40</sup> Carnemolla, P. Bridge, C., 2019. Housing Design and Community Care: How Home Modifications Reduce Care Needs of Older People and People with Disability. In Int J Environ Res Public Health.  
<https://pubmed.ncbi.nlm.nih.gov/31159396/>

<sup>41</sup> The Fifth Estate, 4 August 2020. [Yes, wheelchair users can work in construction.](#)

<sup>42</sup> Deloitte Access Economics, 2020, The value of informal care in 2020,  
<https://www2.deloitte.com/au/en/pages/economics/articles/caring-comes-at-a-cost.html#>

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### Links between housing and employment

The impact of inaccessible housing on employment is not assessed in the Consultation RIS. We recommend examination of the research undertaken by Beer & Faulkner<sup>43</sup>, Hulse et al<sup>44</sup>, and Saugeres.<sup>45</sup>

A qualitative analysis of the link between housing and employment should reveal the connections clearly. This research is absent from the Consultation RIS.

### Cost assumptions about avoidable hospital stays

The Consultation RIS calculates the daily cost of a bed that was blocked by delayed discharge. This does not include the adverse health effects of staying longer than necessary in the hospital. Loss of independence, heightened risk of infection, and inability to lead a “normal life” all have an impact on the health and wellbeing of individuals at any age.

Ongoing health problems and risk of increased accidents are consequences of over-staying in hospital due to the inability to go home when well.

The cost of ongoing adverse health outcomes due to inability to return home at the end of treatment were not included in the cost-benefit analysis.

### Question 10.

**The impact of a lack of accessible housing on equity, dignity and employment outcomes is difficult to fully measure. How does a lack of accessible housing contribute to these issues?**

The Consultation RIS rests on assumptions that physical access is the only measure upon which to base a cost-benefit analysis. This has rendered invisible the real lives of people. Notions of family and other household occupants are missing from the frame.

Consequently, the RIS has failed to address issues of social connection, education, leisure, employment, equity and dignity for the whole household.

The most glaring equity measure is the inability to visit friends and family in their own homes. This, and other factors contribute further to marginalisation, isolation and exclusion. It also increases dependency on welfare and minimises a dignified sense of self.<sup>27</sup>

Employment of all household residents rests on the ability to independently prepare for the day ahead, access transportation to and from work at a distance that is not limiting. The availability of accessible homes is so scarce that there is rarely a match between the location of employment and housing. This affects all householders in their ability to live “ordinary lives”.

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<sup>43</sup> Beer, A., & Faulkner, D. (2009). 21st century housing careers and Australia’s housing future. AHURI Final Report No. 128. Retrieved from [http://www.ahuri.edu.au/nrv/nrv2/NRV2\\_Assoc\\_Docs.html](http://www.ahuri.edu.au/nrv/nrv2/NRV2_Assoc_Docs.html)

<sup>44</sup> Hulse, K., Jacobs, K., Arthurson, K., & Spinney, S. (2010). Housing, public policy and social inclusion Retrieved from <http://ahuri.ddsn.net/publications/projects/p50566>

<sup>45</sup> Saugeres, L. (2010). (Un)accommodating disabilities: housing, marginalization and dependency in Australia. *Journal of Housing and the Built Environment*, 26(1), 1-15.



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The Consultation RIS should include qualitative data relating to employment and social connection of all household residents in the cost-benefit analysis.

#### Question 11.

Are the assumptions made to estimate the costs to the community from a lack of accessible housing (set out in Appendices A to H) appropriate?

**No**

We refer you to the Dalton/Carter Report that explains many of the misleading economic concepts in the CIE report<sup>46</sup>. It shows how the ‘problem reduction approach’ favoured by CIE over-counts the cost side and under-costs the benefits side.

#### Misuse of the 7 per cent discount rate

One key factor here is the use of the 7 per cent discount rate in calculations when the market rate now and predicted into the future is closer to 3 per cent. This factor alone changes the conclusions about the options substantially such that Option 3, Gold+ “has sound economic credentials” according to the by Dalton/Carter Report.

#### Failure to include human rights

The Consultation RIS does not include human rights and all that it means for citizens. The process and conclusion of the CIE cost-benefit analysis tells us that some lives are considered more valuable than others and that Australia cannot afford to support all its citizens. It also implies that the value of the housing industry is above that of its citizens.

**If a human rights approach were taken, a cost-benefit analysis would be measuring something quite different: Value for money and cost efficiency.**

The research question should be, “What costs and benefits will occur in bringing Australia in line with stated policies, such as the National Disability Strategy?”

The Dalton/Carter report Appendix 1 lists the human rights related instruments. They are:

- The Universal Declaration of Human Rights that includes the right to adequate housing
- The Social and Cultural Rights framework that includes adequate housing
- UN Convention on the Rights of Persons with Disabilities
- Principles for Older Persons
- Disability Discrimination Act 1992

We add the United Nations Sustainable Development Goals to this list.<sup>47</sup>

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<sup>46</sup> Dalton/Carter, 2020. [Economic advice prepared to assist with responses to the Consultation Regulation Impact Statement on minimum accessibility standards for housing in the National Construction Code.](http://universaldesignaustralia.net.au/wp-content/uploads/2020/08/Dalton/Carter-Economic-Report-v9-18.08.2020.pdf) <http://universaldesignaustralia.net.au/wp-content/uploads/2020/08/Dalton/Carter-Economic-Report-v9-18.08.2020.pdf>

<sup>47</sup> United Nations Sustainable Development Goals <https://www.un.org/sustainabledevelopment/>



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We challenge the assumption that costs should negate the mandating of accessibility features in all new housing.

Apart from the findings in the Dalton/Carter Report, we also challenge all the costings in the Consultation RIS on the basis that the costings undertaken for the LHDG<sup>48</sup> were cost effective such that it allowed them to make the claim:

*LHA has produced practical, common sense guidelines to livability. The design features embraced by the guidelines are inexpensive to incorporate into home design, and will deliver huge dividends to future generations of Australians. Livability is an investment that makes both economic and social sense (p.5).*

It should be noted LHA were able to make this claim based on the initial design costings by Landcom in their Universal Housing Design Guidelines<sup>49</sup>. These costings were agreed and signed off by major industry stakeholders in the development of the LHDG.

We believe the extensive calculations by CIE are redundant on the basis that the assumptions underpinning the Consultation RIS led the analysis to take too narrow a view of the situation. The Consultation RIS acknowledges that a human rights perspective was not “measured” and here is a major flaw.

#### Question 12.

**What other information could be used to estimate the costs associated with lack of accessible housing to make estimates more reliable?**

This is not a new idea. References go back twenty years or more. The resistance to adaptation of existing features by industry is perplexing. The common thread in these reports is that if inclusive features are considered from the outset, the costs are minimised. We refer you to:

[CarterDalton Report](#) cited earlier

[Hill PDA \(1999\)](#). Breaking into adaptable housing: A cost-benefit analysis of adaptable homes.

[Slaug, B. et al \(2017\)](#) Improved Housing Accessibility for Older People in Sweden and Germany: Short Term Costs and Long-Term Gains. In *International Journal of Environmental Research and Public Health*.

[Alsayyar, B. & Jrade, A. \(2015\)](#). Integrating Building Information Modeling (BIM) with sustainable universal design strategies to evaluate the costs and benefits of building projects.

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<sup>48</sup> Livable Housing Australia, 2018. Livable Housing Design Guidelines v4.  
<http://www.livablehousingaustralia.org.au/>

<sup>49</sup> Landcom, 2008. Universal Housing Design Guidelines.  
<https://www.landcom.com.au/assets/Publications/Statement-of-Corporate-Intent/b999e51367/Universal-Housing-Design-Guidelines-July-2008.pdf>

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[Newman, R. \(2010\)](#). The Home is for Every Body? An Investigation of the Statutory and Strategic Planning Implications of Inclusive Housing Design.

[Department for Communities and Local Government \(2012\)](#). Assessing the cost of Lifetime Homes Standards. (We note that UK homes are generally smaller than Australian homes.)

Question 13.

Do you have information about the type and cost of home modifications that are made to improve the accessibility of a home?

**Yes**

See Home Modifications Information Clearinghouse at <https://www.homemods.info/>

Question 14.

In your opinion what is the main contributor to a lack of uptake of universal design principles in new dwelling?

*Buyers failing to think about their future accessibility needs*

*Volume builders being reluctant to deviate from standard plans*

*Other barriers*

This is a multifactorial issue. Consequently many factors apply and for different reasons.

#### **Buyers failing to think about their future accessibility needs**

Ageing and disability are not aspirational and are difficult to market as such. The types of features that make a well-designed home more accessible for everyone, that is, universally designed, are silent. They are not noticeable unless specifically indicated to buyers.

Sales representatives in display homes do not have the language or attitude to “sell” these features unless, by default, they call them “disabled” features. This is not a selling point for a family aspiring to their dream home. Indeed, the glossy sales materials extoll a luxurious dream lifestyle with images of the “perfect family”.<sup>50</sup>

#### **Buyers who do consider their future needs**

There is an additional point to be made here. Buyers who do think about their future needs are dissuaded from applying accessible features. First a premium price is added and if price is not a deterrent, they are persuaded that it is not allowed in the building code or that the local council will not allow it. Even if such features are agreed in the contract, there is no guarantee it will be delivered.<sup>31</sup>

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<sup>50</sup> Bringolf, J. (2011) Barriers to Universal Design in Housing. *Urban Research Centre, College of Health and Science*. <https://researchdirect.westernsydney.edu.au/islandora/object/uws:11184>

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Seat belts and air bags were regulated to protect people from motor vehicle accidents. Buyers were not asked if they wanted them or what extra they would be prepared to pay. Rather, policy makers realised this was in the best interests of both road users and health budgets. Similarly, we need housing to minimise harm to households. Unlike road accidents, ageing and disability will happen to everyone eventually unless they meet an untimely death.

The Roy Morgan report<sup>51</sup> for the Royal Commission into Aged Care gives insights to this factor. They found that whilst younger people had little concern about the idea of going into aged care (when they are older), older cohorts were more interested in receiving care at home. Younger people are unable to see the value of staying at home and therefore will not see the value of accessible features.

### Volume builders are reluctant to deviate from standard plans

The Bringolf study is referenced in the Consultation RIS. This study set out to identify the barriers industry faces in adapting existing features to be more accessible. Individual industry stakeholders agreed that universal design features are a “good thing”. On the one hand they agreed that more regulation was not desired, yet on the other, they agreed that nothing will happen without regulation.

Costs were cited as the main reason for not applying universal design features. However, concrete calculations were not forthcoming. Rather, stakeholders were prepared to guess in the range of \$500 to \$5000. Existing requirements for the outdated Australian Standard Adaptable Housing AS 4299-1995 were used as a reference.<sup>52</sup> Many features in the Adaptable Housing Standard are more expensive than those in the LHDG. They are also more expensive because they are not standard.

### Other barriers – the housing delivery chain

The concept of certainty is the connecting and common factor throughout the fragmented house-building system. With a myriad of stakeholders each taking responsibility for a portion of the system, regulations are important. Where regulations are absent the industry relies on all parties in the system behaving in a predictable manner. Hence the mantra, “we’ve always done it like this”. This is the key to resisting change.

Consequently, a designer cannot unilaterally introduce a level entry, for example, and expect this to be followed, even by those who actually read and interpret plans when it comes to construction. This is the other reason that voluntary guidelines cannot work unless they are specifically called up. Even so, this causes problems with trade personnel who are

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<sup>51</sup> Roy Morgan, 2020. Royal Commission into Aged Care Quality and Safety, Research Paper 4, What Australians Think of Ageing and Aged Care. [https://agedcare.royalcommission.gov.au/sites/default/files/2020-07/research\\_paper\\_4\\_-\\_what\\_australians\\_think\\_of\\_ageing\\_and\\_aged\\_care.pdf](https://agedcare.royalcommission.gov.au/sites/default/files/2020-07/research_paper_4_-_what_australians_think_of_ageing_and_aged_care.pdf)

<sup>52</sup> SAI Global, Australian Standard Adaptable Housing, AS4299-1995. <https://www.saiglobal.com/PDFTemp/Previews/OSH/As/as4000/4200/4299.pdf>

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not familiar with the LHDG. Consequently there are additional oversight costs to ensure the trades people carry out the design as required.

The costs of additional oversight and remediation should not be counted because they would disappear if the LHDG were mandated.

Bringolf found that in spite of the LHDG being recommended by local government for developments, when it came to the actual design and build, the designers and builders referred to AS 4299-1995 *because it was a recognised Australian Standard that gave them certainty*.

Builders were reticent to rely on the voluntary nature of the LHDG on the basis that if their work was challenged, they had nothing to “protect” them. Industry relies on the validity of Standards and mandated codes rather than guidelines.

On page 222 of Bringolf’s study, the Property Council of Australia raised their concern about local government pursuing accessible features arguing that this undermines regulatory certainty:

*“We understand that there are certain councils that have pursued additional features in relation to, for example, housing. Some councils are prescribing universal housing in certain areas which are not necessarily covered by the standards.” House of Representatives Standing Committee (25 March 2009:58)<sup>53</sup>*

The Consultation RIS should consider the value of certainty for industry stakeholders and that voluntary guidelines are not acceptable as a valid instrument in the face of any legal or regulatory or customer complaints.

#### Question 15.

Of the options considered by the Consultation RIS, select from the list below those that are feasible.

Options 2 and 3 are the most feasible and cost effective. Given the previous questions, the intent of this question is not apparent.

All other options will not meet the aim of the Consultation RIS.

Given the previous questions, the intent of this question is not apparent.

#### Question 16.

Are there other feasible regulatory or non-regulatory options with the potential to meet the objective that should be considered?

This question does not reflect the object of the exercise,

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<sup>53</sup> House of Representatives Standing Committee on Legal and Constitutional Affairs. "Disability (Access to Premises - Buildings) Standards [Draft]". Official Committee Hansard, (25 March 2009, Sydney), viewed 10 May 2010. <http://www.aph.gov.au/HANSARD/reps/commttee/R11813.pdf>

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“to ensure that [all] new housing is designed to meet the needs of the community, including older Australians and others with mobility limitations”.

If a partial response is considered, it will lead the project down the path of “a little bit accessible”, which is a contradiction in terms. A partial response would also be confusing for industry and reduce their efficiencies.

This is not just about a wheelchair having a place to live, it is also about visiting others. So all homes need to comply.

If there is no change to the NCC, there will be no change at all, which is evidenced by the voluntary approach for the last ten years.

#### Question 17.

##### Which of the options, in your opinion, have the ability to meet the objective?

We support Option 2 with the correct technical details as required by the Building Ministers’ Forum, not those in the Draft presented in the documentation. This will meet the objective. However, it will not mitigate the need for major renovations for some occupants.

We note, however, the Dalton/Carter Report on page 8 claims that Option 3, Gold + also has “sound economic credentials” when all factors are considered.

Options 2 and 3 will not need further enhancement for mainstream housing.

All other options will not meet the objective.

##### **Deviation from the LHDG in the draft NCC**

We note that the Consultation RIS has deviated from the LHDG technical details by reducing door widths and introducing steps into and throughout the home. Consequently the cost-benefit analysis does not match that in the NCC draft.

Apart from having no explanation for the deviation, these two critical factors render all other elements irrelevant. There is no such thing as “a little bit accessible” any more than there is a notion of “a little bit safe” or “almost level”. It either is or it is not.

##### **CUDA does not support:**

- the provision of a clear door opening less than that shown in the LHDG
- the provision of a 25mm transition between internal floor surfaces
- the provision of a 25mm transition at internal door entries
- a step-ramp at the entry of Class 2 dwellings
- a step to balconies and outdoor areas
- a single step in the pathway to the dwelling
- a hob of any height or a step down to shower areas

**CUDA recommends** the draft changes to the NCC wholly reflect the carefully considered design features and dimensions agreed by industry in the LHDG. Specifically:

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- AS1428.1-2009 provides reliable information on clear door openings
- AS3740-2010 provides detail on waterproofing of domestic wet areas
- LHDG **do not** show any steps on pathways or door entries
- LHDG **do** show level transitions to wet areas. Level means flat, not almost flat.

We refer you to the Australian Network for Universal Housing Design submission that provides full technical detail regarding the options and the draft of the NCC. Specifically, Dwelling Access, Dwelling Entrance, Doors and Corridors, and the introduction of a shower hob. We support their rationale.

#### Question 18.

Are there any less intuitive or unintended consequences likely to arise from the adoption of any of these options?

**Yes**

The changes to the NCC as drafted render all options inaccessible because they do not meet the aim of the Consultation RIS. The “convenience” of builders is given a higher value than home occupants, and the instructions by the Building Ministers’ Forum to follow the LHDG. If builders’ work methods trump occupant liveability nothing would change.

Option 1 would have the unintended consequence of showing that it is insufficient and that this exercise would be necessary in the future. This is why we support Option 2 as a minimum to **get it right first time**.

Any notion of starting with a “little bit of accessibility” with a view to incremental change in the future, is illogical and inefficient. It will not meet the objective.

Updating the NCC for accessible features in housing poses the biggest social change since the closing of institutions. It will have a positive impact for all Australians.

#### Question 19.

Which is your preferred option?

**CUDA supports Option 2, but prefers Option 3. We note that both Gold options have “sound economic credentials” in the Dalton/Carter Report to which we referred earlier**

We refer you to the Dalton/Carter Economic Report which fully articulates, in economic terms, the absent costing and benefits in the CIE report.

#### Estimating the costs

*In accordance with best practice, the proposed changes to the NCC (and other options) were examined under a cost-benefit analysis (CBA) framework. Costs in the following questions relate to the Consultation RIS estimates for complying with the proposed accessibility standards.*

*These include:*

- *Additional construction costs*

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- *Loss of space – where some areas of a dwelling (such as bathrooms and hallways) expand to meet the proposed standards, this space must come from either:*
- *expanding the footprint of the building, which means either expanding lot sizes or loss of outdoor/garden space, or*
- *loss of living and/or bedroom spaces where the additional hallway and bathroom space is accommodated within the existing building footprint (such were the scope to expand the building footprint is limited due to lot size).*
- *Potential costs associated with additional excavation work on sloped lots.*
- *Transition costs:*
- *Other industry transition costs — this includes the cost of various industry professionals familiarising themselves with the new NCC requirements.*
- *Transition costs for volume builders, including the costs associated with re-designing a standard design offering and rebuilding display homes.*

We endorse the ANUHD's summary of the issues and examples of builders who have built to the LHDG. Specifically, ANUHD explains in their submission:

- They have 'before' and 'after' floor plans to display the increase in m2 (no to little increase) to the building footprint.
- Complying with the LHA standards doesn't always increase the footprint of the building as most 'standard designs' these days are generous enough to be close to Silver level compliant.
- Costs associated with excavation work on sloping sites are required, regardless of trying to achieve LHA compliance or similar.
- Regarding Dwelling Access, in most instances this is via the double garage for Class 1a dwellings, i.e. ensuring that there is a step free transition from the garage into the home. Murphy Homes asserts that this is an even better result than an external associated car parking space as it is "all weather".
- No volume home builder is going to retrofit a display home to become compliant.
- Transition cost for architects, building designers, builders & certifiers would be minimal as this sector of the industry is well accustomed to changes in building codes, regional differences in council legislation, specific covenant requirements and Development Application permit requirements. It is just part of the job.
- In their recent experience with home modifications for the NDIS, they report doing a lot of bathroom modifications involving the provision of step free showers, wider access doors and reinforcement of walls to support grab rails. These modifications generally cost around \$30,000 and are paid for by the Australian Government. Future-proofing homes being built now may cost government \$3,000 now but saves a cost of \$30,000 which would have to be funded when the need for accessibility becomes apparent.

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#### Question 20.

Are the scenarios of possible impact (as described in the DCWC report) broadly representative of the scale of adjustments required to comply with the proposed accessibility standards (Option 1-3)?

We refer to the Dalton/Carter Report which challenges the DCWC report in many aspects, namely:

- The problem reduction approach over-counts the cost side
- The willingness to pay approach under counts the benefit side
- The approach to measuring the opportunity cost of space ignores capital gain and utility
- The dollar value on reduced pain and anxiety and burden of disease
- The dollar value of a life is too low
- The approach to transition cost is over-stated because incorporating regulation changes is part of the job

DCWC has not estimated the size of the cost reductions that would result from a mandatory national standard. As expressed in the responses to previous questions, the industry thrives on certainty and a level playing field. Efficiencies of scale, reduced number of bespoke solutions, and consistency across jurisdictions is of great benefit to industry.

A voluntary and bespoke approach would mean that customers asking for LHDG features would pay an additional premium to account for increased project manager oversight and remedial work.

The Consultation RIS has also underestimated the ability of the housing industry to adapt to change and to minimise any additional cost. It has also underestimated how these costs can be designed out of the design.

#### Question 21

For each of the building types, are the weighted average cost estimates broadly representative of the additional construction costs to comply with the proposed accessibility standards (Options 1-3)?

We have no expertise in this area of costings other than to repeat the mismatch between the draft NCC and the costings report which renders the analysis ineffective. It affects all building classifications and all Options.

#### Question 22

Do you agree with the approach taken to valuing the opportunity cost of the additional space required?

**No**



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There is an overestimation of space because no consideration has been given to the rearrangement of existing space in current plans and footprints. As the Dalton/Carter Report reminds us, any extra space also has a capital value and utility value for the purchaser. In the UK, the requirement for a downstairs toilet soon became additional value to purchasers<sup>54</sup>.

The housing industry is already recognising the market for a downstairs bedroom<sup>55</sup> as required by Gold level, as well as the increase in intergenerational living.<sup>56</sup>

#### Question 23

Are additional excavation costs likely to be required to provide home that comply with the regulatory options (Options 1-3)?

Highly unlikely

Additional excavation costs are unlikely to occur given that volume builders favour flat sites because it is expedient for their construction processes. Any difficult sites are likely to be one-off knock-down re-builds within existing developments. Even in these situations it suits the builders to work on a level site.

Additional excavation costs should not be included in the cost-benefit analysis.

Where sites are on a steep slope, or the client desires a pole house, exemptions apply. Regardless, access into a home is required, and an easy way into any home is desirable for any home. Access through a garage is also another option – it doesn't need to be the front door on difficult sites. Landscaping with bridging and berming is another option for access<sup>57</sup>.

#### Question 24

Are excavation cost estimated presenting in table 5.12 reasonable?

See question 23.

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<sup>54</sup> MakeUrMove website 2015. How much value does a downstairs toilet add to a property? [https://www.makeurmove.co.uk/article/1447/How\\_much\\_value\\_does\\_a\\_downstairs\\_toilet\\_add\\_to\\_a\\_property#sthash.hwAHbh4l.dpbs](https://www.makeurmove.co.uk/article/1447/How_much_value_does_a_downstairs_toilet_add_to_a_property#sthash.hwAHbh4l.dpbs)

<sup>55</sup> Eden Brae Homes Blog, <https://edenbraehomes.com.au/blog/three-popular-features-when-building-a-new-home/>

<sup>56</sup> Eden Brae Homes Blog, <https://edenbraehomes.com.au/blog/intergenerational-living-at-bristol-30/>

<sup>57</sup> Carnemolla, P., Bridge, C. 2012, Landscape Modification: an alternative to residential access ramps and lifts. Home Modifications Clearing House. [https://apo.org.au/sites/default/files/resource-files/2012-02/apo-nid100851\\_13.pdf](https://apo.org.au/sites/default/files/resource-files/2012-02/apo-nid100851_13.pdf)

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#### Question 25

**Are there any other costs (e.g. transition costs) not identified for builders to transition to a new accessibility standard under the regulatory Options (Options 1-3)?**

We question the term “new accessibility standard”. It implies something additional to a home whereas in practice, it is an adjustment to existing features. Consequently any transition cost for a NCC change should be equal to other transition costs for NCC updates.

The LHDG features are ten years old. They have been used in specialist accommodation and in retirement villages. The technical knowledge is already inherent within industry. Changes to codes are a regular occurrence and industry knows how to adapt efficiently.

On the matter of display homes, the transition time will mean that existing homes will be sold beforehand.

#### Question 26

**Can you provide any other relevant information on costs to inform the impacts of the Options?**

Once again, we refer to the mismatch between the draft NCC and the costings. There should be no double counting of space where, for example, space for a shower or a hallway already exists.

Level transitions and thresholds are about building quality and customer service and have little additional costs given they are not new features.

### Estimating the benefits

We note the COAG best practice requirements require quantitative data for the assessment of costs not available quantitatively, they should be derived qualitatively.

#### Question 27

**Are the assumptions relating to the occupation of accessible housing by owner occupiers and renters over time reasonable?**

There is an omission of qualitative data rendering the cost-benefit analysis incomplete and therefore the conclusions do not hold.

We refer you to the ANUHD submission for more detail on missed benefits:

- The omission to consider the impact on households and networks
- The assumption that accessible features would add little value for the first owner as if all purchasers of new homes do not have an impairment
- Purchasers do not anticipate future disablement and a need for accessibility as referenced earlier in the Roy Morgan report
- Even if first buyers do not have a mobility impairment, they might have family members who do

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The assumption that only “fit and able” people buy new homes has skewed the cost assessments on the basis that the value to the first home buyer should be ignored. This is another indicator of the inherent bias in the whole project.

#### Question 28

Do you agree with the assumption of the extent features are currently not provided in new dwellings?

**No**

Many features are treated as fashion statements. For example, shower recesses without shower screens and with grated drains, hand held showers, lever handles, level access to an alfresco. However, these features do not sustain in future design iterations. Regardless, one accessible feature does not an accessible dwelling make.

The existence of these features also counter the costs of additional professional and trade training.

#### Question 29

Do you have any other evidence of the extent that accessibility features similar to those required by Options 1-3 are provided in new dwellings under current arrangements?

See response to Question 28. There is no value in a dwelling being a “little bit accessible”. The logic fails.

#### Question 30

Where dwellings have some accessibility features but not others, would this reduce the size of the problem?

This question calls into question whether the problem is properly understood. How can isolated accessible features reduce the problem?

It only takes one step, one hob, one lip, one narrow door and the value of all other features is discounted. See response to Question 28.

While one is able to count the cost of each individual feature it is not relevant to the exercise. The features must be considered as a whole, as a “job lot”.

#### Question 31

Do you agree with the assumption that additional features required under accessibility standards in Option 2 and Option 3 would increase the number of beneficiaries compared to Option 1?

**Yes**

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Devising ‘levels’ in the LHDG was a marketing ploy as something that could be sold to industry and to home buyers. However, the different levels were designed to meet different objectives.

Silver level allows most wheelchair users to enter the home and stay for a short time. It does not support a wheelchair user or person with mobility limitations to live in the home. It was devised as a “visitability” level that went some way to affording people their human rights to visit friends and family in their own home. This option does not meet the objective of the RIS.

Gold level (Options 2 and 3) provides for most people to live in the dwelling as a family and contribute to household tasks. There is capacity for self-care and this level aligns with the RIS because it is these are the most *cost-effective* options.

The LHDG wrongly states that Silver level will minimise major modifications. This claim is not supported by evidence. If the claim were true we would not need another level – Gold. Option 2 is about getting it right first time and meeting the objective of the Consultation RIS.

#### Question 32

To what extent would better information provision and promotion of an enhanced non-regulatory approach (Option 6) be effective in encouraging the voluntary uptake of universal design principles in new dwellings?

Not effective

The reasons are explained in earlier questions:

- If it hasn’t worked after ten years then it is not likely to work.
- It will not be effective in meeting the objective of the RIS.
- There is a plethora of guidelines similar to the LHDG and these have not worked either<sup>58</sup>.
- If and when purchasers ask for these features they are discouraged.
- Guidelines do not offer industry certainty.
- Guidelines do not carry the same authority as standards and the NCC.
- More of the same will result in more of the same – no action.

The policy position of the Housing Industry Association (HIA) reinforces this Option. The HIA policy position is that LHDG remain voluntary and that accessible housing is a government responsibility<sup>59</sup>. This position has not changed since 2006 and calls into question their commitment to corporate social responsibility in 2020.

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<sup>58</sup> Centre for Universal Design Australia website, Housing Design Guidelines  
<http://universaldesignaustralia.net.au/housing-design-guidelines/>

<sup>59</sup> Housing Industry Association Policy: Accessibility in Residential Building, 2018. <https://hia.com.au/-/media/HIA-Website/Files/Media-Centre/Policies/accessibility-in-residential-buildings.ashx>

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We note that the HIA, which has a seat on the ABCB, has the following policy position<sup>60</sup> in relation to regulation and the ABCB:

- The NCC should provide minimum cost effective technical standards for the building industry as a first priority, and seek to provide nationally consistent standards wherever possible.
- The ABCB should support voluntary industry initiatives, which provide a mechanism to analyse and adopt industry best practice where appropriate, to address construction issues, prior to seeking to develop mandatory regulation.

### Question 33

To avoid attributing benefits to accessibility features already installed in dwellings under current arrangements, the impacts of the proposal have been reduced in proportion to those elements assumed prevalence and weighted average cost. What additional evidence could we consider to make this assumption more robust?

Once again we question the bias in the repetitiveness of the same question about the notion of partial accessibility.

See our response to Questions 31 and 32.

### Question 34

There is a mismatch between the amount of accessible housing being built and the apparent willingness of many survey respondents (including households without any persons with limited mobility) to pay above cost for Option 1. What explanations are there that could explain this mismatch? Is this a reflection of the market failure?

We refer you to ANUHD's submission and the Dalton/Carter report.

Both explain that regulation is needed because of market failure, and that people underestimate their future needs. In addition, homes have construction decisions locked in, in the same way as motor vehicles, and therefore buyers only have a say in cosmetic details.

While these discriminatory attitudes prevail there will be market failure. Lack of regulatory certainty and the maintaining of a level playing field in the industry will also result in market failure.

It is part of the human condition for people not to focus on a future that might imply a lesser version of themselves.

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<sup>60</sup> Housing Industry Association, HIA Policy: Australian Building Codes Board & the National Construction Code, 2018. <https://hia.com.au/-/media/HIA-Website/Files/Media-Centre/Policies/australian-building-codes-board-and-ncc.ashx>

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#### Question 35

Do you have any other evidence that would make the estimates in the analysis more robust?

We refer to the Dalton/Carter Report.

The central case should be at the lower rate. Seven per cent is far above the market rate and skews the results in the direction of costs rather than benefits.

The regulatory benefits for industry are certainty and consistency. These are under-counted.

No amount of research robustness will make the research valid if it is not answering the right question.