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Accessible Housing in Australia: HMMInfo Consultation Paper Response

Authored by
Catherine Bridge

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Introduction

The Home and Community Care (HACC) Program is a joint Commonwealth/State initiative. A key objective of the HACC program is to avoid inappropriate or premature admission to long-term residential care. Nationally, the Commonwealth Government contributes approximately 60% of the programs funding and maintains a broad strategic policy role. This program is not insignificant. For instance, in the 2001-2002 financial years, nationally this program cost taxpayers \$1.012 billion. Within the HACC program, one service type of importance is the Home Modification and Maintenance (HMM) scheme. The Home Modification and Maintenance scheme delivers an important service to aged and/or disabled persons and their carers to enable them to remain at home. According to the HACC Service Provision Statistics on average 374,736 persons received home modification assistance Australia wide for the period 1999-2000¹. Overall home modification and maintenance interventions represented 3% of the total HACC service hours for the period 1999-2000 but more recent statistics indicates this is growing. Nevertheless this data fails to account for other commonwealth contributions to housing assistance such as that provided by Housing departments, Veterans Affairs, Supported Accommodation Programs and the like.

Many government departments like the NSW Department of Ageing and Disability Department and Home Care (DADHC) are striving to improve housing opportunities for older people, people with disabilities and their carers. For DADHC, housing support is a resource applied to achieve a particular outcome. In this context housing is a resource that is critical to health, wellbeing and participation in the community. Historically, a significant proportion of housing for people with a disability has been provided through the specialist service system, as a consequence some 2000 younger people with a disability still reside in large residential settings in NSW. However this situation is no longer considered acceptable by government or by the community so DADHC strives to both prevent institutionalisation and implement deinstitutionalisation. For this to occur there has to be greater availability of appropriate and accessible housing within the community. Indeed for full participation and to reduce formal care costs, maximise life quality for all and prevent injury, all Australian homes must be visitable.

¹ This figure is based on data published by the Commonwealth Health department re the number of people receiving assistance in a single month (see <http://www.health.gov.au/internet/wcms/publishing.nsf/Content/ageing-stat-ccs-99-00-haccserv.htm>)

About the HMMinfo Clearing house

The Department of Ageing, Disability and Home Care (DADHC) of NSW funded a Home Modification and Maintenance Information Clearinghouse Project in May of 2002. The foundation for this innovative project arose out of governmental recognition that significant issues existed regarding current home modification and adaptable housing practice in NSW. This was considered especially critical as within NSW in 2002/2003, the Home and Community Care (HACC) Program funded 116 Services at a cost of \$19 million.

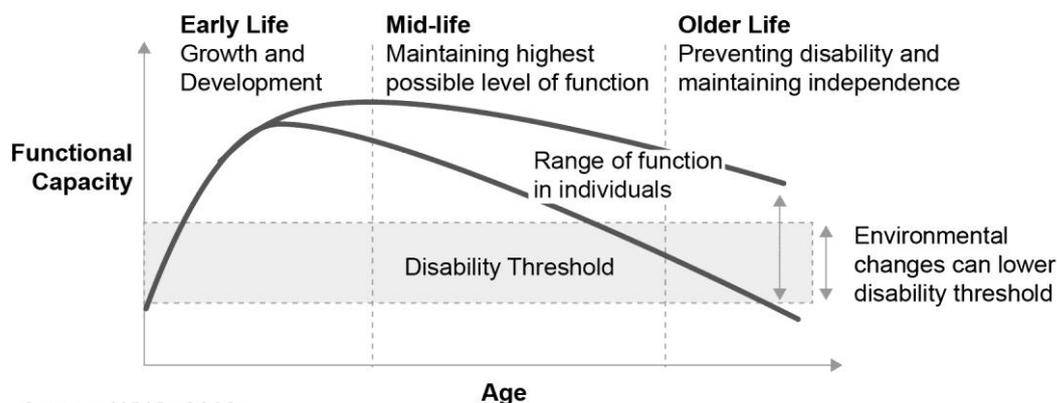
The HMMinfo Clearinghouse's mission is to develop a leading edge Home Modification and Maintenance information clearing project designed with the assistance of and accessible to the full range of industry and consumer target groups. In our case this means government, the construction industry and consumer peaks.

To this end the HMMinfo Clearinghouse project disseminates information regarding best practice in housing to create greater accessibility within existing housing stock. Our brief involves, developing, creating and managing information that addresses the needs of home modification services, contractors, occupational therapists and consumers. As well as providing an online virtual community for sharing practice and policy we specifically address unmet information need by producing a number of publications online. These include the following:

- quarterly newsletter;
- bi-monthly hot topic summary bulletins targeting practice failures posted to our list serve (i.e. hot water regulation, electricity in bathrooms, residential lifts etc.);
- quarterly systematic reviews of practice effectiveness (i.e. slip resistance of timber decking, diameter of grabrails, floor tile coating products, alternatives to auditory alerting systems, ground floor lighting and orientation of grabrails for sit stand); and
- a series of occasional papers (i.e. biomechanics of sit to stand, information needs of home modification services, information needs of consumers, information needs of occupational therapists etc.). Since going online in November 2003, we have had some 4,872 unique visitors and over 39,396 page views.

1.2 Background to current housing issues

The built environment, and housing in particular, has a powerful impact on health, mobility, independence, autonomy and wellbeing, for older persons and those with disabilities (Burridge & Ormandy, 1993; Conway, 1995; Ineichen, 1993; Krieger & Higgins, 2002; Lowe, 2002; National Housing Federation, 1998; Smith & Alexander, 1997; Thomson, Petticrew, & Morrison, 2002; Wilkinson, 1999; Young & Mollins, 1996; Xaverius & Mathews, 2003). Figure 1 illustrates how environmental changes are understood to reduce the disability threshold. The grey longitudinal box with the dashed line illustrates how more accessible housing provision can act to either raise the disability threshold or lower it as functional capacity (human ability) changes over time.



Source: WHO, 2002

Figure 1. Maintaining functional capacity over the life course. (Straton et al., 2003, p. 20).

The fact that natural and man-made environments directly impact on human ability appears self-evident. Nevertheless this vital connection has often been overlooked. Thus the creation of more supportive housing environments is critical as according to the newer social models of disability, disability is created when a person interacts with an environment that does not support his or her performance in a desired activity (World Health Organisation, 1997).

Relationship between accessible housing and home based care

Standard home design has changed little in the last 100 years and housing environments appear to have been neglected in efforts to develop better design tools (Oswald, Wahl, Martin, & Mollenkopf, 2003) despite the fact that interventions to assist in compensating for impairments have been advocated since the 1960s (Adkins & Mathews, 1999). Housing design features required by older persons and people with disabilities, such as ramps and handrails, facilitate engagement in major life activities (i.e. bathing, grooming, cooking, shopping etc.). This is particularly important when the amount of time spent within the home is considered (Hasselkus, 2002). For instance, disability generally results in more time spent within the home with Baltes, Mass, Wilms, Borchelt & Little (1999) finding that 80% of the activities of older persons typically take place there. Further, according to Oswald, Wahl, Martin, & Mollenkopf (2003), housing is not only an important part of everyday life but also directly correlates with wellbeing and community participation levels. Housing that can accommodate changes in human ability over the lifespan enables the occupants to live and remain in their homes as long as possible (Kendig, Bridge, Burkett, Gill, & Coiera, 2003). Moreover, maintenance and modification interventions have been shown to be effective in decreasing accidents and injury with a reported seven-fold reduction in reported morbidity (Allen, 2000; Ambrose, 2001). Further, lack of access to appropriate housing costs taxpayers and government especially if institutionalisation results (Harrison &

Parker, 1998; Cumming et al., 1999; Mann, Ottenbacher, Fraas, Tomita, & Granger, 1999).

Housing designs, which include features such as stairs or other inaccessible building elements, impacts mortality and morbidity and places people with disabilities and their carers at risk of further injury (Public Health Association of Australia, 1993; Wylde, 1998). The World Health Organisation lists home related injuries fifth amongst the leading causes of death (Ranson, 1993). Home injuries in Australia, as in other countries, are a common occurrence. For instance, 12% of the Australian population indicated that they had sustained an injury in the previous month (Australian Bureau of Statistics, 2002b).

Issues with definitions

Definitions of ability and disability are problematic because they are arbitrary to purpose, which typically delimits or restricts reward and eligibility criteria. Application of these terms typically acts to exclude rather than include. For instance, when a particular department or service makes a judgment regarding an individual in terms of eligibility or ineligibility based on ability criteria. Judgements about ability act to restrict privileges such as income, education, housing or licensing. Other issues include an implicit bias in focus on human attributes in combination with a failure to adequately consider how environmental context shapes human ability.

Determining the exact number of individuals with disabilities or limitations due to ageing is not an easy or precise task. Reasons may include older people not wanting to be socially stigmatised or to be thought of as disabled and people who are employed or are productive despite significant functional impairment also do not consider themselves disabled. In reality, estimates vary depending on the definition of disability employed and the sources of the data with direct consequences for those whom within society are considered to be either enabled or disabled (Goldsmith, 1997). The difficulty of definitions and labelling aside, in 2003 an estimated 3.6 million people, or 20% of the Australian population were classified as having a disability (Australian Bureau of Statistics, 2003). This is similar to data from other developed countries, such as the United States, that indicates 20.3% of the population have disabilities (Czajka, 1984). Furthermore, it is apparent from surveys over the last 20 years that the incidence of disability is increasing. In Australia, the difference between the 1993 and the 1998 Aged and Disabled Carers survey, indicates that there has been an increase of 1-2% in disability percentages per capita of population. Further there are issues with definitions of accessible housing and there are a plethora of terms that are not readily interchangeable For instance, Milner and Madigan identified the following five standards which are typically discussed and to which differing levels of access apply (p.736, 2004).

1. Negotiable standard, allows for assisted access only, some movement around the lower level of the house or flat, but there may be no access to the WC.
2. Visitability standard, allows an independent wheelchair user unassisted access to the lowest level of the house or flat. Once in the house or flat they should be able to move freely around on that level and have access to the WC.
3. Liveable standard, which allows an independent wheelchair user unassisted access to the lowest level of the house or flat. Once in the house or flat they should be able to move freely around on that level, but in addition a usable bathroom or shower room and WC and a room suitable as a bedroom should be available.
4. Adaptable standard. which is a house or flat where the whole house or flat can be retrofitted to reach the desired levels of accessibility required to accommodate both social change and the life cycle of any one family at minimal cost to the occupier.
5. Universal standard, which is a house or a flat where the whole house or flat is fully accessible to the unassisted wheelchair user.

Key data requirements

Establish the existing supply of housing with accessibility features

This is not currently possible with any degree of accuracy because there are no central data repositories or Australian Bureau of Census data that are reliable and valid for all Australian States and Territories.

Estimate numbers of homes of given accessibility functionalities that are available

This is not currently possible with any degree of accuracy because there are no central data repositories or Australian Bureau of Census data that are reliable and valid for all Australian States and Territories.

Estimate trends in new home developments and hence in projected numbers of each category

Significant demographic change is occurring in a context where governmental funding is limited but demand for accessible housing is rising (AIHW, 2003). The numbers of persons with ability impairments requiring accessible housing continues to rise due to:

- greater societal expectations regarding the desirability of ageing within familiar environments;
- an increasing percentage of the population with brain injuries and dementia; and
- deinstitutionalisation and loss of boarding house (licensed and un-licensed) beds.

To get some idea of what this means in terms of demand for home modification and maintenance services as compared with Australian Bureau of statistics housing

renovation indices the HMMInfo clearinghouse has applied secondary data analysis methods. This as yet unpublished secondary data analysis revealed that HACC home modification services make up 6% (see Figure 2), while HACC funded home maintenance comprise 2% (see Figure 3) of the recorded renovation/maintenance activities within Australia for the same 2001/2002 statistical period.

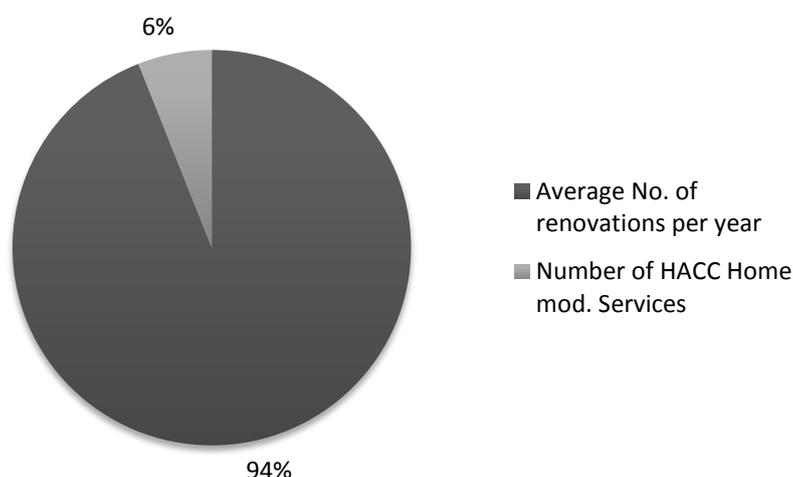


Figure 2. Comparison of renovations and home modifications in Australia for the year 2001/2002. Unpublished data

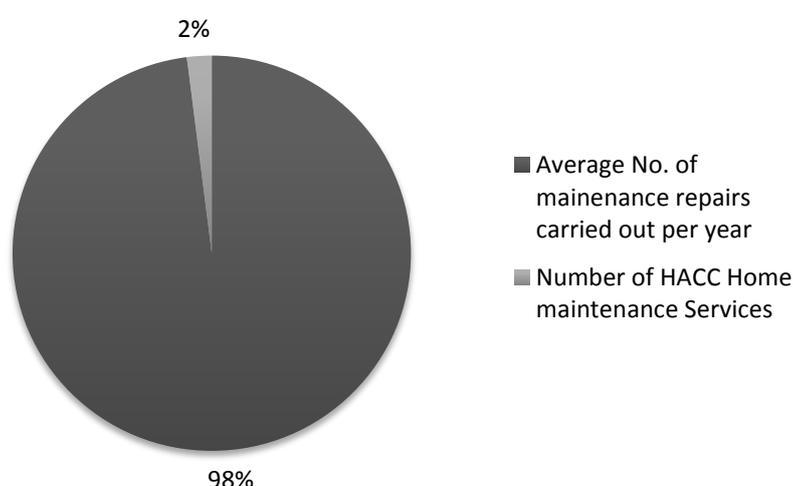


Figure 3. A comparison of repairs and home maintenance in Australia for the year 2001/2002. Unpublished data

A housing market in which property prices are steadily increasing and where there is a shortage of metropolitan land fuels this situation. As a consequence, more efficient and effective housing assistance measures including improved regulation are critical (Harrison & Parker, 1998; Andrews, 2002). Creating a greater number of accessible houses and introducing strategies to creating visitability are an important part of this agenda in that they assist maximum independence and also act to prevent secondary disease and illness in the home, particularly for carers. Accessible housing provides a viable long-term care resource (Stone, 2000) as appropriate housing is the 'where' in

long-term care decisions (Dalley, 1991; Kodner, 1996, 2003). This re-conceptualisation of housing reflects recognition of the growing demands for more quality-of-life-enhancing and cost effective alternatives to institutions (Regnier, 1994, 2002). For older persons and those with impairments of ability, the presence or absence of more enabling housing makes the difference between continued community living or living in an institutionalisation (Brink, 1998; Pynoos 1992; Pynoos & Liebig, 1995; Pynoos, Tabbarah, Angelelli, & Demiere, 1998).

Beneficiaries of increasing supply of accessible housing

Ageing is a part of life, all humans age over time. More importantly ageing correlates with impairments in ability, to the extent that at least one long-term condition was reported for almost all (99%) persons aged 75 years and over compared with less than a third (27%) of children aged less than 5 years (Australian Bureau of Statistics, 2002b). Figure 4 illustrates the linear correlation between impairments and ageing. This is in a context where the proportion of people aged 65 years continues to increase (Australian Bureau of Statistics, 2002a). Recent projections indicate that by 2031, the population of people aged 65 years and over will reach 22% of the total population (Australian Bureau of Statistics, 2002c).

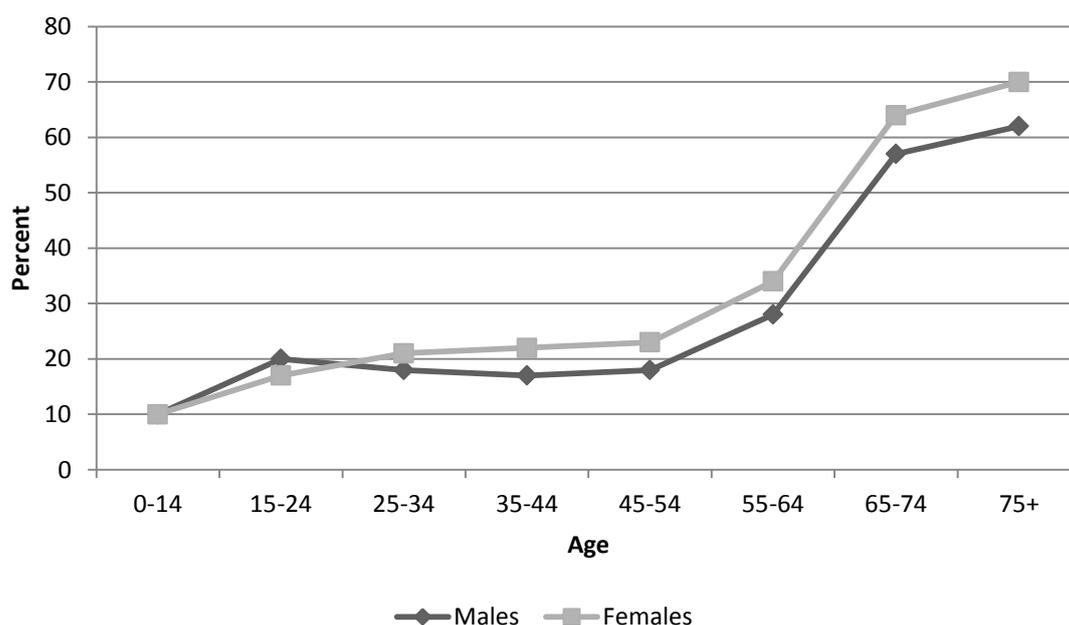


Figure 4. Persons reporting one or more chronic conditions, by age group, unpublished data from the ABS National Health Survey 2001 (Straton et al., 2003, p. 25)

Further, Australian census data indicates that the percentage of persons meeting disability thresholds rises from 4% for children under 4 years of age to 92% for those aged 90 years and over (Australian Bureau of Statistics, 2003). The sheer magnitude of demographic change brought about by population ageing in combination with the

desire to age at home, makes rethinking current housing policies critical. This is specially so when we also consider deinstitutionalisation and the move towards more health care services being delivered into an individual home. These social and demographic factors mean more clients with multiple impairments are remaining in the community, in whatever housing stock is available to them.

Potential policy instruments for increasing the supply of accessible housing

At present the Building Code of Australia provides performance based minima concerning the technical requirements for the design and construction of residential facilities and other related structures. The BCA, by means of State and Territory building legislation, requires most public buildings to have features to enable access and use by people with disabilities, and specifies which classes of buildings, which areas, and how many facilities, should be accessible. It refers to Australian Standards, e.g. AS1428.1 and AS1735.12, as means of compliance. At present building classes 1 and 2 that comprise the majority of residential housing are exempt from any access requirements. At present the BCA has a limited scope - that of requirements for new public buildings and works. It does not cover areas beyond the building block (streetscapes or parks), nor does it cover furniture or fittings, equipment, or interiors. As a result no Australian housing is reliably accessible. Moreover the degree to which any Standards are implemented depends on whether they are called up in legislation. Currently for instance, AS1428.1, parts of AS1428.4, and parts of AS1735.12 are called up in the BCA but AS4299 is only called by up some departments and or local government authorities with the result that adaptable housing where regulated is non uniform. The adaptable housing developments that have been constructed are not listed in any central registry, nor are there any requirement to lodge any accompanying modification plans anywhere plus auditing by building surveyors resign off is limited so it is impossible to say with any accuracy what is in actual fact available or how adaptable or accessible it is once sold or occupied.

Planning requirements

Local governments have the major responsibility for implementing the provisions of the BCA, via the building approval and certification process. Successful implementation of Standards and legislative requirements depends on understanding of those requirements and commitment to enforcement, through many layers of people and processes. However this is no easy task as In Australia, planning and activities with an “access” component cover a large range of government authorities at Federal, State, and Local level, that has great potential for either enhancing or restricting access. Various pieces of Federal and State legislation, and Local Government Plans are involved, in the areas of Environmental Planning, Local Government Plans, Building Control, Public Works Committee, etc. The key piece of legislation regarding land use and building controls in Australia is the Environmental Planning and Assessment Act (EPAA) which provides for the creation of environmental policy and planning

instruments at State, Regional and Local levels. Detailed environmental plans for a Locality, a Region or a whole State are contained in Environmental Planning Instruments or EPI's. They take effect when they are published in the Government Gazette (a government paper). EPI's may include any or all of the following:

- Local Environmental Plan (LEP);
- Regional Environmental Plan (REP);
- State Environmental Planning Policy (SEPP); and
- Building Application approvals (BA's).

How effective the system is in practice varies from State to State. For example, some State systems have traditionally not considered access as a key component in deliberations. The perceived strengths include:

- The broad objects of the Act and the potential for plans to address a similarly broad range of issues (including access);
 - The potential for the Act to be used as a central platform for integrating residential management and other issues with land use planning;
 - The formal opportunities for public participation in the making of plans; and
 - The formal recognition of state, regional and local interests.
- The perceived weaknesses and limitations include:
- Increasing complexity of the system;
 - Problems of compliance and consistency caused by the trend towards the introduction of Private Certifiers;
 - A perceived weakness in the setting of State direction and strategic regional planning; and
 - The generally low level of public input by people with disabilities in the early stages of developing a plan.

Many Local Governments have Access Committees involving consumers and access consultants, but they vary in their authority and constitution, and to date residential housing discussion has been out of bounds.

Ideally:

- Residential service planning should be part of an overall planning process.
- There should be a focus on integration, rather than division, of people, departments, programs and activities including a whole of government approach.
- There should be a shared vision and a systematic coordinated proactive approach to acknowledge diversity and improve well-being.

Direct provision

At present the various Departments of Housing and Human services in each State and Territory are wrestling with this issue in isolation. They are all providing adaptable and accessible housing but this is in a piecemeal fashion in response to waiting lists and to professionally accessed need. This response by itself can never address the issues posed by dramatic demographic change and is not financially sustainable.

Economic incentives

At present there are very limited incentives for homeowners to renovate and maintain their housing to achieve enhanced safety and accessibility. Some incentives exist for developers in some states but in NSW this was problematic as the community in a number of instances perceived that developers abused existing adaptable housing legislation to overdevelop sites in inappropriate areas.

Market based solutions

To date no entirely market based solutions have yet been demonstrated anywhere in the world which have addressed the lack of accessible housing in a timely and equitable manner. It was for this reason that the US and the UK introduced regulation.

Awareness and Education

There is considerable uncertainty on the part of contractors, designers, architects, building surveyors, auditors etc. about what constitutes good residential outcomes. This extends to lack of certainty about advice which is received from a range of sources as well as to lack of knowledge about examples of good practice, amenities concerning improved accessibility outcomes for housing. Therefore it is vital that these be developed and promoted as minimum standards for all post school curricula and for any housing related professional specialisation.

Direct utility benefits

Research from overseas, indicates that there are substantial savings for the taxpayer in terms of reduced health care and burden of care costs by more thoughtful and better-regulated residential design. Current design and construct practices such as urban consolidation programs place the general 'non-disabled' population at risk because more homes are being constructed with multiple levels or internal stairs (Wylde, 1998).

There are now four random control trials that have demonstrated that home modifications for older people reduced overall cost of health related services and reduce the incidence of serious falls (Mann, Ottenbacher, Fraas, Tomita & Granger, 1999; Cumming et al. 1999; Close, Ellis, Hooper, Glucksman, Jackson, & Swift, 1999; Gitlin, Corcoran, Winter, Boyce & Hauck, 2001). Australian studies indicate that changes to the built environment such as improved night lighting, grabrails, handrails, non slip surfacing etc. can effectively reduce the incidence of injury (McLean & Lord, 1996; Clemson, Cumming, & Roland, 1996).

Possible costs of increasing the supply of accessible housing

Achieving step-less entry and minimising changes of level should be cost free if incorporated in basic design. Fitting and fixtures and residential footprints vary considerably but are part of egress and energy ratings and legislation with minimal discernable cost change. However attempting to calculate cost/benefit without appropriately considering, the costs of not taking action in terms of health, formal care, relocation and lost productivity are inadvisable. The UK introduced its visitability legislation in 1998 because it calculated that it would cost more not to do so. For instance, home injuries result in annual health related expenditure estimated at \$2,369 million for older persons (Hill et al., 2000), and \$660 million for children (Atech Group & Minter Ellison Consulting, 2001). Needless to say, injury is most commonly associated with housing that is of poor repair or quality (Ambrose, 1997; Dunn, 2002; Sandel & Zotter, 2000). Australian data indicate significant unmet home modification (35%) and maintenance (60%) needs (Bridge, Kendig, Quine, & Parsons, 2002a). Further, in an English study, the main reason cited for relocation was to eliminate the demands made by stairs (Buckle, 1971).

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