



Shaping the Future Today: Transforming housing policy for Australians with Disability



In the long run, individuals, families and communities are the most important shapers of social inclusion.

– A Stronger, Fairer Australia, Australian Government, Canberra, 2009a: 2.

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SHAPING THE FUTURE TODAY:

Transforming Housing Policy for Australians with Disability

A housing policy discussion paper

Young People In Nursing Homes
National Alliance in collaboration with the
Department of Architecture, Monash University

The real voyage of discovery consists not in seeking new landscapes but in having new eyes.

– Marcel Proust

THIS HOUSING POLICY DISCUSSION PAPER SEEKS TO INFORM THINKING ABOUT HOUSING AND LIFESTYLE OPTIONS FOR PEOPLE WITH DISABILITY.

The paper is divided into three sections.

SECTION 1 – NEW OPPORTUNITIES

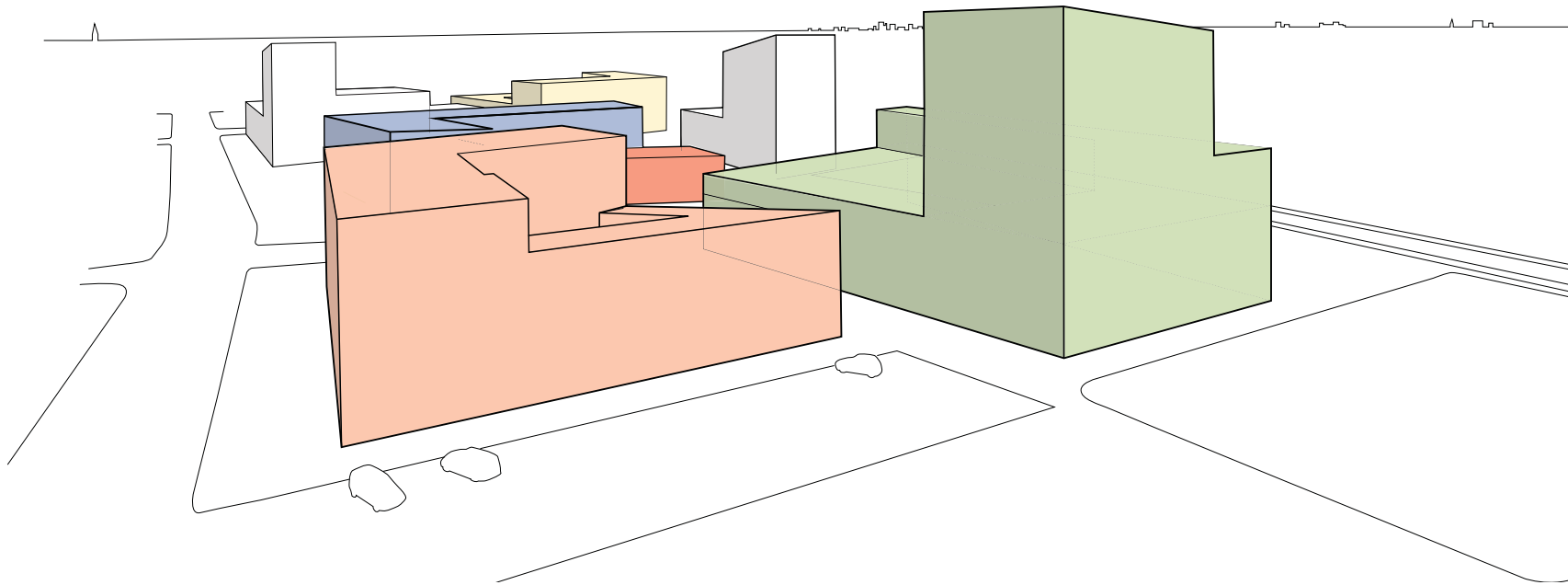
Considers the roles of urban design and community connection as central aspects of invigorated housing policy for Australians with disability.

SECTION 2 – LIVES WORTH LIVING

Outlines the housing choices and priorities of Young People In Nursing Homes National Alliance members.

SECTION 3 – SUCCESSFUL DESIGNS

Highlights innovative housing and community developments in Australia and internationally.



THE YOUNG PEOPLE IN NURSING HOMES NATIONAL ALLIANCE

The Alliance is a national peak organisation that promotes the rights of young Australians with high and complex health and other support needs living in nursing homes or at risk of placement there (YPINH™); and supports these young people to have choice about where they live and how they are supported.

The Alliance collaborates with all stakeholder groups including young people living in aged care settings themselves, their family members and friends, those at risk of placement in residential aged care, service providers, disability, health and aged care representatives, members of various national and state peak bodies, government representatives and advocacy groups.

- We encourage a partnership approach to resolution of the YPINH issue by State and Commonwealth governments;
- Develop policy initiatives at state and federal levels that promote the dignity, well being and independence of YPINH and their active participation in their communities; and
- Ensure that young people living in nursing homes and their families have
 - A voice about where they want to live and how they want to be supported;
 - The capacity to participate in efforts to achieve this; and
 - 'A place of the table', so they can be actively involved in the service responses needed to have "lives worth living" in the community.¹

¹ For a more detailed explanation of the YPINH issue, see Young People In Nursing Homes National Alliance, *Submission to the Senate Inquiry into Aged Care*, 2004. See also Young People In Nursing Homes National Alliance, *Supplementary Submission to the Senate Inquiry into Aged Care*, 2005. Available at www.ypinh.org.au/submissions Accessed 25 March 2014.

Since its inception in 2002, the Alliance has argued for a lifetime approach to the development of supports and services for disabled Australians; and for collaborative arrangements between programs and portfolio areas including health, disability, aged care and housing, to provide the integrated service pathways young people with lifelong health and disability support needs require.



Photo credit: Jillian Hubert

The Young People In Nursing Homes National Alliance has been involved in numerous housing project developments and has supported its members living in a range of housing and support settings, including residential aged care and disability services; in their own homes with families and children; as well as in apartments and share houses.

From this work, the Alliance has formed the view that, due to the range of circumstances and aspirations that inform the housing choices of our members, seeing housing

and support provision through the prism of 'models' is counterproductive to delivering choice and innovation in housing design and community responses.

Moving into an environment of individualised funding with the National Disability Insurance Scheme (NDIS), alternative approaches to government led and predetermined 'models' will need to be adopted, while new community partnerships will be required to deliver housing options that facilitate community connections.

From the work that we have done in this area, the Alliance believes that...

- Social connection is fundamental to achieving a 'life worth living' for individuals with disability.
- There is a strong and positive association between stability in housing and various aspects of social connectedness.²
- Housing and community developments need to be delivered within urban design frameworks and involve strong stakeholder participation.
- Facilities for community engagement and interaction must be 'designed in' to successful housing developments.
- Australians with disability need to have the same housing choices as other Australians and to have choice about their support and how it is delivered.
- Successful housing developments are best conceived, designed and operated through partnership approaches at the community level.
- Responsibility for the development of housing for people with disability should be a cross-government initiative that links policy and service areas to deliver better outcomes for individuals and communities.
- Collaborations between local government, developers, member organisations, local organisations, individuals and families are integral to sustainable housing and community developments.
- The supply of traditional disability support services does not deliver community engagement and interaction on its own.
- People in the YPINH group are best supported by a joined up approach to service delivery. Information & resource sharing is needed to deliver effective collaborative support.
- Far from delivering proactive community engagement opportunities, locating the development of housing for people with disability within government disability funding programs or with specialist disability service providers, can further segregate people.

Governments, funding programs and service providers should not determine where people live. Funding systems delivering support for people with disability need to be de-linked from those that provide and manage housing.



Image source: shutterstock.com

² Hulse, K. and Stone, W. "How do Housing and housing assistance relate to social cohesion?", *AHURI Research and Policy Bulletin*, Issue 92, AHURI Swinburne-Monash Research Centre, Melbourne, November 2007:1.

NEW OPPORTUNITIES



Photo credit: Greg O'Beirne

The emerging National Disability Insurance Scheme (NDIS) demands new thinking on how housing and support services are conceived, designed and delivered.

The introduction of the National Disability Insurance Scheme means that the segregated approaches previously used by the States, the Territories and the disability service sector to plan, fund, allocate and deliver disability support services, are now on the verge of redundancy.³

A more outward looking and inclusive policy framework is required that is not only consistent with the objectives of the NDIS, but can also deliver practically on the National Disability Strategy.⁴

As observed by the Victorian Council of Social Service (VCOSS), increasing the number of homes with visitable, accessible and adaptable features means increasing peoples' capacity, regardless of their age or ability, to live in a house that is close to friends, family, work, school, services and community and therefore to participate in that community.⁵

In line with this thinking, the terms 'accessible', 'visitable' and 'adaptable' are used to refer to residential building features that permit access to and use of those buildings and the future adaptation of those buildings.

Accessible housing allows access and use by most occupants and visitors including people with a disability or some form of mobility impairment.

Visitable housing allows most people to visit a home with dignity including overnight and for a person with a disability to reside temporarily.

Adaptable housing has provisions that enable a home to be altered without major structural works and at a much lower cost, to make it accessible and usable in the future⁶.

Existing housing and support options are not interrogated in this paper, as the Alliance believes a forward looking approach is needed to develop new and innovative responses to housing for Australians with disability.

Throughout the time of consultation and consideration that has surrounded the NDIS, the Alliance is aware of the emergence of several recurrent themes concerning the provision of housing and support services.

These include

- Despite a strong desire to expand housing choices for Australians with disability, thinking around housing for these individuals is struggling to emerge from traditional notions of shared supported accommodation and the economies of scale that disability programs have relied on these services to deliver.⁷
- Without a clear articulation of what government and the NDIS want from housing and support development, confidence in a market response to current housing dilemmas is yet to fully materialise.
- Finding affordable and sustainable design approaches that can meet the diverse range of housing choices people with disability require, has proved problematic. While a one size fits all approach will clearly not work, the development and articulation of alternatives has stalled.
- 'Social inclusion' or 'community access' for young Australians with disability continues to be seen by some as the role of service delivery; and as something to be managed by a specialist service provider. However, achieving community inclusion is a longer term process for individuals and society distinct to that of providing disability supports; and is one that requires a range of other inputs.
- While the NDIS and government instrumentalities have a clear idea of what they do *not* want to replicate, identifying pathways to innovative housing options is proving challenging. These pathways need to involve a range of considerations such as public and private financing models, new types of collaborative development as well as individual choices.
- Despite the change in the disability support landscape the NDIS is ushering in, the assumption that the disability services sector will continue to play a central role in the development of housing and support options, remains largely unchallenged. Policy settings are needed that encourage mainstream sectors to better support people with disability to achieve their participation objectives.

³ See *National Disability Insurance Scheme Act 2013*, particularly Section 3 (c) "...support the independence and social and economic participation of people with disability: and (h) raise community awareness of the issues that affect the social and economic participation of people with disability, and facilitate greater community inclusion of people with disability." Parliament of Australia, National Disability Insurance Scheme Act 2013, Assented to 28 March 2013.

⁴ Council of Australian Governments, *National Disability Strategy 2011*, Canberra, 2011.

⁵ Victorian Council of Social Services: *Briefing Paper for Submissions to the Victorian Regulatory Impact Statement (RIS)* - unpublished, 2011.

⁶ These terms were used by the Victorian Competition and Energy Commission (VCEC) in its 2005 Report, *Housing Regulation in Victoria: Building Better Outcomes*; and reiterated in the Victorian Government's 2010 *Visitable and Adaptable Features in Housing Regulatory Impact Statement*. For more extensive comment, see Canadian Centre on Disability Studies, *Visitable Housing Policy Review, Knowledge, Practices and Policies: Literature Review, Environmental Scan, Policy Review*, Winnipeg, 2013.

⁷ In this regard, see National Disability Services 2013 paper, *Housing and Support for People with Disability under the NDIS. A Report and Review from the ACT*, NDS, Canberra 2013. See also presentations from the Community Housing Federation of Australia's Forum, *Accessible Housing: Housing, Disability and the NDIS* held in Canberra on March 27 2014. Available online at <http://chfa.com.au/content/accessible-housing-housing-disability-and-ndis> Accessed 6 April 2014. See also Geelong City Council's gift of public land to a disability service provider for development of a shared supported accommodation facility. The old fashioned view that disability providers are the key reference point for housing and support of people with disability is still common and influences decisions such as this. See <http://www.geelongadvertiser.com.au/news/geelong/geelong-council-gives-free-land-to-supported-accommodation-project-in-ocean-grove/story-fnjuhovy-1226997871250> Accessed August 3 2014.

NEW APPROACHES

The policy frameworks that have driven previously accepted disability housing models have seen state and territory government systems

- Overseeing the choice of residential location;
- Approving the dwelling design and;
- Selecting residents;
- Where governments were not directly providing the service themselves, deciding on the support model as well as the service provider to deliver it.

In these circumstances, people with disability have rarely had the opportunity to participate in the development of the housing and support they require.

Driven by constrained resources, these arrangements have been unable to foster innovation or choice in the design of residential disability services. Nor have they been able to change negative attitudes towards those with disability; or create truly inclusive communities that genuinely value the contribution of their members with disability.

Instead, the capacity to make independent housing choices has been limited to individuals fortunate enough to have genuinely portable individual support funding packages that can be applied to the extremely limited housing options on offer.

These conventional approaches are now redundant. New challenges have emerged that require “new eyes”, new thinking and different solutions.”

Representing an alternative approach, the housing development examples in this paper illustrate how conscious and comprehensive civic and urban planning can deliver inventive and accessible built environments that offer high amenity for residents of all abilities.

Rather than seeing community inclusion for people with disability and older people as simply an aspect of personal support service delivery, these housing examples have included deliberate consideration of community connection opportunity as part of their design. In many, urban design considerations play an important role in creating the spaces and opportunities for all members of the community to come together as they choose.

These combinations of urban and dwelling design elements not only offer accessible, visitable and adaptable housing options for people with disability. Through their focus on accessible civic spaces and community connection opportunities, the reality of living as a valued and engaged community member is realised for the individuals with disability who live there.

Each development also assumes that people of *all* abilities will make a home in these communities.

Some, like the Cairo and Five Dock developments, have been the result of community generated opportunities in which parties have come together with a common purpose and a desire to contribute to a viable and rich community.

Others, such as New York’s *Age Friendly City* approach and the Weidevogelhof development in the Netherlands, have been the result of planned thinking and collaboration by various community groups, government and local authorities.

None have been solely the result of government intervention.

SOCIAL CONNECTION: CREATING COMMUNITIES THAT WORK

With the NDIS embracing portable and individualised funding for disability supports, individuals with disability will expect to access housing choices that are available to all Australians.

Traditional segregated residential service options have lacked the ambition and capacity to influence community outcomes or create genuine opportunities for YPINH outside the doors of residential services. The success of the NDIS’ transformative opportunity depends, however, on approaches to housing development that

- Devolve responsibility for housing development to housing and community sectors;

- Acknowledge the importance of community level partnerships involving individuals and families;
- Recognise the critical importance of urban design;
- Understand the need to create communities and community connection opportunities as fundamental;
- Have at their heart, a reinvigorated view of successful housing developments for Australians with disability that ‘builds in’ community connection as a key factor of success; and
- Make related support service design a *residual* feature of housing developments.



Photo credit: Alex Ponomarev

In pursuing this shift away from the traditionally segregated approach to housing development for people with disability, this paper highlights the importance of de-linking the design of housing services and support services.

To achieve this, the NDIS and governments both need to adopt a forward looking approach to housing and residential services that signals a clear departure from the outdated frameworks of the past.

To date, these issues have not been addressed outside the service provision framework in disability services. They have also been absent from the National Disability Agreement.

As the transition to the NDIS continues, this structural failing can be corrected by enacting the principles espoused in the Commonwealth Government's urban design protocol for Australian cities, *Creating Places for People*; and the Victorian Government's *Guide to Delivering Community Precincts*.⁸

These foundational principles frame and prosecute arguments for greater diversity in housing for people with disability; and support the proactive inclusion of community connection opportunities in housing developments going forward.

The Australian Government's Background and Research Paper, *Our Cities*, also supports the importance of integrated planning and urban development for older Australians and those with disability.

In acknowledging that an ageing population will deliver increasing rates of disability, *Our Cities* references the Australian Institute of Health and Welfare's estimation of some 2.3 million Australians living with a high level of disability by 2030, to state that

Accommodating an ageing population requires that housing and neighbourhoods be planned and built to be physically suitable to ensure that people of all ages and abilities can fully participate in their communities throughout their lives.⁹

The need to accommodate an ageing population has been part of a community conversation for some time. Yet the segregated system of delivering housing for people with disability has meant that disability programs across Australia have not been able to contemplate or implement the integrated planning and urban development approaches the *Creating Places for People* project has delivered.

The Alliance is aware of a significant gap between the operation of disability programs and wider conversations about innovation in housing and the development of communities, that are now front of mind in the planning and urban design movements.

⁸ See Australian Government and others, *Creating Places for People: Urban Design Principles for Australian Cities*. The *Creating Places for People* project is a collaborative commitment to best practice urban design in Australia. The protocol is the result of two years of collaboration between peak community and industry organisations, States, Territories, Local Governments and the Australian Government. See <http://www.urbandesign.gov.au/> Accessed online 5 April 2014. See also Victorian Department of Planning and Community Development (DPCD), *A Guide to Delivering Community Precincts*, DPCD, Melbourne 2010.

⁹ Australian Government: *Our Cities, The Challenge of Change. Background and Research Paper*, Canberra, 2010: 79.

CONNECTION AND BELONGING

While the individuals with disability consulted for this paper do not see their lives defined by their disability, their impairments and a lack of appropriate service responses create major barriers to living the life they want.

That their health needs, their rehabilitation needs, their support needs and their relationships will be valued and supported, is taken as given.

Yet many are continually disappointed and exasperated by the lack of value attached to these fundamental human needs by funders and service providers.

For these young people, as for other Australians with disability, connection to their community or achieving a felt

sense of belonging is not simply a consequence of being "at" a location, but is achieved by the capacity to "be part of" a specified place or environment.¹⁰

This was a view strongly expressed in submissions to the National People with Disability and Carer Council's 2009 National Disability Strategy consultation.

Its consultation report, *Shut Out: The Experience of People with Disabilities and their Families in Australia*, declared that

The concept of community living for people with...disability is a much richer concept than a mere physical presence in a community setting, which by itself does not guarantee community integration and inclusion.¹¹



¹⁰ Power, A. "Making space for belonging: Critical reflections on the implementation of personalised adult social care under the veil of meaningful inclusion", *Social Science and Medicine*, 88, 2013: 69.

¹¹ National People with Disability and Carer Council, *Shut Out: The Experience of People with Disabilities and their Families in Australia*, National Disability Strategy Consultation Report, Canberra, 2009: 27.

Anecdotal feedback received from YPINH National Alliance members supports this assertion, with feelings of isolation, hopelessness and anger being associated with living in segregated residential services. The capacity for a change in *place* to generate optimism and connection is evident where members have moved out of these places into more appropriate and valued locations.

Although notions of community living and de-institutionalisation have been commonly accepted and promoted through disability services policy, many people with disability living in the community still experience high degrees of exclusion and marginalisation.

This is something that remained a live issue throughout the *Younger People In Residential Aged Care (YPIRAC)* initiative's implementation where a number of young people with disability contacted the Alliance to indicate their desire to return to their aged care services because they felt safer and more connected there than they did in YPIRAC houses, despite the latter being "in the community".¹²

In describing this shift of focus towards supporting people with disability in a community rather than in a single residential service setting, Canada's Community Living British Columbia (CLBC) has developed the notion of a 'geography of support',¹³ something that is described as care and support [that] may no longer occur in specialised sites, but occur[s] across a whole community wide inventory of places where people interact.¹⁴

The geography of support inventory includes recreation centres, shops, banks, schools, universities, churches and businesses; and should also include employers for those people who are in the workforce. In this sense, support is not defined by or dependent on paid service provision only, but draws on community wide involvement and commitment to individuals with disability as valued members of their community.

In contrast to the community wide reach of a geography of support, the highly programmatic approach that disability programs take to fund different services can prevent community connection for individuals with disability.

Because funding regimes address an individual's needs according to the service types they require (such as day programs, attendant support or residential services), the result is a 'segmenting' of the individual's life according to the dictates of the funding programs involved.

While this will change under the NDIS' individualised packaging arrangements, there are clearly transitional issues to consider. In addition to the context of community participation, these issues need to be considered as part of locating system and support redesign with individuals and families.

Doing so will not only address their connection with their communities in the context of community participation. It will [re]locate support program and system design with individuals and families and soften the interfaces and interactions Australians with disability can have with their communities.

DESIGNING FOR COMMUNITY CONNECTION

In studying disability providers' efforts to 'retrofit' individuals into an existing community through de-institutionalisation, geographer Andrew Power says that negative community attitudes do not change under these conditions. In fact, he says, individuals with disability are as isolated when they relocate "to" the community as they were in more institutional settings.

Power also states that, in concert with a long-term commitment to overcome the challenges involved, sustained work at the community level is required to successfully create community connections.¹⁵

In other words, designing to facilitate community connection requires deliberate planning and resourcing at both the individual and civic levels over the longer term.

People do not simply exist in their residences and are not the sum of their support needs, but require to live their lives *in their community*.

For each one of us, having genuine connections in life is something that goes to the heart of what is considered living rather than just existing. For many young people living in residential services, these connections are not inherently available because of the narrow design and funding arrangements of their services: features that result in social isolation.

The Alliance is aware of the capacity limitations that disability and aged care service providers have in encouraging and facilitating community connections.

Providers have cited funding constraints, a necessary focus on contractual obligations and a lack of local networks to be contributing factors.

This is a source of intense frustration for young people living in aged care settings, as their social needs are a significant priority for them and their chronic lack of community access and connection impacts adversely on their quality of life.

15 Power: 74.

"care and support ... occur[s] across a whole community wide inventory of places where people interact."

¹² Announced in 2006 by the COAG, the *Younger People In Residential Aged Care (YPIRAC) Program* was a joint initiative of the Commonwealth, State and Territory Governments. See Urbis for the Australian Government Department of Families, Housing, Community Services and Indigenous Affairs, *Mid Term Review, Younger People In Residential Aged Care (YPIRAC) Program*, Canberra, 2009.

¹³ Community Living British Columbia, *Belonging to One Another: Building Personal Support Networks*, Vancouver, British Columbia 2010.

¹⁴ Power: 71. Emphasis added.





For young people living in aged care who experience enduring social isolation, their sense of belonging is constantly compromised by their lack of access to even the most basic of activities. Having a coffee at a cafe, enjoying a beer or a meal with mates or seeing a film with family or friends are simple things enjoyed by many people.

However, without genuine connection with others and where social contacts are engineered only as 'program activities' with paid staff, community access is just a series of commercial transactions and does not satisfy the need for belonging and connection that, like other community members, those with disability have.

The crucial importance of links between 'place' in the community and personal identity has been explored by a number of authors.

Rose, for example, observes that a sense of place can be felt with such intensity that it becomes a central aspect in the construction of individual identities.¹⁶

In describing the link between place and sense of self or construction of identity, Antonsich says that

...feeling at home in a place is not just a personal matter, but also a social one. In fact, if one feels rejected or not welcomed by the people who live in that place, her/his sense of belonging is inevitably spoiled.¹⁷

As these writers indicate, simply being present in a community does not guarantee community engagement that enables all members of a community to connect with each other.

Modern urban design processes are required to acknowledge diversity, the need for accessibility and the importance of community interaction for all citizens.

“inclusive urban design ... offers opportunities for all members of the community to connect and engage with each other”

Individualised support services must, for example, be available to assist those with disability to access the community and engage with others.

And to create the kinds of community connections that young people with disabilities require, housing and support design needs to interact closely with the communities these young people live in, or want to live in.

These factors require urban design processes to acknowledge diversity, the need for accessibility and the importance of community interaction for all citizens.

The sense of place a residential environment delivers will thus be affected by perceptions of physical characteristics; by the feeling and behaviour of its residents; and by the interactions between them.¹⁸

¹⁶ Rose G., "Place and identity: a sense of place", in Massey D. and Jess P. (eds), *A Place in the World? Place Culture and Globalization*, Oxford University Press, Oxford 1995: 87–132.

¹⁷ Antonsich, M. "Searching for Belonging – An Analytical Framework", *Geography Compass*, v. 4, no. 6, 2010: 649.

¹⁸ Billig, M. "A sense of place in the neighbourhood in locations of urban revitalisation", *GeoJournal*, v. 64, 2005: 118.

The development examples in this paper demonstrate how a positive sense of place can be promoted through good design, urban policy and community level partnerships.

They show that, inclusive urban design methodologies can be a powerful lever to enable both formal and informal interactions between community members as they provide an accessible built environment to do this in. By offering opportunities for all members of the community to connect and engage with each other, a community building focus also develops the community's awareness of individuals with disability.

New York City's *Age Friendly City* approach has, for example, delivered an all encompassing strategy that works from the scale of dwelling design right through to precinct design to offer opportunities for community members to engage and interact in a wide range of ways and settings.

Not only has urban infrastructure been redeveloped to facilitate ease of access and congress, but retailers have also been encouraged to consider the diverse needs of their customers of varying abilities and respond accordingly.

Its awareness of the needs of older customers and those with disability led, for example, one local supermarket to offer personal shopping assistance and free home delivery to customers with support needs during hours when the supermarket was less busy.

In an effort to encourage social interaction and connection, a local café offered discounted coffees to older residents and those with disability that enabled those on limited incomes to engage with others in their neighbourhood in ways that would otherwise have been out of reach.

Approaching social interaction and connectivity from another perspective, the Weidevogelhof development in the Netherlands uses the concept of a 'lifetime neighbourhood' to locate a range of community services and spaces on site.

Community connection and different interactions are facilitated through the use the broader community makes of these services, promoting a diverse neighbourhood in the process.

Others, like the Five Dock, Alexander Miller Trust and Cairo developments, use their location to promote and offer access to community hubs and support services including neighbourhood public libraries, supermarkets, cafés, maternal child welfare, and other services.

Through these varied offerings, opportunities for connection and interaction are made available to all members of the local community.

The fact that these developments have not taken a disability specific approach but have involved a range of community partners to address the needs of *all* community members, has resulted in better social outcomes for residents with disability.

These opportunities would be far less likely if they had been developed through the traditional 'retrofit' model generated by the disability sector.



UNIVERSALLY ACCESSIBLE HOUSING

For many people with disability, a major barrier to living in their community of choice is the enduring lack of accessible housing.¹⁹

Far from being an issue for Australians with disability only, the likelihood that disability will visit each us at some point in our lives, makes the need for accessible, visitable and adaptable housing an issue for us all.

For some, disability onset will occur early in life, often at birth or in childhood. For others, disability is acquired as a young adult through accident or illness.

For the rest of us, disability will enter our lives as we age and, like most of the developed world, Australia has an ageing population.

Data from the Australian Bureau of Statistics (ABS) *Survey of Disability, Ageing and Carers* (SDAC) indicates that in 2009, just over half (54%) of all Australians aged 65 and over had a disability.²⁰ By 2056, 25% of the projected population of some 35.5 million Australians will be aged 65 and over.²¹

Faced with burgeoning aged care budgets, Australian governments are now looking to maintain older people in their own homes to try to reduce residential care costs.

Yet despite this focus on an ageing population remaining in the community for longer; despite the chronic shortage of suitable housing for individuals with disability, inaccessible housing stock continues to be built.

When a dwelling needs to be modified to make it more accessible, retrofitting costs far outweigh the minimal costs of including accessible design when the dwelling was built.

In Victoria, for example, 96% of the 40,000 new homes built in that state each year lack basic visitability, adaptability and accessibility features.²² To include these features would, on average, add only \$870 to the build.

Yet retrofitting homes with the same accessible design features was estimated to cost in the order of \$19,400.²³

The continuing lack of visitable, accessible and adaptable design features in housing not only limits opportunities for community engagement. It also prevents Australians with disability from participating fully in their communities.

Australian Football League (AFL) player, Nathan Brown's situation, is a case in point. Melbourne's *Herald Sun* newspaper reported that

Richmond footballer Nathan Brown won't be going home for several weeks. Richmond Football Club has been forced to make arrangements for Brown to move into a Docklands apartment to help him recover from a badly broken leg. The move was forced upon the Tigers because of difficult access to Brown's top floor Richmond apartment.²⁴

As the Cairo development in Melbourne shows, mandating visitable, accessible and adaptable design features in high-rise dwellings is one readily available way of increasing the proportion of housing stock designed to meet the needs of those with disability, regardless of age and circumstance.

URBAN DESIGN

The importance of urban design in generating opportunities for connection and engagement for all citizens – including those with disability and their families – cannot be underestimated.

Because of its capacity to deliver optimal accessibility and high amenity for all community members, urban design considerations must be a fundamental aspect of any housing development involving Australians with disability.

According to the *Urban Design Protocol for Australian Cities*, urban design is concerned with the arrangement, appearance and function of our suburbs, towns and cities. It is both a process and an outcome of creating localities in which people live, engage with each other and engage with the physical place around them.²⁵

Urban design is both a process and an outcome of creating localities in which people live, engage with each other, and engage with the physical place around them.

Urban design operates at many levels, from the macro scale of the urban structure (planning, zoning, transport and infrastructure networks) to the micro scale of street furniture and lighting.

When fully integrated into policy and planning systems, urban design can be used to inform land use planning, infrastructure, built form and even the socio-demographic mix of a place.²⁶

The City of New York's decision to commit to the World Health Organisation's (WHO) *Age Friendly Cities* program is evidence of how effective urban design (and redesign), can deliver a built environment that offers ease of access to residents of all abilities, as it encourages interaction by community members with each other in a wide range of ways.

It provides broad principles that take into account the unique characteristics of a location, people's enjoyment, experience and health; and encourages excellence and collaboration in the design and custodianship of urban places.²⁷

19 While affordability is clearly another critical barrier to successful housing uptake, housing affordability and financial models are outside the scope of this paper.

20 Australian Institute of Health and Welfare (AIHW), *Australia's Welfare 2009*, Canberra, 2009: 249.

21 Australian Bureau of Statistics, *Population Projections, Australia, 2006-2101* (cat.no. 3222.0). Accessed online 25 March 2014. [http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/1370.0-2010-Chapter-Population%20projections%20\(3.4](http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/by%20Subject/1370.0-2010-Chapter-Population%20projections%20(3.4)

22 Victorian Department of Planning and Community Development (DPCD), *Visitable and Adaptable Features in Housing, Regulatory Impact Statement*, Melbourne 2009: 25.

23 Victorian Department of Planning and Community Development: 98.

24 Stevens, M. "Brown on the Move", *Herald Sun*, Melbourne, 2 June 2005.

25 See Australian Government and others, *Creating Places for People: Urban Design Principles for Australian Cities*. The Creating Places for People project is a collaborative commitment to best practice urban design in Australia. The protocol is the result of two years of collaboration between peak community and industry organisations, States, Territories, Local Governments and the Australian Government. See <http://www.urbandesign.gov.au/> Accessed online 5 April 2014.

26 Ibid.

27 Ibid.

*First life, then spaces,
then buildings: the other
way around never works.*
–Jan Gehl

Strategic urban design

- *Significantly influences the economic, environmental, social and cultural outcomes of a place.* It can influence the economic success and socio-economic composition of a locality – whether it encourages local businesses and entrepreneurship; whether it attracts people to live there; whether the costs of housing and travel are affordable; and whether access to job opportunities, facilities and services are equitable.
- *Determines the physical scale, space and ambiance of a place and establishes the built and natural forms within which individual buildings and infrastructure are sited.* In this way, it can affect the balance between natural ecosystems and built environments and their sustainability outcomes.
- *Influences health and the social and cultural impacts of a locality:* how people interact with each other, how they move around and how they use a place.²⁸

Although urban design is often delivered as a specific 'project' it is, in fact, a long-term process that continues to evolve over time.

It is this layering of building and infrastructure types, natural ecosystems, communities and cultures that gives places their unique characteristics and identities.²⁹

Increased awareness of accessibility and inclusion in urban design policy in Australia must be a priority to ensure that the aims of the NDIS as well as those of the National Disability Strategy, can be met over time.



PRECINCT DESIGN

At a more local level, the design of precinct areas can deliver community connections and a strong sense of place.

In its *Guide to Delivering Community Precincts*, the Victorian Department of Planning and Community Development (DPCD) supports this approach, saying that

Integrated community facilities are a vital component of creating healthy communities, supporting social inclusion and enhancing the wellbeing of local residents. Communities with access to high quality social infrastructure have better access to services and more opportunities to participate in community life.³⁰

In designing its precinct development guide, the DPCD says that clustering facilities together to form a community precinct delivers better access across a range of services for the community.

Community facilities can be shared, co-located or integrated, or may be intentionally located in close proximity to an existing precinct to enable greater community access.



The Weidevogelhof development in Pijnacker, The Netherlands, provides an integrated health and housing precinct that services the entire community.

³⁰ Victorian Department of Planning and Community Development (DPCD), *A Guide to Delivering Community Precincts*, DPCD, Melbourne 2010: 4/5.

The Guide is also clear that to empower communities and organisations with accessible facilities and well-designed infrastructure, coordination and collaboration between a wide range of partners is required lists seven essential elements to deliver community precincts.

These are

- **Land and precinct planning:** precinct structure planning or master planning is undertaken to establish overall parameters for the community precinct;
- **Vision and concept development:** key stakeholders are identified and a shared vision and concept is developed to lay the foundations for the project and articulate a vision for the community;
- **Project partnership establishment:** stakeholders collaborate to establish a sustainable project partnership to plan for a specific community precinct or piece of community infrastructure;
- **Detailed scoping and options:** a range of options for the design and delivery of community infrastructure is developed to determine its operational scope and support the project vision;
- **Business case:** documentation is developed that demonstrates a clear project need and an investment rationale to help the project achieve funding and support;
- **Project management:** sound project management processes are established and followed to ensure the community infrastructure is fit for purpose and delivered on time, within scope and budget; and
- **Preparing for operations:** clear operational requirements and governance structures are established to ensure the long-term viability of community infrastructure.³¹

Three factors critical to successful precinct development identified in the Guide are **engagement, leadership and governance and investment**. As well as their importance to precinct development, these factors concern community participation, housing and support choice for people with disability and their families and are also relevant to the NDIS' objectives and those of the National Disability Strategy.³²

All three are evident in the Weidevogelhof and Sankt Antonius housing developments.

A neighbourhood development where collaborative housing associations and community groups work together with the wider community, the Weidevogelhof development shows how alliances with other organisations can develop and support the particular needs of residents in a more comprehensive and integrated manner.

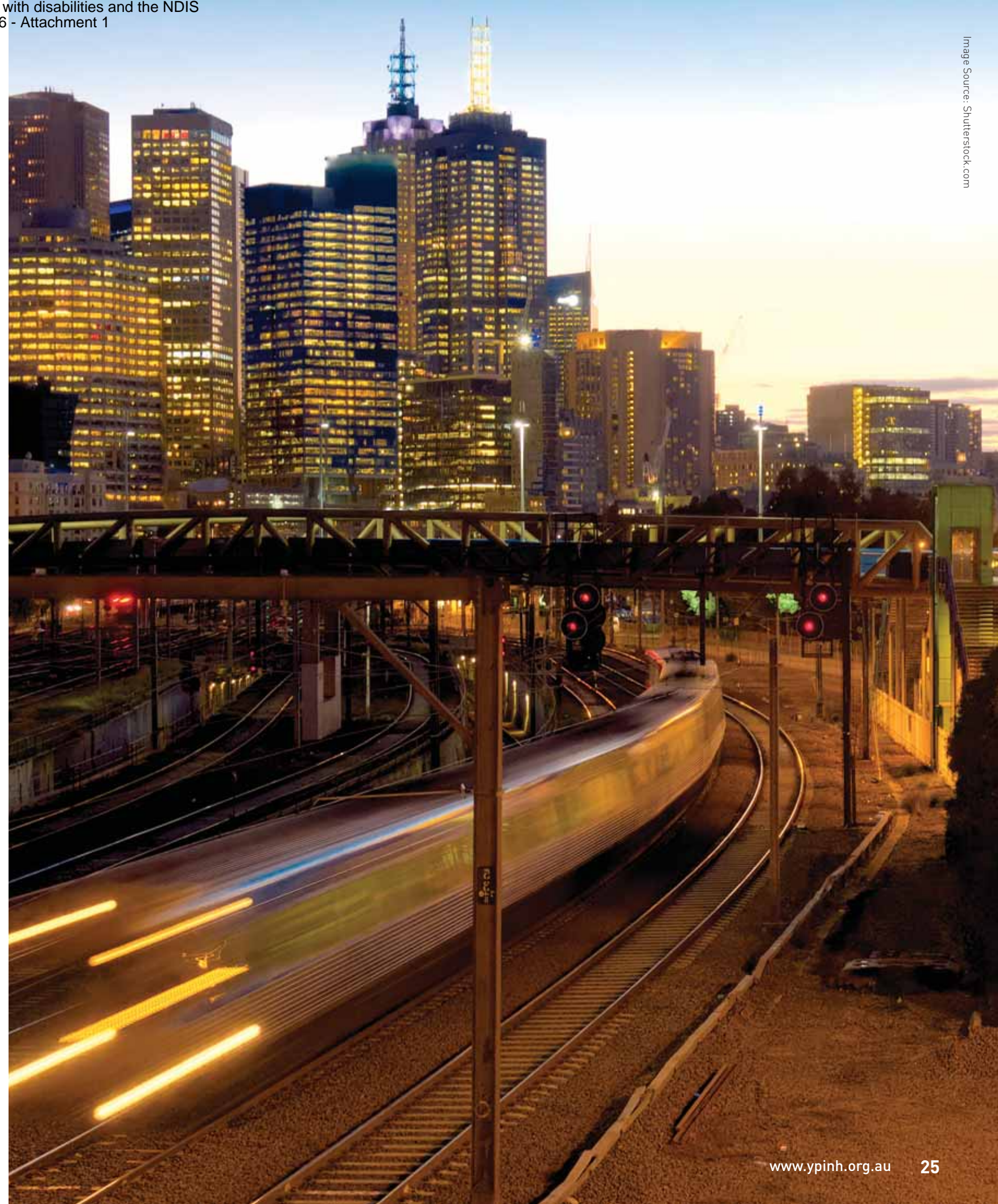
Similarly, the Sankt Antonius Community Centre in Stuttgart has used precinct development principles to deliver a public plaza that is often used for community events.

In concert with the community hall on the ground level of the build, opportunities for residents to participate and make meaningful contributions to the community, as well as to engage in more informal social interactions, are made available.

To empower communities and organisations with accessible facilities and well-designed infrastructure, coordination and collaboration between a wide range of partners is required.

³¹ Op.Cit: 8/9.

³² For a comprehensive explanation of these qualities, see pages 8/9 of the *Guide*.



POLICY FRAMEWORKS

The actions that we all take will, together, make a significant difference to the quality of our towns and cities.³³

In locating the development of community as an inherent principle of good architectural practice, Lang and Moleski believe that assumptions about the expected activities of its inhabitants are implicit in any precinct's design.

Current debates focus on such cultural issues as which groups of people are of central concern and the nature of activities expected to be carried out at different stages of people's life cycle by men, women, adolescents and children...In residential design the particular focus is often on the activities that afford the development of a sense of community.³⁴

In its policy direction of 'Accessible and Inclusive Communities', the National Disability Strategy (NDS) sets out broad ambitions to achieve greater opportunity for community participation for Australians with disability.³⁵

Within the NDS however, little attention has been paid to how large civic developments in cities and regional areas can be routinely inclusive of people with disability and deliver on the NDS' policy imperatives.

This may be a consequence of the responsibility for housing and support for people with disability being traditionally located in government disability programs rather than mainstream property and community development agencies (including local government and State/Territory Government planning agencies); and the traditional disconnection between these areas of government.

Good public spaces, as well as housing design should contribute positively to making places better for older people [and those with disability]³⁶

In the United Kingdom, the UK Government has gone beyond this traditional impasse and identified the critical relationship of housing design and civic design to the development of spaces where people can connect and feel part of their communities.

It calls these spaces 'Lifetime Communities', its Lifetime Housing Paper declaring

...establishing lifetime neighbourhoods is about creating places and spaces that promote inter-generational contact and that function equally well for all age groups.³⁷

These themes are echoed in the City of Melbourne's *Future Living* housing discussion paper that looks at integrating numerous elements of civic policy to create better communities.

Our housing has to be suitable for our residents as their needs change over their lifetime. It should be accessible to people from all walks of life, and developed in ways that facilitate positive community outcomes and create welcoming neighbourhoods. Our housing should enable people to live close to their jobs in environmentally sustainable buildings.³⁸

Both the *Future Living* and the *Lifetime Homes, Lifetime Neighbourhoods* documents have been influenced by the World Health Organisations (WHO) *Age Friendly Cities Program* (AFCP) framework.

While the AFCP has been developed to respond to the needs of older people, community connectedness is an area where age is irrelevant.

The framework's principles are equally applicable to people with disability of all ages in their declaration of joining civic design with housing design to deliver community engagement activity and opportunity for all.

Local and state governments must ensure that developments ensure provision for people of *all* abilities and mandate community collaborations in planning.



³⁴ *Creating Places for People*, accessible online at <http://www.urbandesign.gov.au/introduction/development.aspx> Accessed 9 April 2014.

³⁴ Lang, J. and Moleski, W. *Functionalism Revisited. Architectural Theory and Practice and the Behavioral Sciences*, Ashgate Publishing, Farnham England, 2010: 95.

³⁵ Council of Australian Governments, *National Disability Strategy 2011*, Canberra, 2011.

³⁶ Department for Communities and Local Government, Department of Health, Department for Work and Pensions, *Lifetime Homes, Lifetime Neighbourhoods. A National Strategy for Housing in an Ageing Society*, London, 2008: 117.



³⁷ Department for Communities and Local Government, Department of Health, Department for Work and Pensions: 105.

³⁸ City of Melbourne, *Future Living. A discussion paper identifying issues and options for housing our community*, Melbourne, 2013: 7.

FINALLY...

What attracts people most, it would appear, is other people.³⁹

This discussion paper has sought to articulate the need for a broader and more inclusive approach to planning for housing for those in the YPINH group and others with disability. No longer one for the disability sector to solve in isolation, this is an issue that requires broad community responses.

Housing is clearly fundamental to a sense of place and belonging in a community and has a key role to play in underpinning community connection. But it is not sufficient, in and of itself, to deliver the life outcomes young people in aged care settings and others with disability expect.

Access to other service sectors (such as disability, education, employment and health services) as well as to organic networks and reciprocal connections, also needs to be available for people with disability and their families to embed a sense of true belonging and community connectedness.

The Alliance believes a more integrative approach to housing development is needed to meet the demand from Australians with disability and their families, for accessible housing stock. Doing so can deliver inclusive housing developments able to support the community connection opportunities that individuals with disability are looking for.

We can no longer rely on the closed loop of disability departments and disability providers to deliver what is needed. Rather, a new focus is required that can genuinely achieve comprehensive social outcomes for people with disability. This requires taking the role of housing development for people with disability away from disability departments and locating it with urban design agencies that have a mandate for developing communities.

The Australian and international housing development examples included in this paper illustrate that delivering choice and innovation in housing design and opportunities for community connection for Australians with disability is not only eminently possible but, from a community perspective, can deliver a broad range of benefits to all community members.

As the Cairo development in Melbourne and New York City's redevelopment as an 'age friendly' city indicate, housing in interlinked precincts can promote social cohesiveness and connectedness.

Indeed, high-rise developments can be a valuable part of accessible precincts in high density urban and city areas and are becoming an attractive option for people with limited mobility. If well located in precincts close to or within a city centre and linked with local government, commercial and community services, they offer high amenity living to individuals with disability and their families.

Medium density developments, such as the Fivedock development in Sydney, the Weidevogelhof development in Pijnacker, The Netherlands and the Kaufhaus Breuer development in Eschweiler, Germany, also demonstrate that precinct development that incorporates solid community engagement opportunities can be successfully undertaken in a range of urban settings with benefits to a diverse population.

People's housing needs and choices are diverse and, as these examples demonstrate, new approaches are required to meet the needs and expectations of Australians with disability.

This includes the development of urban design and development models, tailored finance products and revision of planning schemes to ensure universal design.

These new approaches should include leverage gained by working with existing programs for older people such as the WHO *Age Friendly Cities* program; and putting the urban design protocols already agreed by Australian governments into practice as a matter of priority.

While the provision of housing may be oblique to the mandate of the NDIS, the Scheme can collaborate and support the States' and Territories' efforts to deliver the housing and community development that Australians with disability are looking for.

Indeed, the States and Territories responsibilities in mainstream programs such as health, education and employment, also need to collaborate with the NDIS as well as deliver on the National Disability Strategy with these programs.

As co-funders of the NDIS, it is vitally important that these jurisdictions support achievement of the Scheme's core objectives to achieve greater social and economic participation of people with disability in Australian life.

Doing so will certainly include relevant financing issues.

But before these are explored, there is a need to address the more fundamental strategic policy issues raised in this paper, and locate specific responsibility for delivering housing reform and community collaboration, in the appropriate areas within and across governments.

In this regard, the arrival of the NDIS and its capacities offers a valuable opportunity for jurisdictions to revisit the COAG's urban design initiatives with a view to implementation across the board.

³⁹ Whyte, W. *The Social Life of Small Urban Spaces*, Project for Public Spaces, New York, 2001.

Finally, while choice and social connection are important considerations for individuals and families, they are also policy considerations for the NDIS that all governments must consider.

The housing development examples in this paper illustrate a number of features that can increase opportunities for choice, as well as opportunities to make community connections and develop a sense of belonging.

These features offer a new and strategic approach to the housing dilemmas facing young people living in aged care settings and others with disability and include

- Partnerships across communities that can create and sustain the housing development and its social objectives.
- Adherence to national and/or international program contexts, such as the WHO *Age Friendly Cities* framework.
- Individuals enabled to have choice about the connections and activities they engage in.
- Using 'geographies of support' to underpin the design of paid and voluntary support packages and community building activity, with support not being limited to specialist support providers.
- Strong connections between dwelling design and civic design that create opportunities for passive and active interactions across the community.
- Support services that are designed and delivered on an individual basis with minimal stigma and focus.

- Housing, civic and community design that is structured to meet the needs of different groups but enables the engagement of all members of the community.

Much work remains to be done across, with and within the emerging NDIS.

In the Alliance's view, the Council of Australian Governments (COAG) has a clear responsibility to progress and oversee development of the vital infrastructures described in this paper and to do so in partnership with the National Disability Insurance Authority (NDIA) and the Scheme itself.

In proposing this, the Alliance is conscious that these reforms must involve more than just government-government discussions. Such ambitious reform is not something governments can or should deliver on their own. Instead, they need to work collaboratively with community and consumer stakeholders, urban planners, the private sector and other service programs.

As this paper has indicated, the benefits of these reforms accrue not just to Australians with disability, but to all members of the community.

Improving the stock of accessible, visitable and adaptable housing will, for example, assist in meeting the needs of our ageing population as it also assists Australians with disability to access improved social and economic participation.

Improving accessible housing stock will also positively impact the aged care budget by enabling older Australians to remain in their own homes and communities for longer, thereby reducing demand for costly residential aged services.

As the numerous studies referenced in this paper have also shown, access to housing that is linked to community activity is fundamental, not only to the successful economic and social participation of those with disability, but to all members of the Australian community.

The NDIS' introduction will create numerous opportunities to improve the reach of mainstream portfolio programs and agencies, including those supporting development of innovative housing options.

Removing housing development from disability sector agencies and involving a range of community agencies and organisations, will also positively change the prevailing community view of people with disability as objects of charity or recipients of service provision.

Achieving these mutual community benefits will, however, require vision, leadership and commitment from governments; and understanding, collaboration and commitment from the broader community.

Without these commitments, Australians with disability will remain as disenfranchised as they ever have been.

KEY RECOMMENDATIONS

1. **The Council of Australian Governments (COAG)** must incorporate existing COAG urban design protocols⁴⁰ and the framework described in the United Kingdom's *Lifetime Home, Lifetime Housing* policy document into new policy and approaches to housing and accommodation for Australians with disability and older people.⁴¹
2. **State and Territory governments** must regulate for accessible, adaptable and visitable design features in all residential building codes as a matter of urgent priority.
3. **Local and State governments** must ensure that all housing developments include provision for people with disability and older people, and mandate community collaborations in planning.
4. **Local Government Associations (LGAs)** encourage all members to sign up to the WHO's *Age Friendly Cities* program.
5. **The National Disability Insurance Agency** should consolidate information offered by Scheme participants concerning their housing preferences. This resource can inform innovative housing developments for Australians with disability by state and local governments, housing authorities and developers.

⁴⁰ See Australian Government and others, *Creating Places for People: Urban Design Principles for Australian Cities*. See <http://www.urbandesign.gov.au/> Accessed online 5 April 2014.

⁴¹ See Department for Communities and Local Government, Department of Health, Department for Work and Pensions, *Lifetime Homes, Lifetime Neighbourhoods. A National Strategy for Housing in an Ageing Society*, London, 2008.



LIVES WORTH LIVING

People in the YPINH group commonly have lifelong health needs in addition to support needs associated with their disability and include those living in aged care nursing homes as well as those at risk of placement there.

Like other members of the community, these young people expect the same opportunity to choose how they live and to relocate or change the model of housing and support they receive as their needs and life circumstances change. In this regard, many of our members have enthusiastically supported the individualised funding model offered by the NDIS as it offers them greater choice in their support arrangements.

A significant number of YPINH are parents of young children. Maintaining their family unit is a major factor in how these individuals articulate their support requirements.

Where these younger people are faced with the choice of relocating into a residential service, they agonise about what they are forced to give up in order to get the housing and support they require, including the loss of family and social networks, employment opportunities, financial security and choice over their lives.

Far too many families are broken up through this process in which the highest levels of support provided through disability programs, are generally only available in residential settings for single people.

The personal narratives that follow come from people with whom the Alliance has worked directly. They reiterate the need for a focus on whole of life considerations with regard to housing and accommodation for Australians with disability.

As well as consideration of housing types and styles, they also offer a personal context for consideration of the design and definition of community as well as the role of choice.

In contrast to the 'set and forget' approach that has characterised the provision of housing to Australians with disability previously, these examples reveal individuals who, like anyone else in the community, actively consider relocating to more appropriate settings as their needs and life circumstances change; and intend to exercise their choice and capacity to do so.

Because their disability does not define them, these young people see their support provision as a means to an end: a necessary adjunct that enables them to get on with living the life they want.

In each case, these individuals have had to pursue their life goals in spite of low expectations about their lives from funders and service providers.

Their stories demonstrate the critical importance of community engagement opportunities to having a 'life worth living'.

JESSIE 24

Current residence:

At home with family,
Melbourne, Victoria

Housing Choice:

Accessible family home
with support

Jessie has a rare neurological condition that has left her with lifelong health and disability support needs. She loves going to music festivals and rock concerts, catching up with friends and travelling.

Because of the nature of her condition, Jessie has endured long hospital stays over recent years.

Despite this, Jessie has always aspired to live away from home with other young people.

After her last 12 month stint in hospital, Jessie moved from hospital to a disability residential service.

This was not Jessie's preferred choice, but was a compromise decision to be able to leave the hospital. She had been waiting for an individual home based support package, but after a 2-year wait, this was not available.

Despite her hope for greater independence and community connection, Jessie found that the disability service provider was unable to safely and consistently manage her health support needs. Because her support provision was largely limited to the house itself, she was unable to access the community as she had hoped.

Jessie felt increasingly unsafe in the residential service. The support service consistently misunderstood her health needs and was unable to provide staff with the skills required to manage them.

Jessie and her family became increasingly frustrated at the level of social isolation she experienced, and the care agency's inability to adapt their service to meet her needs and preferences.

These factors influenced Jessie's eventual decision to return to live with her family at home, with support.

Jessie's family undertook extensive renovation of the family home to meet Jessie's needs, modifications that were resourced by donations of goods and services from their local community.

Despite having less funding for support, Jessie was happier at home as she was confident in her support, particularly since she and her family were able to oversight and manage her support staff.

She was also able to travel and see friends more regularly from home than she had been with the restrictions imposed by the residential disability service.

Like many other young people, Jessie's first venture out of home didn't last and she returned home by choice, but for very different reasons.

Her housing choice was dynamic, informed by insights into her personal safety, amenity and day-to-day freedoms.

For Jessie, there were too many compromises involved in utilising a residential disability service. The service offering was inadequate and it was safer for her to be at home at that time.



Photo Credits from left to right: katatonia82 / Shutterstock.com, Rae Allen, Siska 7176

MARIO 48



Current residence:

Aged Care Nursing Home, Melbourne, Victoria

Housing choice:

Own home in the community with support

A keen music lover and AFL supporter, Mario was 45 years of age and running his own business when he suffered a heart attack at a football match and stopped breathing. Given CPR by another fan, Mario was eventually resuscitated and rushed to hospital.

Mario survived, but sustained a significant hypoxic Acquired Brain Injury (ABI). His ABI resulted in a range of impairments, including loss of peristaltic movement in his digestive tract, impaired vision, inability to speak and limited mobility.

After his acute recovery, Mario was discharged to a sub-acute health facility that offered slow stream rehabilitation. A time limit of 2 years was conditional on Mario entering this facility. Mario's sister was a strong advocate to ensure Mario was offered the rehabilitation he needed to continue his recovery.

Despite eventually remaining in the health facility for 3 years, Mario's rehabilitation ceased after 18 months. A lack of care planning and direct support at mealtimes saw Mario's weight drop significantly and the facility began

moves to refer Mario to a palliative care setting, as they judged him to be in an irreversible decline.

Both Mario and his sister were determined, however, to access further rehabilitation and ensure Mario recovered his health.

Some of the money the Alliance had received as donations was used to provide a dedicated support worker to help Mario at mealtimes. With this additional support, Mario reversed his weight loss and his health began to improve.

Under the health facility's constant pressure to discharge, Mario's sister approached State disability services for assistance. Despite being eligible for their help, Mario and his sister were informed that disability services had neither the capacity nor the funding to support him; and that an aged care home was the only option.

Realising that the disability services system would not be able to effectively manage Mario's complex health needs, and under severe pressure from the hospital to be discharged, his sister began investigating aged care as a transition option for her brother with the Alliance's support. After an exhaustive search, a private suburban nursing home offered to take Mario and provide capacity for rehabilitation.



Twelve months after entering the nursing home and because of the commitment of the staff to support Mario to meet his rehab goals, he has significantly advanced his recovery. The nursing home has worked in partnership with the family to manage Mario's health needs (including self funding of therapy programs) and as a result, Mario's health, well-being and independence has improved dramatically, far exceeding the prognosis of the sub-acute facility. Mario is now able to walk independently and is starting to speak again.

Mario and his sister were initially wary of aged care. But because Mario's primary need is for rehabilitation, and because his support needs require active health involvement he and his sister do not consider his current setting at all inappropriate. Instead, they view it as a stepping stone to a more independent housing option.

Mario has made friends with other residents in the aged care service and their families; and also meets up with his own friends and family inside and outside the home.

Over the next 1-2 years and as his skills and personal capacity improves further, Mario expects to move to his own home in the community with support. For now, though, he is focused on further recovery.



Photo Credits from left to right: Stefano, William Archer, Fiona Henderson

ALLY 24

Current residence:

Accessible apartment
in Perth, Western Australia

Housing choice:

Accessible apartment
with support

After sustaining a non-compensable brain injury while still at school, Ally received extremely limited support for her recovery. After an extended period in hospital, she returned to her regional family home, which had been modified through local donations.

But the time she had spent away from home had seen Ally lose touch with her friends and she returned to a town that held little opportunity for her to reconnect.

Ten years after her injury and without a social network to interact with, Ally decided she wanted to move to the city and live in her own flat with the support she needed.

Ally was in receipt of an individual disability support package funding attendant care at home, that she could take with her to a new location.

After a long search, an accessible two bedroom flat in an inner suburb became available. Ally accepted the offer and with her parents, began the process of relocating her life from the country to the city.

Over the next 2 years and with the support of her parents who continued to provide a substantial amount of her personal support, Ally established herself in the flat and her local area, gradually increasing her independence and self-confidence in the process.

She now shops independently and her parents assist with her finances and personal administration.



Ally's parents have continued to progressively withdraw their support as other local supports have come together for Ally in her flat.

Support providers and others in her network have introduced Ally to local groups and businesses that have helped Ally to feel confident in her new life and community.

Ally now has a boyfriend and recently started to work one day per week as a receptionist. Her workplace has indicated there is capacity to extend her working hours.

With a job, a boyfriend, her own home and community connections, Ally finally feels she has the life of independence she has worked so hard to achieve.



Photo Credits from left to right: TRBASS, Significan't Sign Video, Greg O'Beirne

CARL 34

Current residence:

Long Term Health Facility,
Brisbane, Queensland

Housing choice:

Accessible apartment in the
community with support

A trainee surveyor and a keen motor racing fan, Carl was just 21 years old when an oncoming car lost control on a bend and forced him off the road.

Carl sustained horrific physical injuries in the accident but amazingly, didn't suffer any head injuries. He was taken to a local hospital's emergency department where because of the trauma his body had been subjected to, Carl suffered a massive heart attack.

A delay in resuscitation left Carl with a significant hypoxic Acquired Brain Injury.

Despite his eligibility to claim compensation through Queensland's fault based Compulsory Third Party Motor Vehicle (CTP) Insurance Scheme, Carl did not recover his memory of the accident until after the time within which the CTP scheme required a claim be lodged.

Although his cognition remained intact, his ABI left Carl with limited sight and without the ability to speak or walk.

Carl received rehabilitation while in hospital and once his health had stabilised, he was discharged to a step down sub-acute service to continue his recovery.

When he entered the sub-acute service, Carl was able to walk with assistance, had started learning to speak again and was eager to get out of hospital and get his life back on track.

One year after he entered the subacute service, Carl and his parents were told that his rehabilitation would be ending because he had "plateaued" in his recovery and was unlikely to progress further.

Despite this prognosis being at odds with the reality of his recovery, Carl was told he would have to relocate to an aged care nursing home. Carl and his parents refused to do so.

Carl has now lived in the sub-acute service for over 10 years, with no further rehabilitation.

As a consequence of the withdrawal of rehabilitation services, Carl developed painful contractures in his feet, hands and ankles and has required tendon release surgeries. He now has no control of his hands, cannot stand, and still experiences chronic pain.

Carl gets his personal care needs met in the facility but has had to advocate for a daily shower and nutritious food to be supplied.



His loss of physical function over time combined with institutional life and social isolation has seen Carl attempt suicide once and ask his parents to help him end his life.

Carl wants to live in a less institutional environment and have more control over his life.

A major priority is to get access to further rehabilitation support and social contact, including getting back to watching live motor racing and seeing more of his family.

In recent months he has been going out to a hydrotherapy program funded by a Victorian Foundation through the YPINH National Alliance and he has managed to walk upright in the water. Apart from going out with his family, these sessions are the only times he leaves the facility.

Carl's immediate and future housing options are uncertain, as there have been moves to close the facility where he lives.

To address the issue of young people living in health facilities, the Queensland government has devised a Joint Action Plan involving collaboration by the Departments of Communities, Housing and Health. However, Carl and his family are not aware of any concrete options becoming available in the short term.

Carl knows that the NDIS will begin in Queensland in 2016. But with 2 years to go until the NDIS rollout begins, Carl still feels he is captive to the limitations of Queensland's bureaucratic systems.

He is not confident that he will move anytime soon, but is nervous that a decision may still be made for him in regard to his housing.

It is only the hydrotherapy program that is sustaining his optimism at present, but this program is time limited and the philanthropic fund has indicated it may not be funded for a second phase.



Photo Credits from left to right: Dell Moss, Thomasdotorg, Benchill

HARRY 35

Current residence:

Outer suburban disability supported accommodation service, Melbourne, Victoria

Housing Choice:

Own apartment with support in Melbourne's CBD

A decorated Army Captain training new recruits, Harry sustained a traumatic brain injury when his tank overturned on a training exercise.

His ABI has left Harry legally blind but with his cognition intact. Following rehabilitation and recovery, Harry was honorably discharged from the Army.

The accident destroyed Harry's Army career and robbed him of the comradeship and the life he loved. The loss of his mates and the career he had dedicated his life to hit him extremely hard.

Since leaving the Army, a chronic lack of housing and disability support options has seen Harry move from one inadequate residential support arrangement to the next as he has tried to find a setting that suits his particular needs and delivers the community connections he craves.

Throughout this time, Harry's sense of social isolation has intensified and he has been at increasing risk of premature placement in residential aged care.

Harry does not identify as having a disability and finds living with others with disability a confronting reminder of the independence, the career and the life he has lost.

Living amongst other residents with much higher needs also reduces Harry's independence unnecessarily. Staff are often too busy with other residents and are unable to assist him with minor tasks such as locating his keys or bringing some milk for his coffee.

Able to manage most daily living tasks himself, Harry's biggest concern, though, is social isolation and loneliness.

His current accommodation in an outer suburban setting is not close to public transport or other amenities and only reinforces his sense of isolation. Living with others with disabilities also reinforces Harry's sense of dislocation and despair.

Harry has been an enthusiastic supporter of Melbourne's Cairo development from its inception. When the tower is completed, Harry will move into his own 2 bedroom apartment with the support he needs.

Because of the tower's location in the heart of the city, Harry is looking forward to accessing the rich cultural, sporting and social opportunities on offer there.

The location of the tower on the site of the Southbank Community Hub that contains a café, a park, the Southbank Library (one of the City of Melbourne's branch libraries), a medical centre, offices and meeting rooms available at no charge to the local community, means that Harry will step



out of his front door and into a local environment brimming with a rich mix of community engagement opportunities.

Well ahead of the tower's build schedule, Harry has already started the transition from his current accommodation, travelling into the city to take advantage of community connection opportunities in his new community.

He has established relationships with local service clubs, the local Community Hub and a new Men's Shed that has recently opened in the area.

Harry has also started working with the Cairo development's community partners on delivering the mix of individual supports and other services Cairo residents with disability may like to access.

One of the things he is looking forward to, is having his own guide dog to share his apartment and help him navigate his new local area.

As a senior office holder in his veteran's organisation, Harry is also looking forward to contributing his considerable organisational skills to the Cairo Tower's body corporate, to becoming a fully engaged member of his local community and to finally having the life of meaning and commitment he has been searching for.



Photo credits left to right - Cpl Jacob D. Australian Army, William Archer, Bahnfreund

MARK 41

Current residence:

Own home, middle distance suburbs, Brisbane, Queensland.

Married, two children under 10 years

Housing Choice:

To remain in his own home with his family and continue raising his children

Mark was diagnosed with Multiple Sclerosis when he was in his late teens. Now a father of two young children, Mark lives with his wife and children in their family home that was adapted several years ago to accommodate his mobility needs.

As Mark's disease has progressed, he has needed higher levels of support and allied health input to maintain his capacities and to support him during his disease progression.

The unwillingness of the disability system to increase Mark's funded support as his needs have changed and as care agencies have increased their fees each year, has meant that he is at ever escalating risk of placement in a nursing home or a residential disability service.

Because these residential services cannot accommodate family units, Mark would be forced out of his family should he have to enter residential care. This is something he wants to avoid at all costs.

Although his family is his priority, Mark is also concerned about his ability to maintain his community networks if he is forced into a residential setting.



In the near future, Mark will require further home modifications, as well as increased personal support and continued physiotherapy input to help retain what little independence he still has. This is important to complement the informal support provided by his wife and to ensure that she is able to retain her employment as the family's breadwinner.

State Disability Services have recently indicated they expect Mark's wife to undertake formal case management of Mark's disability support funding and to do so without reimbursement if they want Mark's package indexed each year.

Mark's wife is resisting this since the significant time and energy required to undertake this additional role will compromise her capacity to maintain her paid work, deliver Mark's informal support and continue raising their children with him.



While Mark's clear preference is to live in his home with his family, the security of his support remains a key issue, and an ever-present risk to his family life.

Mark and his family are looking forward to the full NDIS rollout to ensure they can remain together as a family unit and prevent Mark entering residential care.

Until the NDIS becomes fully operational, Mark has no guarantees about his support as State Disability Services have indicated they will not index Mark's current funding unless his wife takes on the added burden of self-management or moves to a host provider scenario.

As a result he faces a constantly uncertain future until this matter is resolved.



Photo Credits: Penny Lane



HOUSING CHOICE

Few things are more fundamental than having somewhere to live. Having little or no choice in where one lives has a profound impact on physical and mental health, and the ability to participate in employment and community activities. Yet this is precisely the experience of many people with disabilities.⁴²

Rather than the end in themselves they are conceived of at present, the establishment of the NDIS will redefine disability services as a means to an end and one of many life choices individuals with disability will decide on.

As other sources of capital are identified and the market adapts to the realities of the NDIS, so funding options for new housing developments will also diversify.

Amongst others, new options that will be driven by the availability of greater choice may include different approaches to home ownership via a range of financial products (including trusts, shared equity and low interest loans) and long term financing through government and /or the private sector.

These new approaches will contribute much needed moves to increase accessible housing stock across Australia.

Other factors, such as emerging industry codes⁴³ and development of appropriate State/Territory regulation⁴⁴ will also have impact.

This contemporary view of housing better incorporates the NDIS' new individualised funding regime; and can inform how the NDIS goes about setting policy to achieve its social and economic ambitions.

As the NDIS is rolled out, housing can no longer be seen as a 'service type' controlled by disability or housing programs as it has largely been to this point.

As it replaces State and Territory disability programs, the role of the NDIS must become one of influence, partnership, facilitation and resourcing of those whose core business is housing provision and urban development.

⁴² National People with Disability and Carer Council, *Shut Out: The Experience of People with Disabilities and their Families in Australia*, National Disability Strategy Consultation Report, Canberra, 2009: 28.

⁴³ As example, see the work of Livable Housing Australia at <http://livablehousingaustralia.org.au/> Accessed 25 March 2014.

⁴⁴ Such as the Victorian Government's 2009 *Proposal for Regulation of Accessible Design Features in Residential Dwellings*. See Victorian Department of Planning and Community Development (DPCD), *Visible and Adaptable Features in Housing*, Regulatory Impact Statement, Melbourne, 2009.

SUCCESSFUL DESIGNS

The following development examples prepared by Monash Architecture Studio, Department of Architecture, Monash University, provide design analysis on a range of best-practice architectural and urban design projects from around the world that aim to improve the lives of people with a disability.

Ranging from individual dwellings through to larger urban networks, the focus is on how quality design approaches can promote a sense of independence and facilitate greater participation in the community for people with a disability, while still providing sufficient support that is flexible to suit individuals' needs.

The Monash Architecture Studio (MAS) is a architectural practice-based research unit located within the Department of Architecture at Monash University. The design explorations of MAS are based on such compelling issues as rapid population growth, changing household demographics, supported living environments. The research focus is on the design of intensive development models within established urban areas. Such models aim to enable cities to grow in a more sustainable and liveable way, with corresponding high amenity.

MAS explores these issues through speculative design projects from the scale of dwelling through to urban precincts and regions. To date, specific investigations have addressed:

- Improving the quality of medium density housing models
- Flexible and adaptable housing designs for contemporary household structures and diverse housing needs such as supported care environments
- Environmental and social sustainability at both dwelling and precinct scales
- Innovative urban design models for precinct intensification
- Integrated design strategies for achieving housing affordability.

MAS' methods include case study research, workshops, research papers, commissioned designs and design competitions. Its research is interdisciplinary and collaborative and involves government and non-government agencies, the development industry, the professional design community and academics from Monash and other institutions coming together to work on its projects. <http://www.artdes.monash.edu.au/mas/#!>

Please note: The contents of the following section are produced for research purposes only and are for limited distribution to the commissioning agency.

NEW YORK ‘AGE-FRIENDLY CITY’

Location: New York City, USA

Year: Ongoing initiative, launched in 2007

Partners: Collaborative partnership between the New York Academy of Medicine (NYAM), New York City Council and the New York Office of the Mayor.

Intent:

To sustain and enhance age-friendliness for the growing population of seniors in New York by creating environments, policies and programs that support people to live longer, healthier and happier lives, and to remain fully engaged with their communities. Although this is an initiative targeted at older people, it is inclusive of young people with a disability.

Procurement and delivery model:

The program, initiated by the 2006 World Health Organisation’s *Global Age-Friendly Cities’* Program, grew out of extensive dialogue with older New Yorkers as well as leaders from the academic, private and non-profit sectors. NYAM conducted the research on behalf of the city and works together with private and public sectors, which fund different initiatives.

Description:

A precinct-based strategy that applies an ‘age-friendly lens’ across the entire city to make it more accessible and liveable for everyone across their life course, including people with a disability.

Involves strategies to make the city more inclusive across social, commercial and regulatory systems and the built environment.

Acknowledges that not only do older people make up a significant part of the population, they also have a lot to offer the community and are keen to participate.

Comprised of a range of initiatives, including improving the built environment through new bus shelters, public toilets, pedestrian safety islands and streets reconfigured to include new public plazas complete with furniture and free Wi-Fi.

Guides and maps locate accredited ‘age-friendly’ stores and services for seniors across the city, with the added incentive of extra business for industry participants.

Businesses are encouraged to employ older people, recognising the value of their experience. Education providers offer adult education programs that are affordable, relevant and accessible to seniors and other community members



Image source: © 2014 Google

The Age-friendly New York City Commission launched three pilot ‘Ageing Improvement Districts’ in 2010-11 based on community needs and will use lessons learned in these districts to apply to the rest of the city.



New public toilets, bus shelters and benches like the one above in Chelsea have been located throughout the city.

How does it enable engagement with the broader community? –

On a neighbourhood scale

This program aims to make the whole of New York City more accessible and welcoming for older people and those with a disability. The leadership and civic role of NYC and the involvement of the Mayor are key features in promoting inclusion across all domains. Support services are linked and involved in the program.

On a local scale

Age-friendly shopping, service and activity guides facilitate independence and allow people to remain part of the local community, encouraging them to not be completely dependent on paid support services.

New infrastructure such as public toilets, bus shelters and bench seating make it easier for people to leave their home while offering the added bonus of benefitting other groups.

On a dwelling scale

Information and classes on how to make an ‘age friendly home’ are available. Residents are better and more actively linked to their communities.

Age-friendly Local Business Guidelines



Guidelines to help make your business age-friendly
For additional guidance, access free resource guides at www.nyam.org/agefriendlynyc

Products and Services	<ul style="list-style-type: none">• Sell food, products, and/or services that are tailored to older adults• Promote discounts or special offers for older adults when possible• Highlight drop-off/delivery services• Provide respectful human contact in person and on the phone• Offer extra customer service for older adults such as providing a drink of water if asked• Use large, clear fonts for signage, printed materials, and websites. Also consider translating into other languages• Participate in the community
Physical Facility	<ul style="list-style-type: none">• Have a place where customers can sit and rest• Allow customers to use a restroom• Provide adequate lighting at the entrance and throughout the business• Avoid heavy doors or offer electronic doors• Be mindful of stair safety• Place products on shelves that are reachable or readily offer help reaching items• Moderate excessively loud music and noise• Keep sidewalks free of dirt, snow, leaves, clutter, and other obstacles



Could You Use More Customers?



How About 1 Million More?

The 50 and over consumer base is diverse, fast-growing, and controls 50% of discretionary spending. In a time when small businesses are in need of increased sales in order to maintain growth, tapping into the expanding older consumer base can help boost profits.

Older Adults:

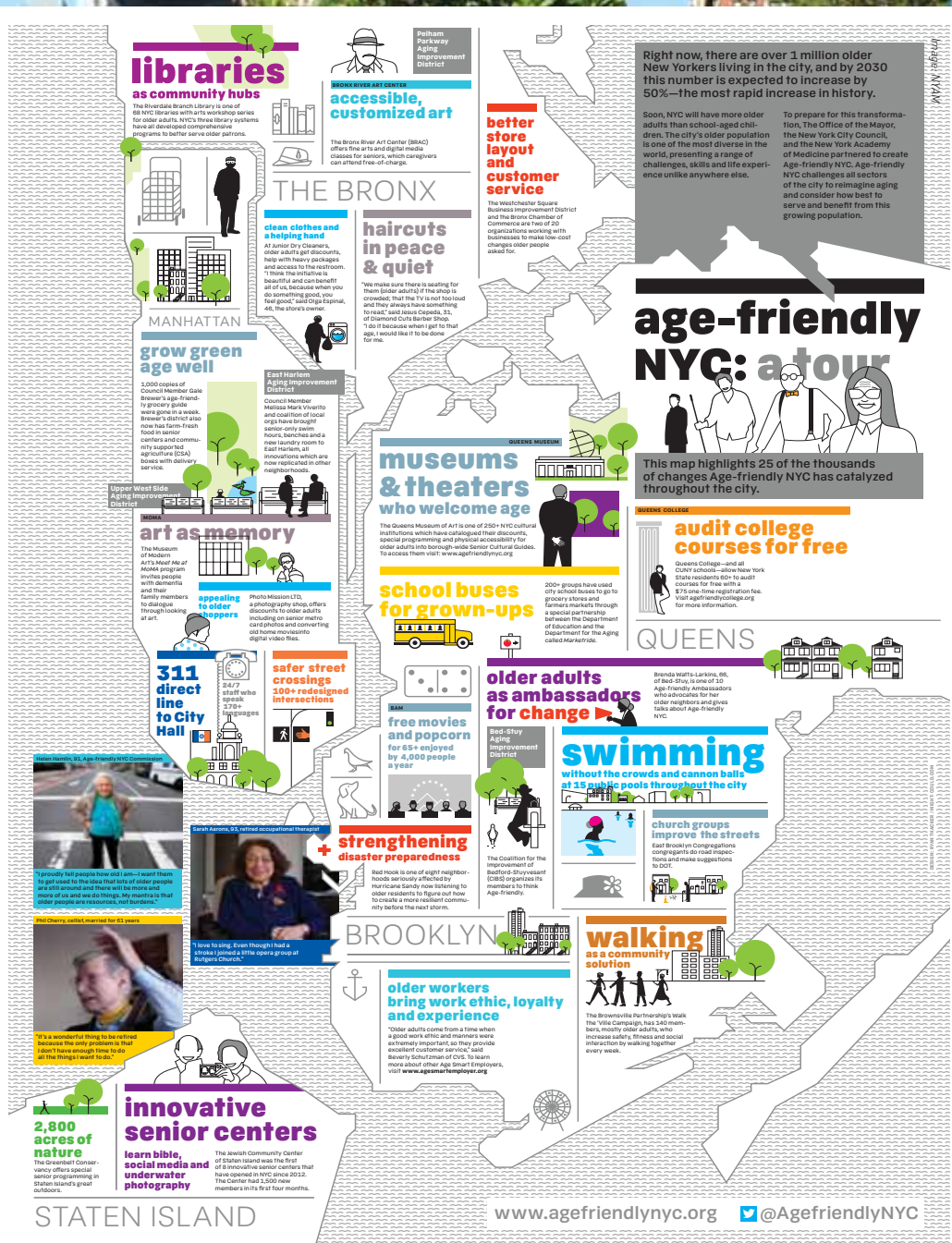
- Shop for themselves and other people in their lives
- Frequent local businesses for their shopping and services
- Reward good customer service with loyalty

The Age-Friendly Local Business Initiative is an educational outreach campaign that provides practical low cost or no cost tips to help businesses attract more older customers. The initiative does this by providing education and self-assessment materials, an age-friendly decal, and inclusion on a list to be promoted to older consumers. To date, over 1,000 businesses citywide are participating.

Facts	<ul style="list-style-type: none">\$1 trillion<ul style="list-style-type: none">• The amount older shoppers outspent younger shoppers in 2010\$27.5 billion<ul style="list-style-type: none">• The amount grandparents spend on grandchildren annually1 million<ul style="list-style-type: none">• Number of older adults currently in New York City and growing4 million+<ul style="list-style-type: none">• Number of older tourists that visited NYC in 2009
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Image top and bottom source: NYAM

Information distributed to business owners encouraging them to become accessible



A NYAM poster showing some of the many initiatives introduced as a part of age-friendly New York program

Reclaimed road now turned into a public plaza on Broadway, New York - an initiative by the city to establish a park or public space within a 10 minute walk of every residence



Image source: © 2014 Google



Photo credit: Terabass



Image source: © 2014 Google

Spread of new works are concentrated in 'Ageing Improvement Districts' - eg Upper West Side (top) and East Harlem (bottom) but with the intention to extend throughout all of New York

2012-2013 AGE-FRIENDLY WEST SIDE GROCERY GUIDE

- 22. SEASONS:** 661 AMSTERDAM AVENUE (BTWN W92/W93 ST)
212-222-6332 (seasonsnyc.com)
HOURS: SUN-WED 7:30AM-9PM, THURS 7:30AM-11PM, FRI 7:30AM-5PM
Icons: Phone, Credit Card, Wheelchair, Baby Stroller, Van Access
SHOP BY PHONE: FREE
DELIVERY: \$5-\$20 FEE DEPENDING ON LOCATION
- 23. MANI MARKET PLACE:** 697 COLUMBUS AVENUE (AT W94 ST)
212-662-4392 (manimarketplace.com)
HOURS: MON-SAT 7AM-11PM, SUN 7AM-10PM
Icons: Phone, Credit Card, Wheelchair, Baby Stroller, Van Access
DELIVERY: \$3 FEE UNDER \$30 PURCHASE, FREE OVER \$30 PURCHASE
- 24. FOOD CITY:** 705 COLUMBUS AVENUE (BTWN W94/W95 ST)
212-222-6500 (foodcity.com)
HOURS: MON-SAT 8AM-9PM, SUN 8AM-7PM
Icons: Phone, Credit Card, Wheelchair, Baby Stroller, Van Access
SHOP BY PHONE: \$3.99 FEE
DELIVERY: \$2.99 FEE
- 25. WHOLE FOODS MARKET:** 808 COLUMBUS AVENUE (AT W97 ST)
212-222-6160 (wholefoodsmarket.com)
HOURS: 8AM-11PM DAILY
Icons: Phone, Credit Card, Wheelchair, Baby Stroller, Van Access
PERSONAL SHOPPING PROVIDED THROUGH AN IN-STORE APPLICATION
DELIVERY: 8AM-8PM, \$4.95 - \$3.95 FEE DEPENDING ON LOCATION
- 26. ASSOCIATED SUPERMARKET:** 755 AMSTERDAM AVENUE (AT W97 ST)
212-665-9900 (associatedsupermarkets.com)
HOURS: OPEN 24/7
Icons: Phone, Credit Card, Wheelchair, Baby Stroller, Van Access
SHOP BY PHONE: FREE
DELIVERY: FREE WITHIN 10 BLOCK RADIUS
*5% OFF EVERY WEDNESDAY
- 27. GRISTEDES:** 262 W 96 STREET (BTWN BROADWAY/WEST END)
212-663-5126 (gristedes.com)
HOURS: MON-SAT 6AM-12AM, SUN 7AM-11PM
Icons: Phone, Credit Card, Wheelchair, Baby Stroller, Van Access
SHOP BY PHONE: \$ 2.95 FEE (INCLUDES DELIVERY)
DELIVERY: \$4.95 FEE UNDER \$75 PURCHASE, FREE OVER \$75 PURCHASE
- 28. WESTSIDE MARKET NYC:** 2589 BROADWAY (AT W98 ST)
212-316-0222 (wmarket.nyc.com)
HOURS: OPEN 24/7
Icons: Phone, Credit Card, Wheelchair, Baby Stroller, Van Access
DELIVERY: FREE WITHIN 10 BLOCK RADIUS



Dear New Yorker,

The New York City Council has been working with the New York Academy of Medicine (NYAM) and the Mayor's office on an initiative to create an Aging-Friendly New York City. We have started here on the West Side of Manhattan.

We surveyed grocery stores on the West Side in order to highlight the best practices of local businesses in addressing the needs of older adults. This 2nd annual report will enable you to see the resources and services grocery stores are providing in the neighborhood. Additionally, this year we have included four Greenmarket locations in the Upper West Side as a part of GrowNYC's initiative to bring locally grown produce to our senior centers.

I want to thank the businesses who have taken the time to participate in our grocery store survey as well as the Food Industry Alliance and Local 1500. For resources and support on how to better meet the needs of older adults or to share best practices you are already doing, please contact NYAM at agefriendlybusiness@nyam.org or call (212) 822-7237. Special thanks to Elizabeth Brown, Basia Rosenbaum, Cheyenne Rosenbaum and Omany Luna for their contributions in producing this guide.

Sincerely,
Gale A. Brewer
GALE A. BREWER
COUNCIL MEMBER



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THE NEW YORK CITY COUNCIL

2012-2013
AGE-FRIENDLY
WEST SIDE
GROCERY
GUIDE



Age-friendly grocery guide with store names and locations

WEIDEVOGELHOF

Location: Pijnacker, The Netherlands

Year: Completed 2010

Partners: Rondon Wonen Pijnacker (housing), Habion (housing), Mooiland Maasland Foundation (housing), Pieter van Foreest (elderly care association), Fokus Wonen (disability care association), IPSE (intellectual disability association)

Intent:

To deliver a housing model that is truly integrated into the community and provides a high standard of living and an opportunity for residents to be part of the community.

Procurement and delivery model:

The project came about through a collaboration of not-for-profit local housing associations and care organisations. The care organisations have particular expertise across a number of health and support areas and provide services for people with physical and intellectual disabilities, as well as the elderly. This project demonstrates that by making alliances with other organisations, service providers can develop and support the particular needs of their clients in a more comprehensive and integrated way.

Description:

An ambitious neighbourhood-scale development where housing associations and service organisations work together with the wider community.

Large urban development of nine buildings that is fully accessible.

Part of a newly built suburb in a small town halfway between Rotterdam and Den Haag made up of 2,300 new dwellings.

A range of facilities catering for all residents of the new suburb are located within Weidevogelhof.

A 'lifetime' neighbourhood made up of sheltered housing, assisted living, primary care, welfare, health services as well as community activities, restaurants, cafes.

A variety of public spaces scattered throughout the development are open to residents and to the public.

Not-for-profit local housing associations responsible for the buildings, several not-for-profit care associations responsible for the delivery of care.



Located in the centre of Pijnacker, Weidevogelhof services the entire new community west of the train line with the intention of being a truly integrated health and housing precinct

How does it enable engagement with the broader community?

On a neighbourhood scale

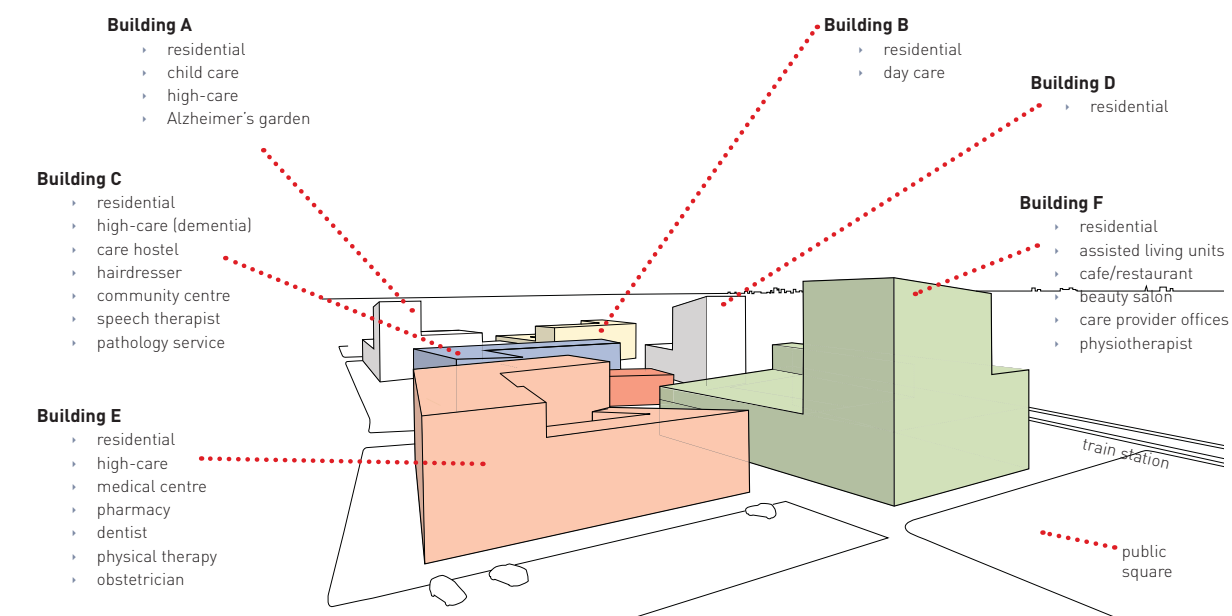
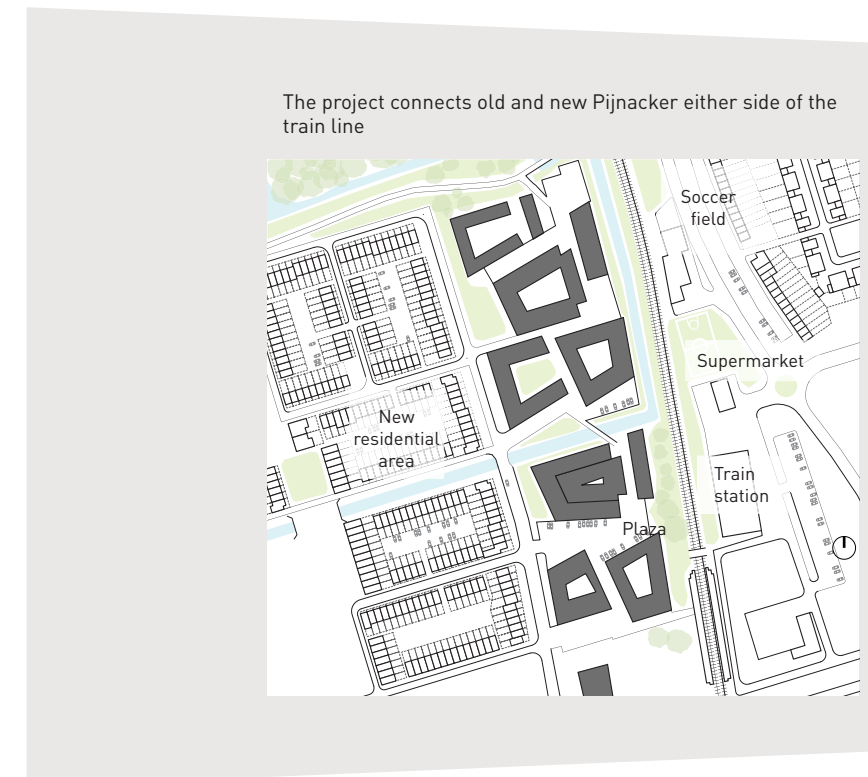
- Service providers can better support clients by connecting with other organisations in the buildings, such as housing, health and in-home care groups, by pooling resources and by creating a diverse 'lifetime community' that also engages with the life of the local neighbourhood.
- A range of facilities that service the new suburb of Keijzershof are located within Weidevogelhof, providing many opportunities for a variety of everyday engagements and enabling residents to feel part of the wider community.

Local scale

- Locating different programs such as supported living, community meeting rooms and small businesses (such as hairdressers) in the same building encourages different interactions and promotes a more diverse neighbourhood.

Dwelling scale

- Large balconies overlook the street enabling residents to engage with the world without having to leave their home.



Phase 1 (of 3) of the development is comprised of a mix of program spread across six buildings

FIVE DOCK MIXED USE DEVELOPMENT

Location: Sydney, Australia

Year Completed: 2004

Partners: Private developer Koundouris Group, Canada Bay Council

Intent:

To redevelop an existing, single level supermarket and car park located one block back from the main street into a large mixed-use development including a new supermarket, public library, cafe and range of apartment types.

Procurement and delivery model:

The landowner saw an opportunity to approach the local council once the area began undergoing renewal and began negotiations to deliver a project that stood outside the planning laws. In exchange for an increase of 30% apartment floor space, the developers gave the council one level of the building for a new library (fit-out by council) and allowed the council to direct the arrangement and linkage of the public spaces on ground, along with car parking and access.

Description:

Mixed-use project developed through a collaboration between local council and the landowner/developer.

Consists of a supermarket, neighbourhood public library, cafe and units/apartments.

Apartments sit above a brick podium and are arranged around a shared, north facing, landscaped courtyard for residents.

Ground level supermarket is accessible by a public plaza and separate laneway, creating a network of paths that link several public and private open spaces.

Library is located on the first floor, together with a cafe and publicly accessible terrace that overlook the neighbourhood.

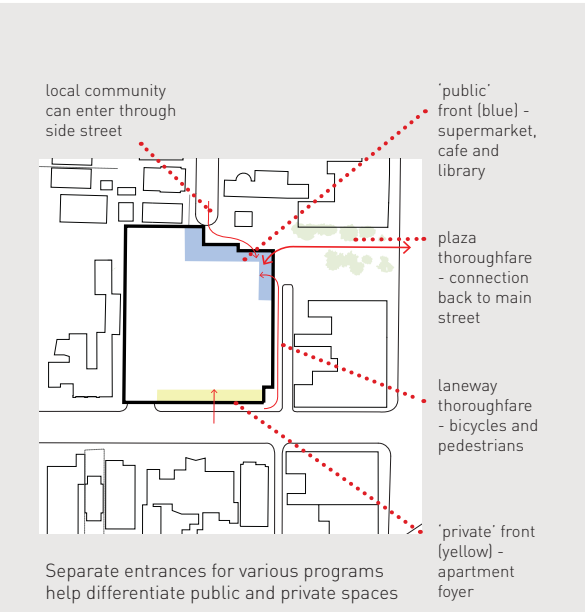
Wide range of apartment types including two-storey maisonettes, terraces, garden apartments and two-storey penthouses, in addition to one, two and three bedroom apartments.

Generous outdoor spaces - large balconies run the full length of each apartment.



The large scale of the development is reduced by its location between the existing shopping strip and police station

How does it enable engagement with the broader community?



The new development sits back from the main street, linked by a public plaza

On a neighbourhood scale

By negotiating with the developer, the council was able to deliver an excellent outcome for the broader community and provide a new public library and upgraded public spaces at a significantly reduced cost, that may not have otherwise occurred.

Easy access to a wide range of shops, services and amenities, promotes a sense of independence and creates opportunities for engagement with the local and wider community

The library, supermarket and cafe bring people into the development and increase opportunities for interactions

On a local scale

Network of pedestrian-friendly paths and plazas in and around the development provide residents with safe places to occupy outside their home that are easy to access

On a dwelling scale

The wide variety of apartment types encourages a diverse mix of residents and provides a range of different living options to meet different needs



A network of pedestrian friendly laneways and plazas integrate the development into the neighbourhood making it easy to get around



Image source: Louise Wright



Image source: © 2014 Google

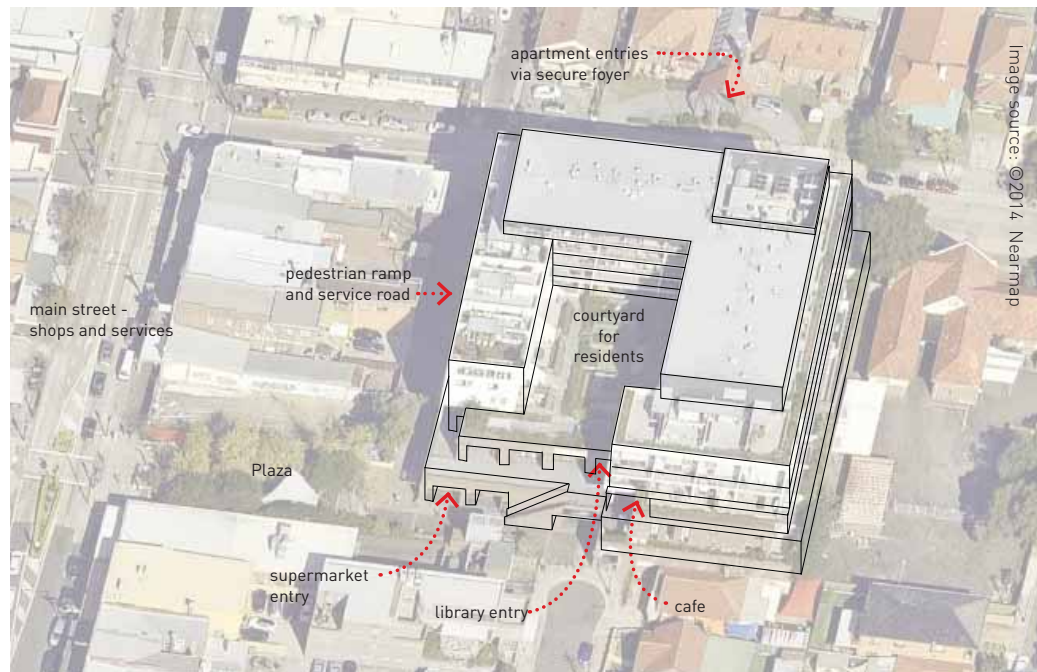


Image source: ©2014 Nearmap

Above: A plaza connects the development to the main street and includes a playground, public chess square and seating

Left: Different entry points for different programs and uses help to define public and private spaces



Image source: © 2014 Google

Above: Tucked behind the main street, the development has excellent access to a variety of shops, services and amenities for residents

Left: Locating a range of different programs in the same building make it easier for residents to participate in the community and feel an increased level of independence

SANKT ANTONIUS COMMUNITY CENTRE

Location: Stuttgart, Germany

Year Completed: 2001

Partners: Saint Antonius Church Community

Intent:

To provide accommodation for people who want to live as independently as possible but require some assistance in their day to day life, while also providing them with the opportunity for meaningful social interactions with the local community.

Procurement and delivery model:

Initiated, funded and run by the adjacent Sankt Antonius Church community who already owned the land.

Description:

Comprised of community hall, fair trade shop and social welfare offices at plaza ground level and twelve assisted living apartments above.

Designed to care for people over 60, but is also accessible to people with a disability of all ages.

All apartments overlook maintained gardens and a large plaza shared with the adjacent church and neighbouring buildings.

Residents do not need to be affiliated with the church, but many are.

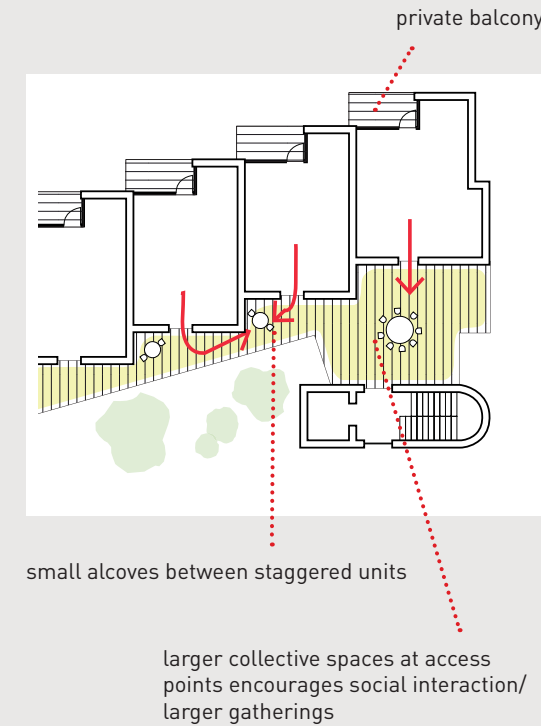
Caretaker's apartment and a short stay apartment can be used for residents' guests on the top floor.

The plaza is open to the public and is often used for community events, along with the community hall on the ground level, providing opportunities for residents to participate and make contributions to the community, as well as creating opportunities for more informal social interactions.

Residents requiring formal support services receive them on an as-needs-basis.



The development is located in a busy area of the town on the same block as key shops, services and amenities and adjacent to the Sankt Antonius Church and shared plaza



Good location and integrated into the surrounding context

How does it enable engagement with the broader community? –

On a neighbourhood scale

There is a connection to the 'outside world' and residents are made to feel part of the community.

Located well with excellent access to nearby shops, services and amenities and support services, with an integration of civic and domestic design that promotes opportunities for community engagement.

On a local scale

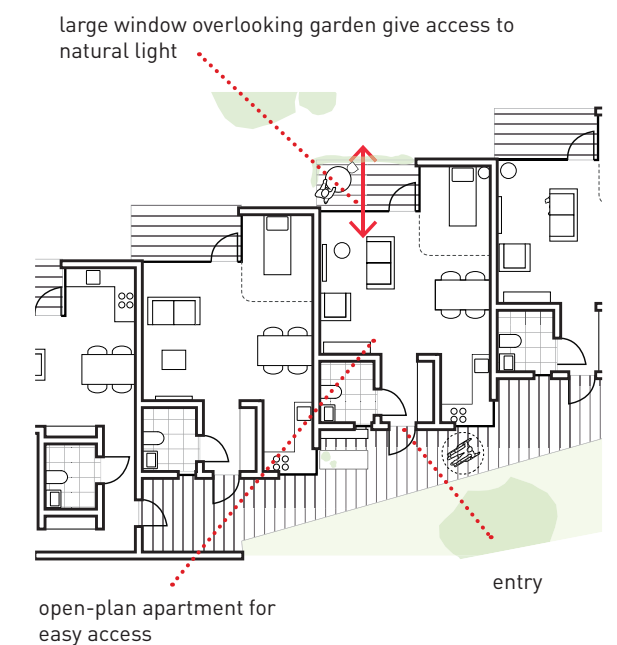
All apartments overlook the adjacent plaza that holds events where residents are encouraged to contribute and/or participate.

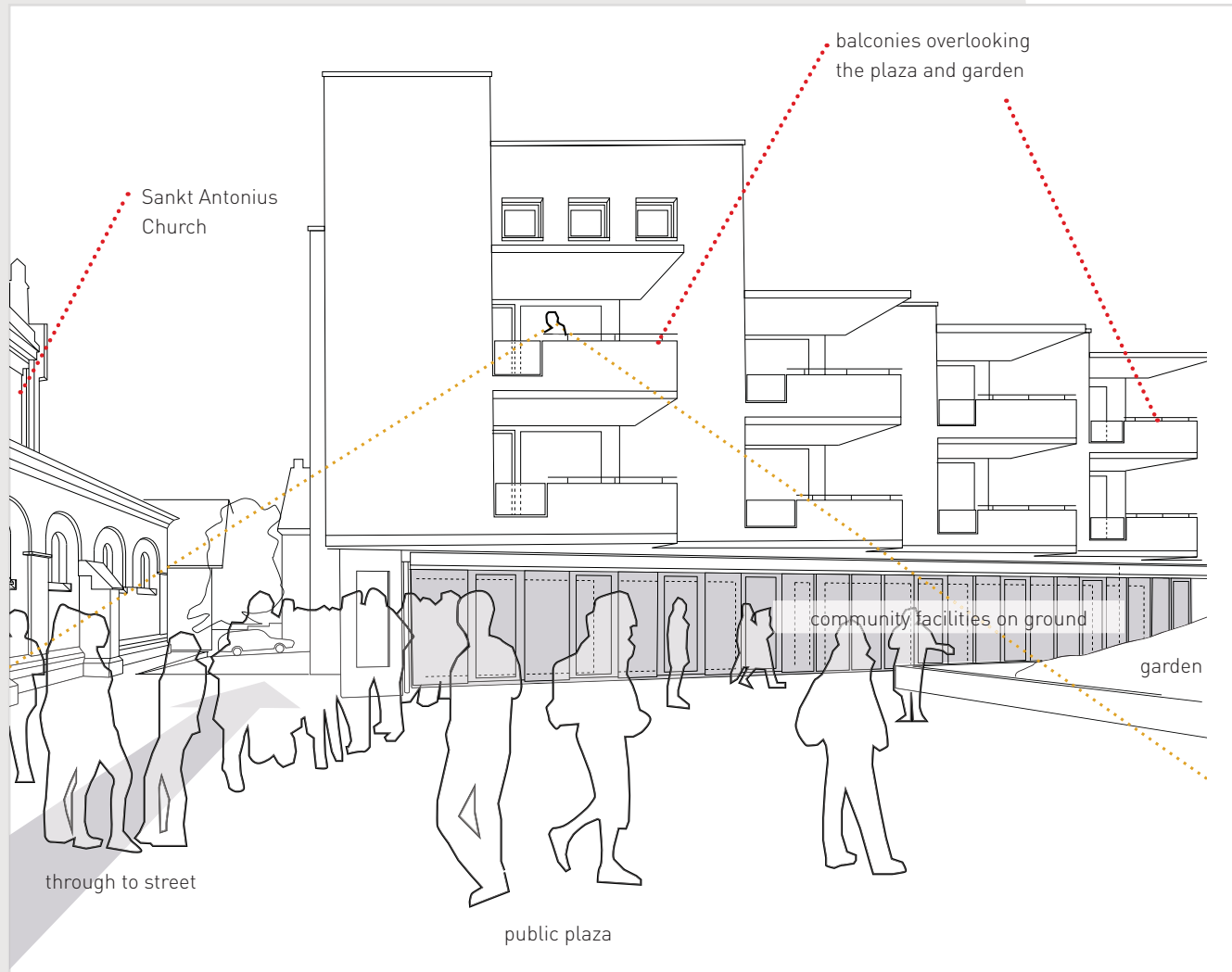
Shop and community hall on the ground floor are easily accessible and also provide opportunities for social interactions.

On a dwelling scale

'Staggered' apartment layouts create nooks outside each apartment in a shared entry space, providing opportunities for informal meets with neighbours.

A larger gathering space on each floor outside the lift another opportunity for social meets.

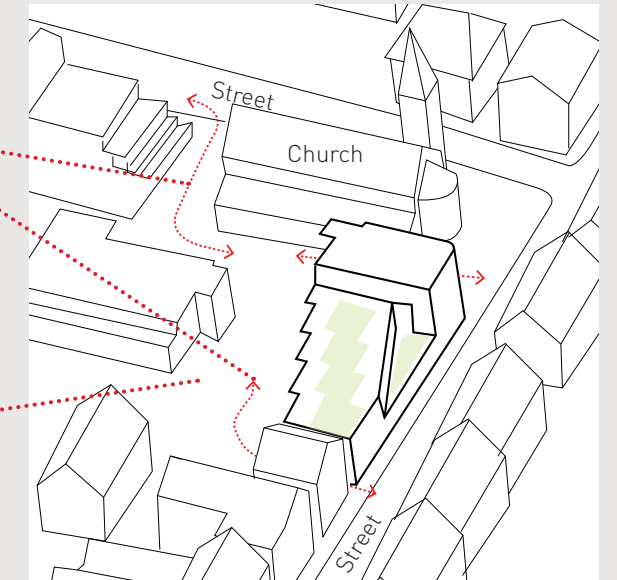




The large, shared plaza opens out from the community centre on ground level and connects to the street in two places creating an active public space. Residents can choose to engage with activities run by the centre or overlook events from their apartments.

Pedestrian links from plaza back to the street

Plaza hosts community events



Entry from the street is shared by the church, plaza and community centre, creating opportunities for informal meets

Image source: ©2014 Google

KAUFHAUS BREUER

Location: Eschweiler, Germany

Year: Completed 2006

Partners: Anna Maria and Andrea Breuer (building owners)
BeL (architects)

Intent:

To retrofit and refurbish a former department store and transform it into a mixed use development that provides a good quality, primarily independent living environment those with disability and older people.

Procurement and delivery model:

Empty for over 30 years apart from a pharmacy at street level, the Kaufhaus Breuer was initially identified by the City of Eschweiler to be reoccupied for commercial use as part of the downtown redevelopment plan. However, after examination of the economic and demographic conditions, architecture firm BeL suggested to the building owners a mixed-use development would be a more appropriate alternative, retaining the ground floor retail and adding a restaurant, office spaces and accessible residences above.

Description:

Mixed-use building with two levels of accessible apartments, with function and recreation rooms and a restaurant on the first floor that are open to both residents and the public.

Five self-contained apartments and one shared, supported accommodation apartment occupy the second and third floors.

Access to all apartments is through a private, fully glazed internal courtyard that provides a secure outdoor space with good access to natural light and ventilation.

Shared accommodation unit on the second floor is comprised of one double and four single rooms, each with private ensuites, clustered around a large living area and two internal courtyards.

Independent-living units designed as open plan spaces with a central core and a series of sliding and rotating walls, enabling residents to create a variety of different spaces depending on their needs. These residents also have access to support if required.

Wide corridors and doorways and a centrally located lift have been incorporated throughout the building making it entirely accessible and encouraging independent living.



The former department store is located in the centre of the town in the main shopping district

How does it enable engagement with the broader community?

On a neighbourhood scale

Located in the centre of town, residents have easy access to a wide range of shops, services, entertainment and amenities.

On a local scale

Restaurant is available to residents as well as the public and is accessed through a foyer shared with apartment entries, creating opportunities for a variety of interactions and engagements.

Communal terrace on the roof for residents overlooks the city.

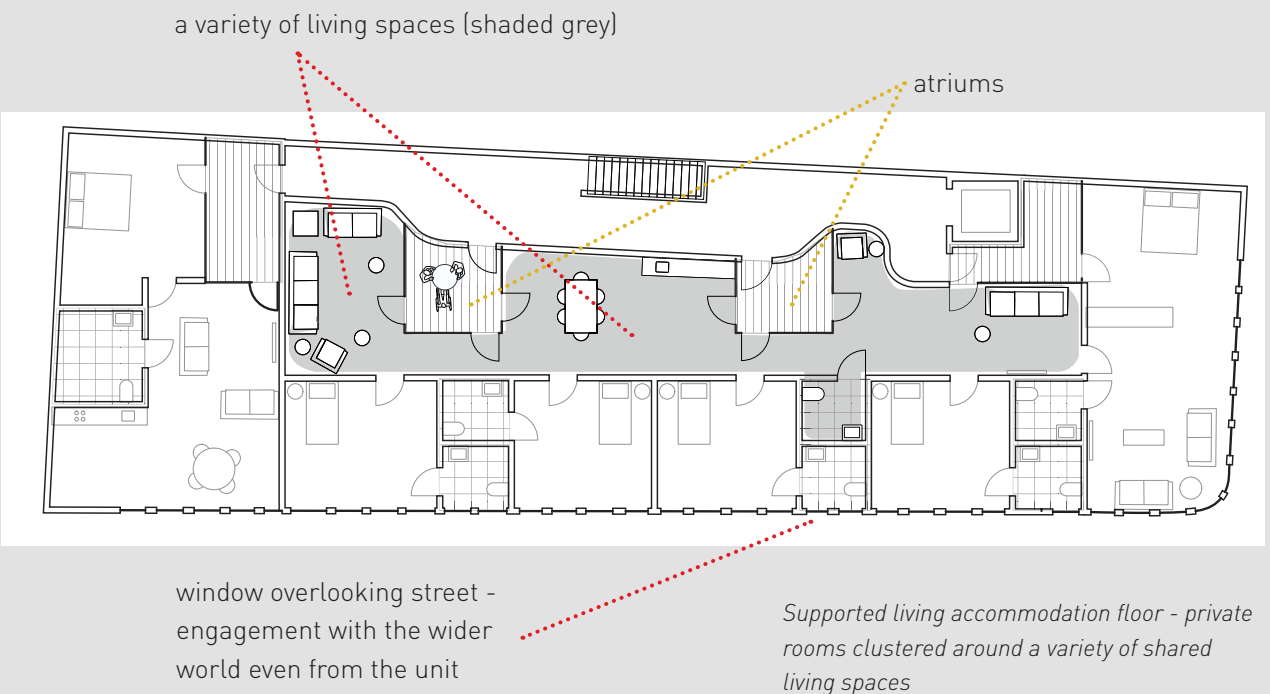
On a dwelling scale

Apartments overlook the busy street allowing residents to feel connected to the world without having to leave home.

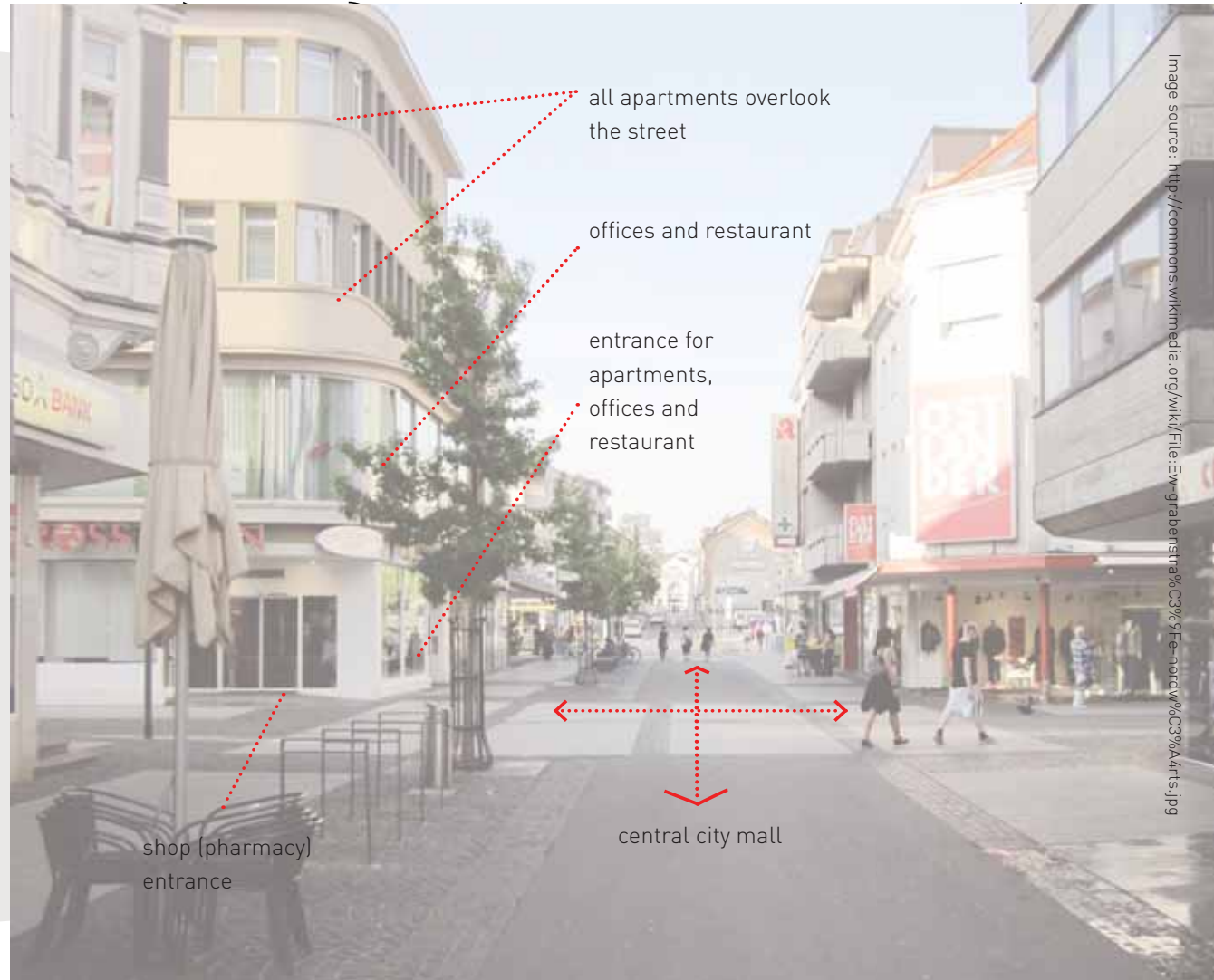
Large, shared living spaces connected by a series of courtyards provide a variety of spaces for residents to interact with each other and guests.



Residents have excellent access to shops, services and amenities



Supported living accommodation floor - private rooms clustered around a variety of shared living spaces



View of the central city mall from ground level



Kaufhaus Breuer from the street

ALEXANDER MILLER MEMORIAL HOMES

Location: Castlemaine, Australia

Year: Completed 2012

Partners: Alexander Miller Memorial Estate (charity)
Wintringham Housing Association, Department of Human
Services Victoria, Allen Kong Architects

Intent:

To replace ten housing units built in the 1930s, ensuring new builds are fully accessible and allow residents to age-in-place as their needs may change.

Procurement and delivery model:

The land is owned by the Alexander Miller Memorial Trust and is leased to Wintringham Housing Association. The project arose through mutual collaboration between Wintringham and the Trustees of the Alexander Miller Memorial Homes Wintringham and the architect reviewed the entire building stock of the Alexander Miller Memorial Homes consisting of 14 Estate and over 180 housing units and devised a management and development plan for all the existing estate properties.

The funds for construction work came from Nation Building through the Victorian State Government.

Description:

Ten new independent living units on the site of the original Alexander Miller Memorial homes built in the 1930s.

Located one block back from the centre of the town.

Scale of development enables residents to form a small community while still remaining part of the wider one.

Design responds to and engages with the existing context, 'giving back' to the streetscape.

Quiet laneway access to shops, services and amenities.

All units have large, north facing gardens and outdoor areas that create opportunities for engagement while still retaining sense of privacy.

Units allow wheelchair accessibility and are purpose built for residents who have issues with mobility either now or in the future.

Wheelchair accessibility extends to outside, private paths connecting to existing footpaths and laneway.

Bathrooms have been built to accommodate support workers if necessary.

Residents are able to age-in-place, with all of the associated benefits, because of the flexibility in the design of their homes and of the support services that can adapt to changing needs.

How does it enable engagement with the broader community?

On a neighbourhood scale

Careful and considered designs not only benefit the user, but also enhance the streetscape, integrating the development into the wider context of the area.

On a local scale

Easy access to the centre of town enables residents to access and engage with the wider community.

On a dwelling scale

Units can be adapted over time to changing circumstances allowing residents to remain in their home, while developing and maintaining links to their local community.

Generous front gardens combined with screened verandahs create opportunities for neighbours to interact while still enabling residents to retain some privacy.



Generous front gardens with living spaces and low fences create opportunities for informal interactions and engagement with the street (above and below)



Located in the centre of Castlemaine, the project is within a 5 minute walking distance of shops, services and amenities



The development is carefully arranged to ensure all units have access to good natural daylight and garden spaces



The unit 'fronts' have been oriented away from the busier traffic streets to promote privacy



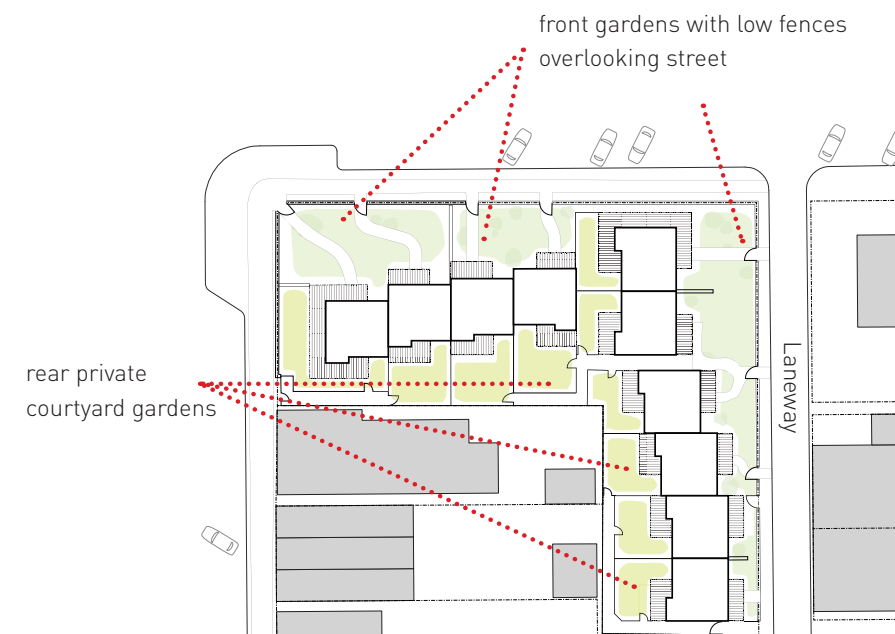
A quiet lane connects the development to the main street, making it easily and safely accessible for residents



All units are wheelchair accessible and this continues outside to the street to maximise independence beyond the home



Lane connecting units to main street



the layout of buildings creates a range of different outdoor space

CAIRO

Location: Capital City Zone, Southbank, Melbourne, Australia

Year: Commenced planning 2008, construction begins 2014

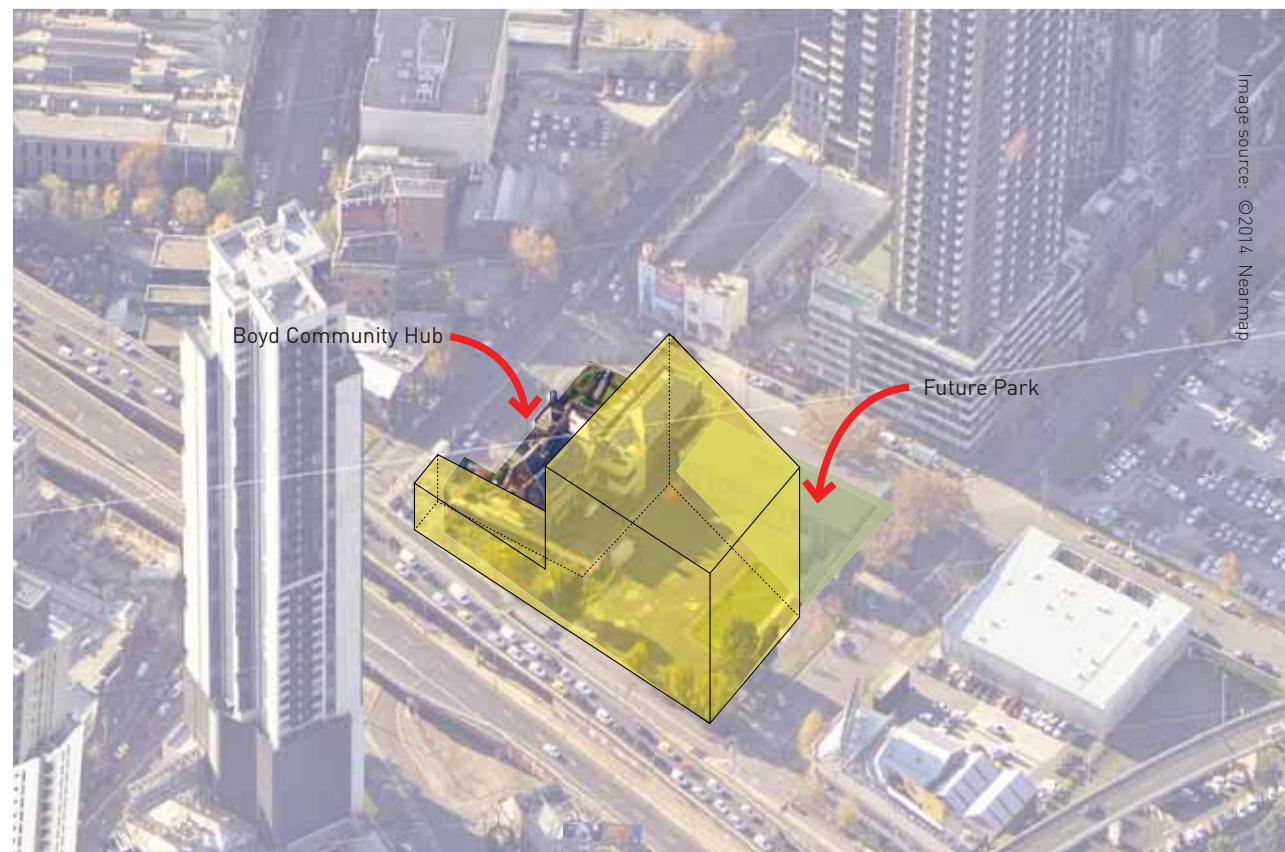
Partners: Mackie Group Builders; Cairo City Road Ltd (company membership: Young People In Nursing Homes National Alliance, Australian Quadriplegic Association - Victoria, Multiple Sclerosis Australia - Victoria, Brainlink Services, Returned Services League - Victoria); Melbourne City Council; and Haven as the community housing association. The community building vision and philanthropy of Ralph Mackie, Director of the Mackie Group, has been central to the partnership approach to the Cairo model.

Intent:

Cairo will see the development of a multidimensional intentional community in Melbourne's Capital City Zone (CCZ).

The proposed development is an inclusive, high amenity residential apartment tower where people with disability can live and engage in the social, sporting, economic and cultural opportunities available to all residents of the CCZ.

The Cairo tower is co-located on a site with Melbourne City Council's (MCC) Southbank Community Centre, education facilities and sits on the site of Southbank's only park.



Preliminary view of the proposed mixed-use tower (yellow) and park (green)

Procurement and Delivery model:

Cairo City Road partners and Mackie Group generated the Cairo concept to create a unique and diverse vertical village environment in Southbank. Amenity for people with disabilities has been included in all aspects of the development, including the precinct design.

Cairo City Road has been incorporated as a not-for-profit company by the Cairo partners to manage aspects of the development: it will work with residents to manage the design and delivery of the on-site support service in addition to undertaking community building activities across the city.

Haven, a not-for-profit housing organisation, has been engaged to manage the accessible apartments for people with disabilities. Cairo City Road partners will work with the housing provider to develop governance and resident participation arrangements. The on-site support service will be available to all Cairo residents on an opt-in basis.

Economies of scale and innovative management of the support workforce ensures support can be delivered effectively and efficiently (eg no minimum shift length for individual support events), with greater choice for residents about how and when support is provided.

Description:

Located on a former school site owned by the City of Melbourne, the 32 storey Cairo tower has 250 apartments and includes applications for 80 National Rental Affordability Scheme places for city key workers and people on lower incomes.

Ten percent (25) of the apartments are for people with disability requiring support. Governments will fund up to 15 of these apartments, with the remainder purchased privately by individuals and families. The proportion of accessible apartments in the tower is within the broader community prevalence of disability.

As part of a commitment to 'inclusive design', 75% of the Cairo Tower's apartments will be built to platinum accessibility standard.

Accessible apartments will be 'salt and peppered' throughout the tower and facilities include car parking, retail spaces, an accessible gymnasium and swimming pool.

One, two and three bedroom apartments are available for private purchase by individuals with disability and/or their families with a range of purchase options that include shared equity arrangements.



How does it enable engagement with the broader community?

Co-locating the tower with the City of Melbourne's Southbank Community Hub means Cairo residents have immediate access to a range of on site community activities, as well as a range of public and private spaces (such as cafes, restaurants and retail areas) to connect with others.

The proximity of the site to the central city area of Melbourne enables easy access to a range of education, employment and cultural opportunities. The design of the site facilitates formal and informal interactions on site in addition to those in the wider neighbourhood.

Local community organisations already supportive of the development are well placed to assist with linking residents with organisations across the city area. The organisational

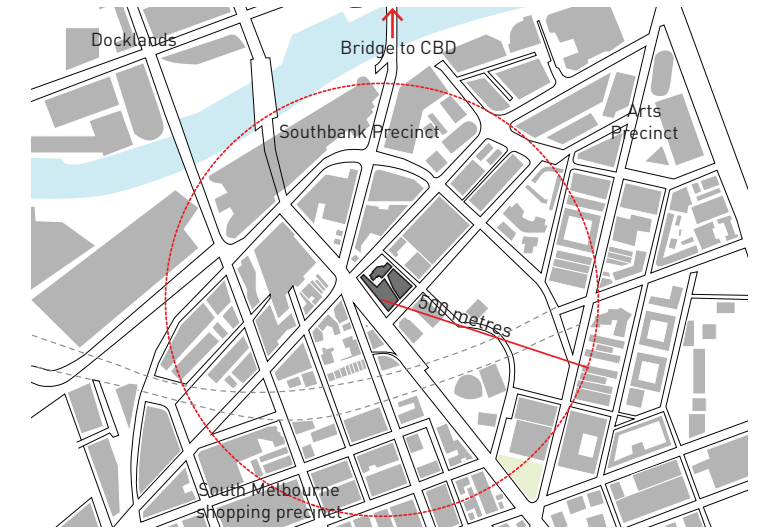
networks of the Cairo City Road partners can be made available to residents to ensure a comprehensive response to their needs and aspirations over time.

There is also the possibility of the establishment of a Global Learning Centre that will operate adult education programs. The Centre would offer Southbank residents the opportunity to interact around shared interests.

The City of Melbourne is one of 33 cities of the World Health Organisation Age-Friendly City Program. The commitment of the City of Melbourne to this program and the accessibility and amenity benefits that flow from it will accrue to older people as well as those with disabilities resident in Melbourne.



The café in the busy Boyd hub



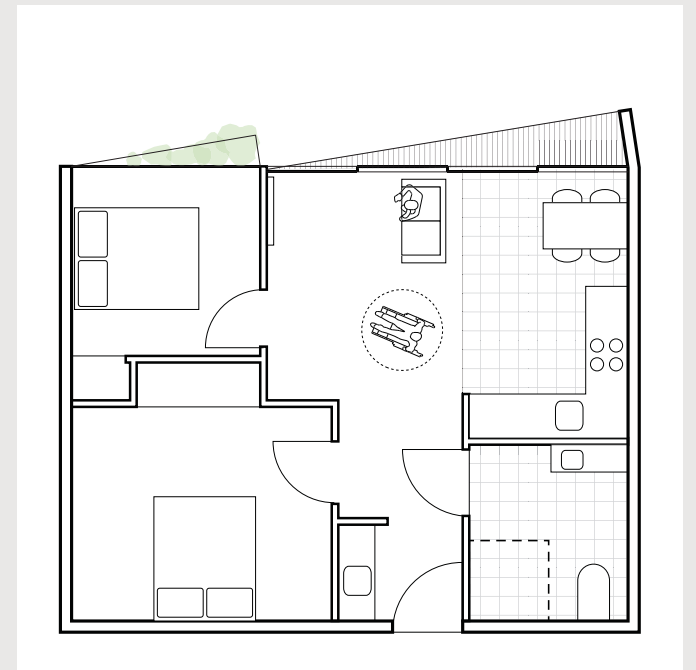
The development is located less than a kilometre from the CBD and has excellent access to shops, services and amenities



The historical former Boyd High school has been transformed into the a community centre and includes a cafe, library, health services and hireable studios and is shared with the public



The Boyd hub has many community activities, including market days



Example of typical, accessible apartment floor plan

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