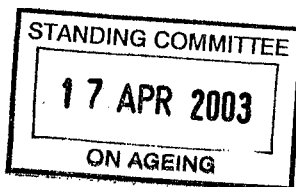


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**Irwin, Debbie (REPS)**

**From:** JFlorence@paraquad.asn.au  
**Sent:** Thursday, 17 April 2003 2:19 PM  
**To:** Committee, Ageing (REPS)  
**Subject:** Additional submission to enquiry



To the Officer in Charge,

I appeared on behalf of the Disability Housing Support Alliance (DHSA) at a hearing of this enquiry in Melbourne, speaking on the importance of accessibly designed and constructed housing. There were a few important points which I feel I did not make at the hearing and would consequently like to make a further short submission. This is as follows:

The rapidly ageing population and people with disabilities share many common needs, as far as housing is concerned. Almost half of the population over 65 years of age has a mobility impairment or deterioration of some kind. Therefore if we are to follow the principle of 'ageing in place' it is necessary to ensure that a house will be adaptable to the changes which take place in people's functioning as they age. If they are able to stay in the same house, they will still be in familiar surrounds with their established support networks in place. As people age major change can lead to disorientation and depression, possibly making the use of various additional services necessary.

Accessible or, at least adaptable design makes sense in cutting down social and personal upheaval and major financial costs to both the individual and the community. It is inexpensive to build a house with accessible provisions from the start. It is expensive to alter it later.

Older people and people with disabilities tend to make do with physical surroundings in the home that diminish their independence and that can be a threat to their health and safety, simply because they don't know anything better is available. Housing design which allows them to function independently at entrances, in the bathroom and kitchen, cuts down on the need for HACC services and ensures that they are less likely to have falls and injuries which require stays in hospital with the consequent costs for community and government.

Thus we advocate an urgent need for the consideration of regulations, like those recently adopted in the UK, to build all new dwellings to a basic level of access and also to the consideration of schemes to assist people to upgrade their current dwellings in a way that enhances their access, independence and safety. There is very little currently available to assist people in this way, so that they often make do with unsafe environments which can lead to injury and which necessitate higher use of services.

Accessibly designed houses are also safe for young children, pregnant women and people with temporary injuries. This is indeed 'design for life', and creates a sustainable type of housing which can be occupied by people at any life stage.

Regards  
Janice Florence

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