

Submission to Senate Select Committee on Housing Affordability in Australia

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Terms of Reference

This submission addresses the following barriers to home ownership in Australia as listed in the Inquiry Terms of Reference:

- d. the role of all levels of government in facilitating affordable home ownership; and
- e. the effect on the market of government intervention in the housing sector including planning and industrial relations.

Discussion

Inclusive, or universal, design is a concept of **social inclusion** that includes 'design for ability'. **Inclusive design** can have an impact not only on the well-being of the individual, but also on the range of possibilities for home care support providers, on the demand for institutional care and on the wider housing market.

In Australia, there is a **housing design standard** (Standards Australia, 1995) that incorporates inclusive design. This design standard addresses accessibility, personal hygiene and safety in the home for people with various levels of ability. However, this standard is not used as a mandatory reference point for either the building of new homes or the modification of existing homes (see Karol, 2008 for an examination of this issue in Western Australia). Thus, instead of building or modifying housing for a diverse range of users, including the frail aged and the disabled, housing is currently being built for the 'average' end-user (Clarkson, Coleman, Keates, & Lebbon, 2003).

Social policies in Australia that address social inclusion include supporting people to remain in their own home as they age thereby reducing admissions to residential care facilities (Jones, De Jonge, & Phillips, 2008). However, without universal design, many frail aged and disabled people are unable to live safely and comfortably in their current home. Their choices are limited to making modifications, moving to a different, more amenable home or moving into supported accommodation such as a residential aged facility. In this submission, we argue that all of these choices are impacted by **affordability**.

If a house lacks the features of inclusive design, for example, wide doorways, level surfaces, good lighting, easy access between living areas and bedrooms and bathrooms, and space and access in bathrooms, **modifications** become necessary. Whether or not these modifications go ahead will depend on financial circumstances, the availability of mainly means-tested funding (such as competitive funding from the Community Aids and Equipment Program managed by Disability Services Commission in Western Australia), support from community organisations and home care support providers, and family. In the case of subsidised modifications, people may have to be on long waiting lists or have to pay above-market prices for timely adaptations.

There are a number of reasons why, even when needed, modifications are not being undertaken. First, some modifications are not possible, for example for homes that have National Trust or similar heritage status. Furthermore, some people will not modify their homes because they believe the modification would ruin the aesthetics, expose the physical challenges of their lived experience to visitors to the home, or would reduce the resale value of the home. In addition, there is the problem of getting trades people to do home modifications given that, when labour is scarce (for example, in some rural areas), priority is often given to people with short term (post acute) rather than longer term (chronic) needs. Sometimes housing adaptations are too costly. Finally, if homes are rented, then people may not be permitted to modify. Without modifications, safety and quality of life are compromised.

Providers of home care support might suggest that a housing feature represents an occupational safety and health (OSH) issue and request modifications. Unless the OSH issue is resolved, the provider may not provide or continue the service. If the issue remains unresolved, then the way the service is delivered may have to change, for example, having a bed bath if the bathroom cannot take a hoist and shower chair or the shower has a hob.

In their study of housing modifications for people with neurodegenerative disorders (considered chronic and life-limiting illnesses), Karol and Giles (2008) argued that the design of the home clearly can improve the quality of the time these people remain in their home, as well as prolong the time they can remain there. In the absence of universal design, the mobility, personal dignity and control at home are compromised for this group of people. It is clear from the literature (see, for example, Louie, 1999; Devlin & Arneill, 2003; Heywood, 2004) that these are important well-being factors for people suffering from any type of impairment.

One of the alternatives to modifying an existing home is to **move** to a new home with design features that are more amenable and other attributes to do with location. Such moves can be pursued through the **private housing market** or via **public housing**. In terms of the latter, there are long (and growing) waiting lists for government built and managed disability housing and housing for the aged which isn't helpful, especially for people with rapidly degenerating disorders.

The affordability issues that arise with home moves include being able to sell one home and buy another home that better accommodates functioning, mobility and other needs, such as being closer to medical facilities. In a robust housing market, the move from an older family home which may not have been well maintained, especially for frail aged owners, to a different house located closer to facilities and public transport, may result in

a financial loss. Financial products like reverse mortgages and interest only loans are helpful but undermine the value of estates.

Jones *et al.* (2008) state that it is not only the cost that discourages moving. It is also “fear of loss of an asset, or reduced security of tenure may prevent some older people from making a move. For many the family home holds a great deal of personal meaning and is an expression of their identity. It represents their achievements and history and provides them with status” (Heywood, Oldman and Means, 2002, cited in Jones, De Jonge, & Phillips, 2008).

Moving into supported accommodation appears to be the least preferred choice for many frail aged and disabled people whose current home is no longer suitable and for whom neither modifications nor moving are possible. For people with neurodegenerative disorders, especially for those who are relatively young and who have young families, residential aged care facilities are not appropriate (Giles & Lewin, 2008).

Recommendations

1. That primary universal design features be mandated by the Federal Government for all new housing across all States and Territories.
2. That the Federal Government contribute to and encourage increased funding of public housing, including disability housing, in all States and Territories so that waiting lists are substantially reduced.
3. That home care support funding by Federal, State and Territory governments be expanded to include a category for subsidised housing adaptations and moves.

References

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