ARATA’s Response to the Consultation Regulatory Impact Statement: Proposal to Include Minimum Accessibility Standards for Housing in the National Construction Code

Suggested citation:
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>EXECUTIVE SUMMARY</td>
<td>3</td>
</tr>
<tr>
<td>WHAT IS ARATA &amp; WHAT DOES ARATA DO?</td>
<td>4</td>
</tr>
<tr>
<td>WHAT IS ASSISTIVE TECHNOLOGY?</td>
<td>4</td>
</tr>
<tr>
<td>ASSISTIVE TECHNOLOGY, ACCESSIBLE HOUSING &amp; THE AUSTRALIAN POLICY CONTEXT</td>
<td>5</td>
</tr>
<tr>
<td>ARATA’S RESPONSE TO THE CONSULTATION REGULATORY IMPACT STATEMENT (RIS) PROPOSAL TO INCLUDE MINIMUM ACCESSIBILITY STANDARDS FOR HOUSING IN THE NATIONAL CONSTRUCTION CODE</td>
<td>9</td>
</tr>
<tr>
<td>ANGIE AND JOHN’S STORY</td>
<td>10</td>
</tr>
<tr>
<td>REFERENCES</td>
<td>13</td>
</tr>
</tbody>
</table>
EXECUTIVE SUMMARY
The Australian Rehabilitation & Assistive Technology Association (ARATA) – as a national not-for-profit membership association of assistive technology consumers, advisors, suppliers, developers, educators and researchers – is pleased to respond the Consultation Regulatory Impact Statement: Proposal to Include Minimum Accessibility Standards for Housing in the National Construction Code. ARATA previously responded to the ABCB Consultation on Housing Accessibility in November 2018 (Callaway & Layton, 2018). For the 2018 ARATA response, please go to: https://www.arata.org.au/public/33/files/Presentations%20%26%20resources/ABCB%20consultation%20ARATA%20response%20FINAL.pdf.

ARATA endorses the stated objective of the Regulatory Impact Statement (RIS), but supports the position of the Australian Network of Universal Housing Design (ANUHD) that the addition of the word ‘all’ is required in this objective. That is, the objective should read:

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

Specific to the RIS, ARATA supports Option 2, which provides the minimum accessibility standard that is compatible with the objective of the RIS. This option will offer quality of life and health and wellbeing benefits to many Australians across the lifespan, as well as long term cost-benefit to the Australian Governments (and the various social welfare, disability and injury insurance Schemes funded by state and federal governments).

ARATA also endorses ANUHD’s key concerns with regard to the:

- Unfounded assumptions in the cost-benefit analysis provided – please refer to the recently released report by Australian Health Economists Andrew Dalton & Rob Carter (2020), which challenges these assumptions, with a compelling evidence base.
- Lack of qualitative analysis – ARATA concurs with ANUHD that the Consultation RIS omitted to provide a qualitative analysis of the costs and benefits, where quantitative data are not available. Please refer to the real life example of Angie and John* as one of many examples of the qualitative impacts that will continue to occur in Australia if Option 2 is not adopted.
- Watering down of the Livable Housing Design guidelines – ARATA endorses ANUHD’s position to not support the interpretation of the LHD guidelines in the draft changes to the NCC. We note the draft changes to the NCC, as they stand, would render Options 1-3 inaccessible.
WHAT IS ARATA & WHAT DOES ARATA DO?

The Australian Rehabilitation & Assistive Technology Association (ARATA) is a national not-for-profit membership association of assistive technology consumers, advisors, suppliers, developers, educators and researchers. ARATA is focused on enhancing the lives of people of all ages and abilities through the best use of assistive technology. The Association is a forum for knowledge sharing between the range of people who are involved with the use, prescription, customisation, supply and ongoing support or training in the use of assistive technology. This includes application of home modifications, smart technologies and accessible design in housing. ARATA represents skilled practitioners, consumers, and suppliers Australia wide and is linked to sister organisations worldwide through the Tokushima Agreement (ARATA, 2012).

WHAT IS ASSISTIVE TECHNOLOGY?

Assistive Technology (AT) is an umbrella term for any device or system that allows individuals to perform tasks they would otherwise be unable to do, or increases the ease and safety with which tasks can be performed (World Health Organisation, 2004). AT can be anything from a simple device such as a single grab rail in the bathroom to a complex wheelchair or home automation system. AT is vital in enabling participation in society despite the presence of disability. AT not only minimises the impact of impairments, but it enables people to:

- enhance their independence
- work and volunteer
- care for themselves and others
- engage in cultural, social, educational, recreational and spiritual lives alongside the rest of the community.

In addition to a specific device or system used (i.e. ‘hard technology’), ‘soft technology’ is frequently necessary, and may at times be overlooked, when planning AT. Soft technology refers to human factors essential to successful delivery and use of the ‘hard technology’ (the AT device). Soft technology includes assessment, collaborative planning, trial, training, AT set up and customisation, repairs, maintenance and review. AT needs to be well matched to the user, the tasks they undertake, and the environments in which they engage in daily life. This is the role of AT practitioners. The specialist skills of AT

ASSISTIVE TECHNOLOGY, ACCESSIBLE HOUSING & THE AUSTRALIAN POLICY CONTEXT

ARATA takes a focus on assistive technology (AT) users across the lifespan. Assistive technology can be an enabling factor in the delivery of outcomes for Australians. In 2012, as part of the ‘Making a Difference with AT’ paper series, ARATA published a paper on the positive consumer outcome and economic potential of AT solutions (Layton & Walker, 2012). As part of these considerations, and to reduce the cost of AT investment required for Australians, ARATA endorses a focus on universal design within housing. More recently, ARATA’s response to outcomes achieved as part of Australia’s National Disability Strategy reiterates the need for accessible housing and efforts to enact policy to influence universal design in order to build the inclusion of all Australians (Layton & Callaway, 2017). Specifically, this response highlights that the National Disability Strategy points to the benefits of universal design and access (Department of Social Services, 2010, p. 30). NDS policy directions 2-5 in outcome area 1 (inclusive and accessible communities) point specifically to the need to improve provision of accessible and well-designed built and natural environment, housing, transport and communication systems and the benefits of universal design (pp. 31-32).

Universal design is ‘the design and composition of an environment so that it can be accessed, understood and used to the greatest extent possible by all people regardless of their age, size, ability or disability … if an environment is accessible, usable, convenient and a pleasure to use, everyone benefits’ (Centre for Excellence in Universal Design, 2014). Universal design offers benefit to a large proportion of Australians, including the nation’s aging population, people with disability, families with young children and those who experience chronic illness or short-term injury. Australia’s ten-year National Disability Strategy has clearly identified the need for universal design in housing, noting ‘the number of people with disability is growing significantly at both ends of the lifecycle – young and old – including those with the highest needs’ (Department of Social Services, 2010, p. 19).
Australian Bureau of Statistics data indicates that the Australian population is aging, with one in seven Australians (15.1% or 3.5 million) aged over 65 years, and the majority (94.8%) living in their own homes. This number is expected to reach 8.8 million by 2057 (22% of the population); housing designed and built today needs to be able to accommodate this (Australian Institute of Health and Welfare, 2018). Following, one in five Australians (18.5% or 4 million people) identify as experiencing disability, defined as a ‘a limitation, restriction or impairment, which has lasted, or is likely to last, for at least six months and restricts everyday activities’ (Australian Bureau of Statistics, 2016). The lack of accessibility in housing, particularly for older people and those who experience temporary or permanent health conditions or disability, ‘costs both government and individuals millions of dollars each year in hospital admissions, home care, early aged care admissions and expensive modifications’ (Victorian Council of Social Service, 2008, p. 7).

The recent report by Dalton & Carter (2020) states, ‘that the method the Centre for International Economics (CIE) applied, focused on individual altruism, was unlikely to have captured the societal benefit from a government perspective in meeting its policy commitments in the housing and social welfare area …[and] under-estimates the true societal benefit, it further under-estimates the economic credentials of the regulation’ (p.4). These societal benefits and the economic credentials must be considered in the final option adopted after this consultation.

Following, Article 9 of the UN Convention on the Rights of Persons with Disability (UN CRPD) focuses on accessibility, and the rights of persons with disabilities to have access, on an equal basis with others, to the physical environment (United Nations, 2006). Article 19 of the UN CRPD is focused on the right to live independently and be included in the community. Australia is a signatory to this Convention, which proposes that people should have ‘the opportunity to choose their place of residence and where and with whom they live on an equal basis with others and are not obliged to live in a particular living arrangement’. Option 2 of the RIS will ensure that Australia meets its obligations as a signatory to the UN Convention, whilst also realising the societal and economic benefits of accessible housing.

For these reasons, ARATA continues to hold the position that Option 2 of the RIS is required. This will begin to more effectively address the urgent action required to increase the stock of accessible housing in Australia, offering both individual impacts as well as societal benefit from a government perspective in meeting its policy commitments in
housing and social welfare. As detailed in our 2018 submission, we state again that, specific to Australians aged under 65 years who experience significant and permanent disability, the introduction of Australia’s $22B National Disability Insurance Scheme (NDIS) offers opportunity for eligible participants to plan for personalised AT equipment, home modifications, and associated ‘soft technologies’ and supports linked to participation goals (National Disability Insurance Scheme, 2016). However, once the Scheme is fully launched, NDIS participants will represent only 1.8% of the total 24.6M Australian population. For the remaining 16.7% of Australians identifying with disability and the group within the 15.1% total of older Australians who need accessible housing, urgent action is required to increase the stock of accessible housing in Australia. This will ensure that people can choose to age in place or move with greater choice of accessible housing stock in the future. For example, Wiles and Allen (2010) highlight that negative societal attitudes toward ageing were playing out in the "disabling geographies" (p.17) that inaccessible housing presents to older people. Bowes and McColgan (2009) point to the enabling approach of Scottish government policy to ageing in place on the country's success in supporting older people with dementia, and their carers. The ability to stay living in a preferred home over time will not only improve housing choices for Australians, but also deliver potential for a direct cost-benefit to the Australian government and the tax payer, with a reduction in spending on home modifications through disability or aged care schemes.

Finally, ARATA continues to hold the position that the maintenance of participation and independence across the lifespan, and reducing the risk of ‘disablement’ stemming from inaccessible environments, is a key benefit of a National Construction Code that offers minimum necessary standards in the provision of accessible housing. Disablement is a term used ‘to emphasize the potentially disabling impact of environmental barriers for people with impairment. The locus of disablement occurs in the space between individuals’ capabilities, the tasks they aspire to, and the environments in which they exist. Disability can therefore be defined as impairment of body structure or function combined with subjective experience of disablement brought about by environmental barriers. Should environmental barriers exist, the effects of impairment are magnified and the person experiences disablement’ (Layton & Steel, 2015, p. 11147). Option 2 of the RIS offers a real capacity to reduce the disablement Australians may otherwise experience through environmental barriers in housing.
In putting together this response, the authors have drawn on ARATA member perspectives, as well as the Dalton & Carter (2020) report, ANUHD’s Response to the Consultation Regulatory Impact Statement (2020); ARATA’s previous response to the ABCB Consultation on Housing Accessibility (Callaway & Layton, 2018); the current National Construction Code (Australian Building Codes Board, 2016), the ABCB Accessible Housing Options Paper (Australian Building Codes Board, 2018), Livable Housing Design Guidelines (Livable Housing Australia, 2017), existing international policy and peer-reviewed literature, occupational therapy practice and lived experience of housing accessibility, and information presented by the ABCB in the Accessible Housing National Consultation Forum hosted by the ABCB in Melbourne on 31st October 2018, which Libby Callaway and Anita Volkert attended.

In 2020, through her role as an Associate Professor in the Occupational Therapy Department at Monash University, Libby Callaway co-supervised two 3rd year undergraduate occupational therapy students from the Occupational Therapy Department at Monash University (Brianna Bond and Ella Li) with Dr Linda Barclay and Mrs Lisa Knightbridge. These students were working on a Participatory Community Project focused on universal housing design. With the written permission of Dr Barclay and the two students, ARATA has also included a de-identified real life experience of housing inaccessibility developed for this project reporting. This scenario highlights the experience of many Australians over the lifespan and how housing inaccessibility can significantly impact accommodation, health and wellbeing outcomes (see the story of Angie and John* on pages 10-12).

By adopting Option 2 in the NCC, the ABCB has the real potential to greatly improve outcomes for people like Angie and John through action to amend the NCC, and significantly reduce social welfare costs for Government. As Dalton and Carter (2020) stated, this will ensure the societal benefit from a government perspective in meeting its policy commitments in the housing and social welfare area are captured and the true societal benefit and the economic credentials of the regulation are recognised (Dalton & Carter, 2020). Noting that the NCC takes a focus on minimum necessary standards for design, construction, performance and liveability of new buildings, this would also ensure that Australia’s responsibility as a signatory to the UN Convention on the Rights of Persons with Disabilities can be upheld and that – across the lifespan – Australians can live with maximum independence, autonomy and control.
ARATA’S RESPONSE TO THE CONSULTATION REGULATORY IMPACT STATEMENT (RIS) PROPOSAL TO INCLUDE MINIMUM ACCESSIBILITY STANDARDS FOR HOUSING IN THE NATIONAL CONSTRUCTION CODE

Specific to the RIS, ARATA supports Option 2, which provides the minimum accessibility standard that is compatible with the objective of the RIS. This option will offer quality of life and health and wellbeing benefits to many Australians across the lifespan, as well as long term cost-benefit to the Australian Governments (and the various social welfare, disability and injury insurance Schemes funded by state and federal governments).

ARATA believes that this is the best and most effective option to include minimum accessibility standards for housing in the NCC.

ARATA has responded to all the required questions on the online submission form, and would welcome the opportunity to discuss this written submission and our online responses further – if required, please contact ARATA president, Libby Callaway, via president@arata.org.au

Libby Callaway  
ARATA President

Natasha Layton  
ARATA Board Member

Anita Volkert  
ARATA Member

Cheryl Jones  
ARATA Member
ANGIE AND JOHN’S STORY

The following de-identified real life scenario was documented in May 2020 by Monash University 3rd Year Occupational Therapy Students, Brianna Bond and Ella Li, in consultation with Dr Linda Barclay. Brianna, Ella and Linda have provided written permission for ARATA to use this scenario for this submission.

The following personal story of two people whose lives have been impacted by a lack of accessible housing clearly demonstrates the very stressful, costly and negatively impactful lived experience of relocating, versus being able to age in place, in accessible housing over a lifetime. This story is only one example of the many qualitative reasons why Option 2 of the RIS should be adopted. It outlines the experience of a married couple ‘Angie and John’*.

* Pseudonyms have been used, and some identifying features have been changed, to maintain confidentiality.

THE QUALITATIVE JOURNEY OF ANGIE AND JOHN

Angie (88 years old) and John (90 years old) are a married couple who exemplify through their story how housing journeys could be improved if Option 2 of the RIS is adopted and options for increased accessible housing are available in Australia. Without such options, Angie and John were forced to relocate homes many times to try to meet their changing needs over later adulthood, during their married life. With each relocation, growing financial and emotional stress was encountered and living environments became more restricted, negatively impacting participation. These negative experiences could have been avoided – and can be avoided for other Australians in the future – if Option 2 of the RIS is adopted.

THE FAMILY HOME

John and Angie both grew up in the country on large farms before marrying and moving into a family home in the eastern suburbs of Melbourne. This house was a new build, purchased just after John and Angie got married in the 1950s. The house was a typical suburban family house with a large backyard and multiple bedrooms and mostly met their middle adulthood needs, as well as that of their growing children. However, as John and Angie approached retirement age, the call of the land returned and they decided to relocate to a farm on the Mornington Peninsula. Having grown up in the country, John and Angie wanted to have a property that was big enough for some livestock, whilst also
considering some simple access needs they were beginning to consider (i.e. single level internal spaces; open plan living). They purchased a block of land and then built a house over two years. The land the house was built on was expansive and undulating, and they were required to negotiate a set of stairs at both the front and rear entry points to the home.

**FIRST RELOCATION**

John and Angie continued to own their house in the Eastern Suburbs where their adult children were still living, and returned to it for overnight stays at times including when they needed to attend medical appointments. Once all the children had moved out of that home, they sold that property and stayed permanently at their house on the Peninsula. At this time, John was 58 years old and Angie was 56 years old. John and Angie stayed in this home for about 15 years before they decided that it was too much for them to look after the large expanse of undulating land. Activities such as mowing and feeding animals were becoming too much, as was negotiating stairs regularly.

**SECOND RELOCATION**

Angie and John agreed to relocate to a townhouse in Mornington. For them, this was a significant downsize. Going from having about eight acres of land, to having a courtyard was a big change for them; however, the single step access to the front door and courtyard was seen as advantageous. The decision to move to the house in Mornington was not only influenced by the house design but also the local services, footpaths and community access options as both made the hard decision to give up their drivers’ licences. The townhouse offered lipped shower recesses to two showers. Toilet locations did not allow for fixed wall grab rails to be effectively installed, and the couple considered a floor mounted option over time. The backyard had a little vegetable patch to keep John busy. The house was smaller and easier for them to manage, and allowed the use of the four wheeled walking frame which Angie now required.

**THIRD RELOCATION**

Things changed when Angie had a fall and fractured her hip after 6 years of living in their townhouse, and this led to further medical complications. John wanted to stay in their house in Mornington, but after Angie’s fall, her care needs increased and Angie needed a fully accessible home environment with stepless shower and grab rails for toilet transfers.
Therefore, they moved to a retirement village in the area. At this stage, John was 82 years old and Angie was 80 years old. John and Angie bought a self-contained unit in the retirement village, which had two bedrooms. In this retirement village, they had access to a fully accessible home environment with stepless entry point and shower recess. There was a small patch of garden at the back. The decision to move to the retirement village was because of the accessible housing offered, the support available on site and the opportunity in their later years to be offered the option to age in place.

**FOURTH RELOCATION**

After a couple of years, Angie started deteriorating. She was diagnosed with dementia, was requiring hoist transferring and her equipment and care needs became too much for John to manage. Angie then moved into the on-site nursing home approximately four years ago, and John moved into the same facility two months ago.

**EVERY RELOCATION IS A STRESSFUL EVENT**

John and Angie were still quite young and fit when they retired. However, due to both acute health events as well as aging over time, multiple relocations have had a significant financial and emotional toll on both them and their family. Each relocation was stressful in terms of having to make important design decisions, deal with real estate agents and plan the delivery of support and access to assistive technology required. Each relocation also involved grieving the loss of a familiar home and community, with its associated emotional connections.

**HOW COULD OPTION 2 OF THE RIS HAVE CHANGED THIS HOUSING JOURNEY?**

Option 2 provides the minimum accessibility standard that is compatible with the objective of the RIS. As stated by ANUHD (2020), Option 2 is what the people most affected by the lack of accessible housing need and want. John and Angie could have benefitted significantly from accessible housing that met their needs long term, and could have effectively allowed them to age in place, reduced the risk of personal injury, and offered a housing pathway in contrast to the various relocations that were required due to housing inaccessibility, and the interplay of this inaccessibility and heightening support needs with age.
REFERENCES


Australian Network of Universal Housing Design (2020, August). *Response to the Consultation Regulatory Impact Statement Proposal to include minimum accessibility standards for housing in the National Construction Code.* Australia: Authors


