

Melbourne Disability Institute

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# Supplementary Submission to the Queensland Productivity Commission

Consideration of other options to Mandatory National Building Code Regulation to achieve accessible housing

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#### Acknowledgments

The Melbourne Disability Institute (MDI) and the University of Melbourne are situated on the land of the Woiwurrung (Wurundjeri) people of the Kulin nation and conducts their activities on Aboriginal land. This land has never been ceded and the impacts of colonisation are ongoing. MDI acknowledges Traditional Custodians' continual care for country, the importance of Indigenous sustainability practice and knowledge, and the Woiwurrung and Boon Wurrung's ongoing contributions to the life of this city and this region. MDI pays respects to Elders past, present and emerging.

#### Artwork

The art on the front and back cover of this report was created by Bruce Plant, an Australian artist with disability known for his colourful, narrative, and abstract primitive style paintings. Born in Melbourne in 1952, he studied at Melbourne University and began exhibiting his work in 1989. Plant's art is often described as joyful, playful, and providing hope and inspiration, with works appearing in public and private collections.

Credit: Plant, Bruce. *Revelation*. Displayed at the Melbourne Disability Institute, Melbourne. Acrylic on Canvas, 104x80cm, 2025.

#### **Supplementary Submission to the Queensland Productivity Commission**

# Consideration of other options to Mandatory National Building Code Regulation to achieve accessible housing

We confirm the advice in our previous Submission (<u>Economic-Advice-Accessible-Housing-QPC-Report\_FINAL.pdf</u>) that the most cost-effective way to achieve accessible housing is through mandatory accessibility standards with appropriate exemptions, as has currently been implemented in Queensland.

This is supported by our economic advice on the net benefits to the community from minimum accessible standards, which shows that the benefit/cost ratio is 1.7.

Minimum accessible standards provide significant benefits to people with disability, older Australians seeking to age in place and the wider community.

Previous experiences with a voluntary code demonstrate that mandatory standards are the only way to ensure the desired benefits of accessible housing are delivered (Standards for Accessible Housing: Advocacy and Submissions, Advocacy – Australian Network for Universal Housing Design).

These conclusions were confirmed by important research in 2020, led by Professor Ilan Wiesel. His team undertook the most comprehensive survey of people with disability in Australia and their housing experiences. See <u>Living with disability in inaccessible housing: social, health and economic impacts</u>

The report's key findings include:

- The majority (73.6%) of respondents live in housing that does not meet, or only partly
  meets, their accessibility needs. People with lower level of impairment, with lower
  income, or renting privately were most likely to live in inaccessible housing.
- Compared to housing constructed to affordability standards, post-construction
  modifications were more likely to only partly meet people's accessibility requirements.
  While close to half (46.6%) of survey respondents lived in homes that were modified,
  most of those (83.9%) reported these modifications met only some of their accessibility
  needs.
- Survey respondents living in homes that were not modified or modified to meet only some needs, reported inaccessible housing features further limited their ability to move into and out of their home, and complete self-care and home-care activities.
- Close to one-third of survey respondents reported lack of accessible housing has
  resulted in job loss, missed job opportunities, reduced work hours, or reduced
  productivity at work. Many survey respondents and interview participants reported
  difficulties finding accessible homes close to employment opportunities, while fatigue

from living in inaccessible home and the additional time and energy spent on self-care and home-care, reduces productivity, motivation, self-confidence and capacity to work, study or volunteer.

- Inaccessible housing increases support needs for most people with high support needs (65.8-67.1%), including both paid and unpaid support. Just over half (51.2%) of people with low support needs living in inaccessible housing reported an increase in need for informal care, and 42.0% of those reported an increase in paid disability support.
- 80.8% of survey respondents agreed or strongly agreed with the statement "I can't visit friends and family whose homes are inaccessible".
- Housing accessibility or inaccessibility has significant impact on self-reported mental
  health and wellbeing. 60.0% of people with both low and high support needs living in
  accessible housing reported improved self-reported mental health and wellbeing,
  thanks to the accessibility of their home. In contrast, 71.7% of people with high support
  needs, and 50.0% of people with low support needs, living in inaccessible housing
  reported worsened mental health and wellbeing.
- Participants with high support needs living in inaccessible homes were more likely to express concern about risks such as difficulty affording necessary home modifications in the future (85.7%), being forced to move to another residence (68.0%), or to a nursing home (58.9%). This compares with a minority of people living in accessible homes who reported similar concerns. However, ability to afford home modifications remains a concern even for those living in accessible homes (47.5% of those with high support needs, and 44.2% of those with low support needs) indicating that needs change over time, highlighting the importance of adaptable housing.
- The shortage in accessible housing significantly limits housing choice for people with mobility restriction, especially those with high support needs. Nearly half (48.1%) of people with high support needs living in inaccessible homes, and close to a third (30.7%) of those living in accessible homes, reported a desire to move home but being limited by difficulty finding accessible housing elsewhere. Difficulty finding accessible housing was the key barrier to moving home. People who have already made a substantial investment in modifying their residence are discouraged from moving home when their household or employment circumstances change.

The report concludes, *inter alia*:

 Voluntary construction of accessible homes without regulation, funding for postconstruction home modifications, and provision of accessible social housing have failed to deliver accessible housing for most people with mobility restrictions. • Including minimal accessibility standards in the National Building Code is necessary to achieve greater independence, dignity, freedom, social inclusion, economic productivity, and improved health and wellbeing for people with mobility restrictions.

In 2022, research by the Summer Foundation (<u>Accessible design features and home</u> modifications to improve physical housing accessibility: A mixed-methods survey of occupational therapists - ScienceDirect) found:

• 'While modifying homes post-construction is one approach to achieving accessible housing, a number of studies have identified the inefficiencies of home modifications. Given that many dwellings lack adaptability, post-construction home modifications are often expensive and fail to fully meet the accessibility needs of older people and people with disabilities, especially those with mobility limitations. In addition, reliance on home modifications can impede timely hospital discharge. In a series of studies assessing delayed discharge from Australian hospitals, the need to wait for the completion of home modifications delayed discharge by a median number of 21–34 days. 21,22 This is concerning, given that delayed discharge can result in increased pressure on the hospital system 23 and may contribute to a deterioration in mobility and functional performance. 23,24 (page 2)'

A copy of the full article is attached.

Then, in 2023, the NDIS Review (<u>Our Final Report: A guide for people with disability and their families 2023 | NDIS Review</u>) noting the continuing significant shortages of accessible housing, recommended in Action 9.11:

'All Australian governments should agree and publish a targeted action plan for housing under Australia's Disability Strategy.

The action plan should be developed by jurisdictions and include measurable actions from each state and territory government for improving the suitability of social housing stock people with disability. This should include a requirement to build all new social housing to gold level Livable Housing Design Guidelines or equivalent. The action plan should ensure consistency in residential tenancy and occupancy rights for participants in Specialist Disability Accommodation and include a commitment for all remaining jurisdictions to sign up to the Livable Housing Design Standards in the National Construction Code. It should also be linked to the National Housing and Homelessness Agreement and the National Housing Plan.' [Emphasis added] (page 155)

Despite these recommendations and overwhelming evidence, other options for reform such as subsidies for alterations and additions and a clearing house/information hub/website to link accessible housing supply with demand continue to be suggested.

The following considerations are relevant:

First, subsidy schemes have operated in Victoria (up to a cost of \$5,000), in New South Wales (up to a cost of \$20,000) and the Commonwealth Government currently offers a subsidy for alterations and additions for aged care with a lifetime cap of \$15,000.

Subsidies are rarely sufficient to meet client needs, For example, a recent report by the National Assistive Technology Alliance (National Assistive Technology Alliance submission) highlights that this Commonwealth government subsidy for alterations and additions for older Australians is likely to cover only some of the bathroom modifications that will be required. It therefore does not cover step-free entry to the dwelling or making a toilet accessible or allow for changing needs over time.

Second, people with disability are much more likely to rent a property than purchase. Leases are typically for a maximum period of 12 months and to undertake a major alteration and addition without security of tenure risks significant costs without commensurate benefits. Further, landlords may not give permission for these alterations and additions and may also require the property to be returned to its original condition when the tenant leaves. The subsidies do not cover the costs of 'making good' and then the person will need a modified environment in their new home.

Third, the research by Professor Wiesel shows that modifications only partly meet the needs of those individuals they were designed for, and rarely meet the needs of other visitors or future occupants with disabilities who may have other needs. Both these issues are evident from the results of his survey reported above.

Fourth, the basic problem is that there is insufficient supply of accessible housing. There are clearing houses for Specialist Disability Accommodation housing to match demand with supply. However, this is a tiny niche market with only about 4 per cent of NDIS participants eligible for SDA. Most people with disability who need accessible housing are not eligible for the NDIS. It is therefore notable that despite significant demand a clearing house has not been developed outside SDA. This is because there is insufficient supply to match with demand and the current supply shortages will continue until supply through mandatory standards has been given time to grow the accessible housing stock.

In the event that despite all the evidence in this and our previous submission, together with advice provided by the members of the coalition supporting retention of the livable accessible housing standard (see <a href="Home-Queenslanders With Disability Network">Home-Queenslanders With Disability Network</a>), Preliminary Recommendation 11 is confirmed in the final report, we would submit that any information asymmetries relating to Livable Accessible Housing Design would need to be addressed. Specifically:

• First, where homebuyers do not and cannot reasonably understand how much cheaper it is to improve accessibility at the time of construction compared to

- retrofit, it would be necessary to ensure full information so that consumers can make a fully informed choice. All livable/accessible housing features which are missing from the design should be accompanied by the price increase associated with each at the time of construction and for retrofit in year 10 of ownership.
- Second, builders are currently quoting extreme estimates of additional construction costs arising from the livable accessible housing design standards. A notable example is Submission 43 to this Inquiry from Master Builders Queensland, Rebuilding Productivity. In relation to the costs of the livable housing design standards it commissioned Mitchell Brandtman to undertake a cost implication review (see NCC 2022 Review). The estimates in that report suggest that livable housing design features would add approximately \$40,000 to home building costs. Meanwhile the Housing Industry Association in their submission (Submission 32) states in relation to the Livable Housing requirements: "HIA members are commonly reporting additional costs from \$9000-\$30,000 to achieve these requirements including larger joists to set down bathrooms for level thresholds, structural ply to bathrooms and wider/larger floor areas." (Page 18) Therefore, if Queensland were to shift back to a voluntary code which leads to the removal of the livable housing features, monitoring mechanisms would be essential to ensure that builders pass on the full cost savings, based on these estimates, to consumers immediately. The danger would be that without effective monitoring all claimed "cost savings" would be used to boost profits and so benefit builders and not consumers or be shown to be inflated.

The most appropriate policy response therefore continues to be mandatory accessibility standards with appropriate exemptions, as has currently been implemented in Queensland.



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