



# Housing and Indigenous disability: lived experiences of housing and community infrastructure

## FOR THE

**Australian Housing  
and Urban Research Institute**

## PUBLICATION DATE

June 2017

## DOI

doi:10.18408/ahuri-3103001

## AUTHORED BY

**Elizabeth Grant**

*The University of Adelaide*

**George Zillante**

*The University of Adelaide*

**Amit Srivastava**

*The University of Adelaide*

**Selina Tually**

*The University of Adelaide*

**Alwin Chong**

*The University of Adelaide*

|                           |  |                            |
|---------------------------|--|----------------------------|
| <b>Authors</b>            | Elizabeth Grant  | The University of Adelaide |
|                           | George Zillante  | The University of Adelaide |
|                           | Amit Srivastava  | The University of Adelaide |
|                           | Selina Tually  | The University of Adelaide |
|                           | Alwin Chong  | The University of Adelaide |
| <b>Title</b>              | Lived experiences of housing and community infrastructure among Indigenous people with disability  |                            |
| <b>ISBN</b>               | 978-1-925334-47-0  |                            |
| <b>Format</b>             | PDF  |                            |
| <b>Key words</b>          |  |                            |
| <b>Editor</b>             | Anne Badenhorst  | AHURI National Office      |
| <b>Publisher</b>          | Australian Housing and Urban Research Institute Limited<br>Melbourne, Australia  |                            |
| <b>DOI</b>                | 10.18408/ahuri-3103001   |                            |
| <b>Series</b>             | AHURI Final Report; no. 283  |                            |
| <b>ISSN</b>               | 1834-7223  |                            |
| <b>Preferred citation</b> | Grant, E., Zillante, G., Srivastava, A., Tually, S. and Chong, A. (2017) <i>Lived experiences of housing and community infrastructure among Indigenous people with disability</i> , AHURI Final Report No. 283, Australian Housing and Urban Research Institute, Melbourne, <a href="http://www.ahuri.edu.au/research/final-reports/283">http://www.ahuri.edu.au/research/final-reports/283</a> , doi:10.18408/ahuri-3103001 |                            |

## **AHURI**

AHURI is a national independent research network with an expert not-for-profit research management company, AHURI Limited, at its centre.

AHURI has a public good mission to deliver high quality research that influences policy development to improve the housing and urban environments of all Australians.

Through active engagement, AHURI's work informs the policies and practices of governments and the housing and urban development industries, and stimulates debate in the broader Australian community.

AHURI undertakes evidence-based policy development on a range of issues, including: housing and labour markets, urban growth and renewal, planning and infrastructure development, housing supply and affordability, homelessness, economic productivity, and social cohesion and wellbeing.

## **ACKNOWLEDGEMENTS**

This material was produced with funding from the Australian Government and state and territory governments. AHURI Limited gratefully acknowledges the financial and other support it has received from these governments, without which this work would not have been possible.

AHURI Limited also gratefully acknowledges the contributions, both financial and in-kind, of its university research partners who have helped make the completion of this material possible.

Additional in-kind support was provided by the School of Architecture and Urban Design and the Centre for Housing, Urban and Regional Planning (CHURP), The University of Adelaide. We would like to thank the following organisations and individuals who have been generous with their time and in sharing information: the First Peoples Disability Network (FPDN) Australia, particularly Gayle Rankine and Damian Griffiths; the residents of Yalata community, the board and staff of Yalata Community Council, and Yalata Community Inc., especially Maureen (Mima) Smart OAM, Russell Bryant, Dora Queama and Greg Franks; the board and staff of Tullawon Health Service Inc., in particular, Joanne Badke, Patricia Miller and Luke Badke; the board, staff and clients of the Ceduna Koonibba Aboriginal Health Service; the residents of Point Pearce; the board and staff of the Point Pearce Aboriginal Community Council, particularly John Buckskin, Graham Power and Tristan Power; the staff of the Yorke Peninsula Aboriginal Health Service; participants from the Geelong Region, including the board and staff at Wathaurong Aboriginal Co-operative, in particular, Kym Monohan, Liz Abrahams, Sandy Manning and Karen Anderson; the staff at the National Disability Insurance Agency/Scheme (NDIA/NDIS) in Geelong, especially Liam O'Hagan and Gerard Corbett; and staff from Housing SA, especially Marcus Richards. The members of the policy advisory committee were generous with their time and we would like to thank Trevor Buzzacott (Department for Communities and Social Inclusion), Olive Bennell (Anglicare), Christopher Charles (Aboriginal Legal Rights Movement), Natalie Hann (Department of the Prime Minister and Cabinet), Rod Jackson (Wathaurong Aboriginal Co-operative), in addition to previously mentioned individuals from FPDN and Housing SA. Professor Justin Beilby and Professor Andrew Beer have been key members of the research team, providing critical commentary. Our thanks also to Julia Law (CHURP) for producing Figure 2 and Dr Cecile Cutler (CHURP) for editing assistance.

## **DISCLAIMER**

The opinions in this report reflect the views of the authors and do not necessarily reflect those of AHURI Limited, its Board or its funding organisations. No responsibility is accepted by AHURI Limited, its Board or funders for the accuracy or omission of any statement, opinion, advice or information in this publication.

*Important information for people with disability and their families*

The findings presented in this report are of a general nature. They do not constitute legal or financial advice and should not be relied upon as such.

People with disability and families considering investment in shared ownership housing are strongly encouraged to seek independent financial advice based on their personal and financial circumstances.

## **AHURI JOURNAL**

AHURI Final Report journal series is a refereed series presenting the results of original research to a diverse readership of policy-makers, researchers and practitioners.

## **PEER REVIEW STATEMENT**

An objective assessment of reports published in the AHURI journal series by carefully selected experts in the field ensures that material published is of the highest quality. The AHURI journal series employs a double-blind peer review of the full report, where anonymity is strictly observed between authors and referees.

## **COPYRIGHT**

© Australian Housing and Urban Research Institute Limited 2017

This work is licensed under a Creative Commons Attribution-NonCommercial 4.0 International License, see <http://creativecommons.org/licenses/by-nc/4.0/>.



# CONTENTS

|   |             |
|---|-------------|
| <b>LIST OF TABLES</b>   | <b>VIII</b> |
| <b>LIST OF FIGURES</b>  | <b>X</b>    |
| <b>ACRONYMS</b>   | <b>XI</b>   |
| <b>EXECUTIVE SUMMARY</b>  | <b>1</b>    |
| <b>1 INTRODUCTION</b>   | <b>5</b>    |
| 1.1 Study aims  | 6           |
| 1.2 Key research questions  | 7           |
| 1.3 Method  | 8           |
| 1.4 The language of 'disability': a research and policy framework                               | 9           |
| 1.4.1 Disability  | 9           |
| 1.4.2 Appropriate housing   | 11          |
| 1.4.3 Housing quality   | 12          |
| 1.4.4 Community infrastructure  | 12          |
| 1.4.5 Lived experience  | 13          |
| 1.4.6 Terms relating to housing design  | 13          |
| 1.5 Report structure  | 14          |
| <b>2 HOUSING INDIGENOUS AUSTRALIANS WITH DISABILITY IN AN ERA OF DISABILITY SERVICES REFORM</b> | <b>15</b>   |
| 2.1 Introduction  | 15          |
| 2.2 Disability, disability reform and Indigenous Australians                                    | 16          |
| 2.2.1 Disability reform   | 17          |
| 2.2.2 The National Disability Insurance Scheme (NDIS)   | 18          |
| 2.3 Disability and housing  | 21          |
| 2.4 The NDIS and housing  | 24          |
| 2.5 The NDIS, housing and Indigenous people with disability                                     | 26          |
| 2.6 Culturally responsive housing for Indigenous people with disability                         | 27          |
| 2.7 Summary   | 33          |
| <b>3 UNDERSTANDING LIVED EXPERIENCES OF HOUSING AND COMMUNITY INFRASTRUCTURE</b>                | <b>35</b>   |
| 3.1 Methodological approach   | 36          |
| 3.1.1 Setting the context   | 36          |
| 3.1.2 Lived experiences of housing and community infrastructure                                 | 36          |
| 3.1.3 Assessments of housing and community infrastructure                                       | 37          |
| 3.1.4 Data analysis   | 43          |
| 3.1.5 Methodological limitations  | 43          |
| <b>4 CASE STUDY: YALATA</b>   | <b>45</b>   |
| 4.1 Introduction  | 45          |
| 4.1.1 Health and disability   | 46          |
| 4.2 Housing and community infrastructure in Yalata  | 48          |
| 4.2.1 Housing design for disability   | 49          |

|          |   |           |
|----------|---|-----------|
| 4.2.2    | Community housing stock .....   | 50        |
| 4.2.3    | Independent living units .....  | 51        |
| 4.2.4    | Other accommodation.....  | 52        |
| 4.2.5    | Community infrastructure .....  | 52        |
| 4.3      | Assessments of housing and community infrastructure.....                        | 53        |
| 4.3.1    | House one .....   | 53        |
| 4.3.2    | House two.....  | 53        |
| 4.3.3    | House three .....   | 54        |
| 4.3.4    | House four .....  | 54        |
| 4.3.5    | Independent living unit .....   | 54        |
| 4.3.6    | Community infrastructure .....  | 55        |
| 4.3.7    | Analysis of housing assessments .....   | 56        |
| 4.4      | Lived experiences of housing and community infrastructure in Yalata.....        | 59        |
| 4.4.1    | Mobility .....  | 61        |
| 4.4.2    | Movement away from Yalata.....  | 62        |
| 4.4.3    | Community housing .....   | 63        |
| 4.4.4    | Independent living units .....  | 66        |
| 4.5      | Preferred models of housing for people with disability: Yalata.....             | 68        |
| 4.6      | Summary .....   | 69        |
| <b>5</b> | <b>CASE STUDY: POINT PEARCE .....</b>   | <b>71</b> |
| 5.1      | Introduction .....  | 71        |
| 5.1.1    | Health and disability .....   | 71        |
| 5.2      | Housing and community infrastructure in Point Pearce .....                      | 72        |
| 5.2.1    | Community housing .....   | 73        |
| 5.2.2    | Supported accommodation .....   | 74        |
| 5.2.3    | Disability housing at Point Pearce .....  | 74        |
| 5.2.4    | Community infrastructure .....  | 74        |
| 5.3      | Assessment of housing and community infrastructure.....                         | 74        |
| 5.3.1    | Introduction .....  | 74        |
| 5.3.2    | House one .....   | 75        |
| 5.3.3    | House two.....  | 75        |
| 5.3.4    | House three .....   | 75        |
| 5.3.5    | House four .....  | 76        |
| 5.3.6    | House five.....   | 76        |
| 5.3.7    | Community infrastructure .....  | 76        |
| 5.3.8    | Analysis and summary of housing assessments .....                               | 77        |
| 5.4      | Lived experiences of housing and community infrastructure in Point Pearce ..... | 79        |
| 5.4.1    | Mobility .....  | 81        |
| 5.4.2    | Returning to Point Pearce .....   | 82        |
| 5.4.3    | Specific housing concerns .....   | 83        |
| 5.5      | Preferred models of housing for people with disability: Point Pearce.....       | 85        |

|          |   |            |
|----------|---|------------|
| 5.6      | Summary .....   | 85         |
| <b>6</b> | <b>CASE STUDY: GEELONG .....</b>  | <b>87</b>  |
| 6.1      | Introduction .....  | 87         |
| 6.1.1    | Health and disability .....   | 87         |
| 6.2      | Housing and community infrastructure in Geelong .....                             | 89         |
| 6.2.1    | Public housing .....  | 89         |
| 6.2.2    | Community infrastructure .....  | 89         |
| 6.3      | Assessments of housing .....  | 90         |
| 6.3.1    | House one .....   | 90         |
| 6.3.2    | House two.....  | 90         |
| 6.3.3    | House three .....   | 91         |
| 6.3.4    | House four .....  | 91         |
| 6.3.5    | House five.....   | 92         |
| 6.3.6    | House six.....  | 92         |
| 6.3.7    | House seven.....  | 93         |
| 6.3.8    | Community infrastructure .....  | 93         |
| 6.3.9    | Analysis and summary of housing assessments .....                                 | 94         |
| 6.4      | Lived experiences of housing and community infrastructure in Greater Geelong..... | 96         |
| 6.4.1    | Basic amenities.....  | 98         |
| 6.4.2    | Housing repairs and maintenance.....  | 98         |
| 6.4.3    | Housing choice .....  | 99         |
| 6.4.4    | Home modifications .....  | 100        |
| 6.4.5    | Safety .....  | 101        |
| 6.4.6    | Homelessness .....  | 101        |
| 6.5      | Preferred models of housing for people with disability: Geelong .....             | 102        |
| 6.6      | Summary .....   | 103        |
| <b>7</b> | <b>DISCUSSION AND CONCLUSIONS .....</b>   | <b>104</b> |
| 7.1      | Health and disability .....   | 105        |
| 7.1.1    | Prevalence of disability .....  | 105        |
| 7.1.2    | Types of disabilities.....  | 106        |
| 7.1.3    | Indigenous constructs of disability.....  | 106        |
| 7.2      | Housing.....  | 108        |
| 7.2.1    | Location of housing.....  | 108        |
| 7.2.2    | Access to housing.....  | 109        |
| 7.2.3    | The condition of Indigenous housing.....  | 110        |
| 7.2.4    | Housing modifications.....  | 110        |
| 7.3      | The design of housing for Indigenous people with disability .....                 | 112        |
| 7.3.1    | Incoherence in design.....  | 112        |
| 7.3.2    | The design of specialist accommodation.....                                       | 112        |
| 7.3.3    | Indigenous people with cognitive and/or psychosocial disability.....              | 113        |
| 7.4      | Indigenous people with disability, housing and the NDIS .....                     | 114        |

|   |   |            |
|---|---|------------|
| 7.5   | Key research recommendations.....                               | 115        |
| 7.5.1   | General recommendations for housing and the housing sector..... | 116        |
| 7.5.2   | Recommendations for community infrastructure .....              | 116        |
| 7.6   | Policy recommendations .....                                    | 117        |
| <b>REFERENCES .....</b>   |   | <b>118</b> |
| <b>APPENDICES.....</b>  |   | <b>135</b> |
| Appendix 1: ABS definition of 'core activity limitation' .....  |   | 135        |
| Appendix 2: ABS table of limitations, restrictions, activities and tasks .....                                    |   | 136        |
| Appendix 3: Guidelines in the <i>National Indigenous housing guide</i> relevant to people<br>with disability..... |   | 138        |



# LIST OF TABLES

|   |    |
|---|----|
| Table 1: Telling it like it is findings: Aboriginal Disability Network NSW .....  | 28 |
| Table 2: Examples of key design elements and attributes to inform housing for Indigenous people with disability (from the checklist developed by Walls, Millikan et al. 2013) ..... | 31 |
| Table 3: Best practice approaches to constructing and maintaining houses in Indigenous communities (from Pholeros and Phibbs 2012).....   | 32 |
| Table 4: Housing as a social determinant of Indigenous health (from Ware 2013) ....   | 33 |
| Table 5: Core activity need for assistance by age and sex, Yalata, 2011 .....   | 47 |
| Table 6: Count of occupied and unoccupied private dwellings and persons in occupied private dwellings, Yalata, 2011 .....   | 50 |
| Table 7: Dwellings by number of bedrooms, Yalata, 2011 .....  | 50 |
| Table 8: Household composition by number of persons present on census night, Yalata, 2011 .....   | 51 |
| Table 9: Compliance with NCC recommendations of houses visited, Yalata .....  | 57 |
| Table 10: Compliance with NIHG guidelines of houses visited, Yalata .....   | 57 |
| Table 11: Housing compliance with other guidelines and recommendations, Yalata ..   | 58 |
| Table 12: Age and sex of study participants, Yalata .....   | 60 |
| Table 13: Impairment types reported by study participants, Yalata.....  | 60 |
| Table 14: Other health conditions reported by study participants, Yalata .....  | 61 |
| Table 15: Primary housing being used by study participants, Yalata .....  | 61 |
| Table 16: Level of satisfaction with community housing of study participants, Yalata ..   | 63 |
| Table 17: Number of people occupying housing with study participant, Yalata.....  | 64 |
| Table 18: Basic housing amenities in community housing, Yalata.....   | 65 |
| Table 19: Household composition by number of persons present on Census night, Point Pearce, 2011 .....  | 73 |
| Table 20: Compliance with NCC recommendations of houses visited, Point Pearce ..  | 78 |
| Table 21: Compliance with NIHG guidelines of houses visited, Point Pearce .....   | 78 |
| Table 22: Compliance with other guidelines and recommendations, Point Pearce ....   | 79 |
| Table 23: Age and sex of study participants, Point Pearce .....   | 80 |
| Table 24: Impairment types reported by study participants, Point Pearce .....   | 80 |
| Table 25: Other health conditions reported by study participants, Point Pearce .....  | 81 |
| Table 26: Level of satisfaction with housing of study participants, Point Pearce.....   | 82 |
| Table 27: Basic housing amenities, all housing types, Point Pearce .....  | 83 |
| Table 28: Number of people occupying housing with study participant, Point Pearce ..  | 83 |
| Table 29: Core activity need for assistance by age and sex, City of Greater Geelong, 2011 .....   | 88 |

|  |    |
|--|----|
| Table 30: Compliance with NCC recommendations of houses visited, Greater Geelong .....     | 94 |
| Table 31: Compliance with NIHG recommendations of houses visited, Greater Geelong .....    | 95 |
| Table 32: Compliance with other guidelines and recommendations, Greater Geelong .....      | 95 |
| Table 33: Age and sex of study participants, Geelong.....                                  | 96 |
| Table 34: Impairment types reported by study participants, Greater Geelong .....           | 97 |
| Table 35: Other health conditions reported by study participants, Greater Geelong ..       | 97 |
| Table 36: Number of people occupying housing with study participant, Greater Geelong ..... | 97 |
| Table 37: Level of satisfaction with housing of study participants, Geelong.....           | 98 |
| Table 38: Basic housing amenities, all housing types, Greater Geelong .....                | 98 |

## LIST OF FIGURES

|   |    |
|---|----|
| Figure 1: World Health Organization model of disability informing ICF .....   | 10 |
| Figure 2: Map of case study locations .....   | 35 |
| Figure 3: Estimate of the number of people from Yalata, Oak Valley and Tjuntjuntjara<br>in Ceduna and places of temporary residence ..... | 46 |
| Figure 4: Aerial view of Yalata.....  | 48 |
| Figure 5: Duplex within the independent living unit development, Yalata.....  | 52 |
| Figure 6: Independent living units, Yalata.....   | 66 |
| Figure 7: Aerial view, Point Pearce .....   | 72 |
| Figure 8: House with access ramps, Point Pearce .....   | 73 |
| Figure 9: Disability types reported by Indigenous people, Barwon South West Region,<br>Victoria, 2015 .....                               | 88 |

## ACRONYMS

|        |   |
|--------|---|
| ABCB   | Australian Building Codes Board   |
| ABS    | Australian Bureau of Statistics   |
| AHURI  | Australian Housing and Urban Research Institute Limited   |
| AIHW   | Australian Institute of Health and Welfare  |
| ANAO   | Australian National Audit Office  |
| AS     | Australian Standard   |
| CAT    | Centre for Appropriate Technology   |
| COAG   | Council of Australian Governments   |
| DCSI   | South Australian Department for Communities and Social Inclusion  |
| DHHS   | Victorian Department of Health and Human Services   |
| DHS    | Victorian Department of Human Services  |
| DSS    | Department of Social Services (formerly the Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA)) |
| HREOC  | Human Rights and Equal Opportunity Commission   |
| ICF    | WHO International Classification of Functioning, Disability and Health  |
| ICIDH  | International Classification of Impairments, Disabilities and Handicaps   |
| NCC    | National Construction Code  |
| NDIA   | National Disability Insurance Agency  |
| NDIS   | National Disability Insurance Scheme (formerly DisabilityCare Australia)  |
| NDUHD  | National Dialogue on Universal Housing Design   |
| NGO    | Non-government organisation   |
| NHSC   | National Housing Supply Council   |
| NIHG   | <i>National Indigenous housing guide</i>  |
| NIIG   | <i>National Indigenous infrastructure guide</i>   |
| NPARIH | National Partnership Agreement on Remote Indigenous Housing   |
| NPDCC  | National People with Disabilities and Carer Council   |
| NPRH   | National Partnership on Remote Housing  |
| NSW    | New South Wales   |
| PWDA   | People with Disability Australia  |
| SAHT   | South Australian Housing Trust  |
| WHO    | World Health Organization   |

YCI

Yalata Community Inc.

## EXECUTIVE SUMMARY

This Final Report presents the findings of research exploring the interconnections between housing, community infrastructure and quality of life ('lived experience') for Indigenous people living with disability.

Two key factors have provided the impetus for this study. First, the relationship between appropriate housing, good health, wellbeing and quality of life is now well established (Baker, Mason et al. 2014; Howden-Chapman and Carroll 2004; OECD 2011; NPDC 2009). Yet there remain many individuals and groups who face multiple barriers to accessing housing that meets their needs and is appropriate and sustainable in terms of affordability, accessibility, safety, security and housing form. Indigenous people with disability are one such group, yet we know little about their housing experiences, aspirations and needs.

Second, the development and rollout of the National Disability Insurance Scheme (NDIS) has focused attention nationally on the needs of people with disability. A watershed in social and disability policy, the NDIS offers real potential to transform the living circumstances of many people. It will provide eligible participants with assistance to access more appropriate, timely and consistent support services, and exercise choice and control over their lives. However, while the scheme's mandate is clear, there are gaps in the structures and processes and it is not yet fully implemented at this time. We know little, for example, about how the NDIS will be applied, resourced and supported across Australia's vast network of rural, regional and remote communities, where service delivery is particularly challenging.

This study used a research approach which allowed the creation of narratives of 'lived experiences' of housing and community infrastructure in three case study communities: Yalata and Point Pearce in South Australia, and Greater Geelong in Victoria. This approach allowed the voices of Indigenous people with disability to be heard. This data was recorded alongside baseline data on the quality, quantity and condition of housing and community infrastructure. Assessments of these infrastructures were made against key disability-related requirements, standards and guidelines in operation for such infrastructure—for example: the National Construction Code (NCC) (ASCB 2015a; 2015b) and relevant Australian standards; the *National Indigenous housing guide* (NIHG) (FaHCSIA 2007); and the *National Indigenous infrastructure guide* (NIIG) (FaHCSIA 2010). The three case study areas were selected as examples of remote (Yalata), rural (Point Pearce) and urban (Geelong) settings, and were also chosen as they are all within the stage one NDIS launch regions. A range of stakeholders were interviewed in order to garner necessary data and perspectives, including Indigenous people with disability in each community, their families and carers, other community members, health and housing workers and other service providers.

To provide a backdrop for the study, the prevalence of disability at the three case study locations was investigated. This found that poor health and disability are major issues facing the Indigenous populations in these areas. Moreover, government data has not accurately captured the prevalence of impairment and disability in the Aboriginal population, nor the level of need for assistance. It also does not capture the complexity of disabling impairments or health conditions. Co-morbidities are common among the Indigenous populations studied. The study found that people were often hesitant to access disability services outside their family networks, as this tended to result in interference in their life and a loss of personal control.

There were contrasts observed in the living circumstances of Indigenous people with disability in the remote, rural and urban locations. In remote Yalata, housing was in high demand and difficult to access. It was often of substandard condition, overcrowded and

poorly maintained. In the urban setting (Geelong) we also found that people with disability had difficulty accessing housing, and when they did the housing was often substandard, inappropriate or unsuitable due to a lack of repairs and maintenance or suitable modifications. In Point Pearce, the rural setting, housing was much easier to access, and due to a renovation program coincidentally occurring during the research period, the housing was of reasonable quality.

The research highlights the interconnections between housing, community infrastructure and quality of life. We encountered people separated from their family and country as a result of their disability; people who lacked basic amenities such as a place to cook or sleep; people who were trapped in their houses because of the failure of an agency to complete simple house modifications or make residents aware of the range and types of modifications available and the process for accessing them; and people whose housing circumstances did not, and could not, meet their health or disability needs. Other people were homeless and cycled through a series of different (and often dangerous) living circumstances due to the nature of their disability, including psychosocial conditions. People with certain disabilities fared very poorly in all locations. In particular, people with cognitive and/or psychosocial disability had great difficulties accessing safe and appropriate housing, with impacts on the wellbeing at the individual, family and community levels (see Wright, Zeeman et al. 2016 and Zeeman, Whitty et al. 2016 for a useful recent general discussion around these issues).

At the remote location we found that Indigenous people with disability often had to move to access housing, health services or supported living arrangements. When people were required to move, they were greatly affected by their dislocation. Communities wanted to keep people with disability living within the community whenever they could. People with disability in Yalata saw family as responsible for their care. Remarkably, at the rural location, we found that some people with disability had moved back to the community to access housing and health services. The rural community had become a place of refuge. In the urban setting, there were indications that people had access to a full range of requisite services however discussions with study participants in Geelong found that some were faring very poorly in terms of accessing housing appropriate to their physical, social and cultural needs.

The majority of houses examined for this study did not meet accessibility and visitability requirements for residents and guests. This was a point highlighted repeatedly by the service providers, community members and residents interviewed. In all locations there was poor adherence to existing housing guidelines and, particularly, poor adherence to non-mandatory requirements around disability access. Accordingly, we have developed a series of recommendations from the research (summarised below), headlined by three related policy recommendations.

- Legislate that all *new* housing be designed for accessibility for people with disability, with the *Livable housing design guidelines* 'silver' standard offering a benchmark.
- All houses should aim for universal access and provide basic access infrastructure for people with disability. The current recommended 5 per cent 'dignified access' requirement under the NCC does not adequately account for the higher prevalence of disability among the Indigenous population.
- A new NCC classification should be instated, to be identified as 'Housing for Indigenous people'. This will allow for a national standard to be achieved that could cut across state-level variations around Indigenous housing and create a basic minimum guideline. The new classification could be administered by a relevant state government body such as South Australia's Development Assessment Commission.

The research also highlights the need for the following

- A separate section in Australian Standard (AS) 1428 that deals with the access needs of Aboriginal housing. The definition of disability and its implications for access should be extended to include hearing and vision impairments, as well as cognitive disabilities. Further research is required to establish what the access standards for cognitive disorders might be.
- A systematic inspection process that ensures compliance with all new policy requirements.
- Community infrastructure that allows the participation of people with disability in the life of the community.
- Specialist facilities for Indigenous people with disability that are designed and built in consultation with the local community and stakeholders.
- Specialist facilities that are co-located with relevant services and supports where these exist (e.g. disability/aged care) to allow for efficient service delivery.
- The NDIS to understand and account for the challenges facing Indigenous people with disability.

On this last point, a series of recommendations are apparent—specific in the context of the NDIS policy.

- People with disability (and their carers/families) should be supported to negotiate their individual disability-related requirements with housing providers.
- The negotiation of individual packages under the NDIS should include a housing assessment by a person with appropriate qualifications with the quality and appropriateness of housing assessed against the individual's needs.
- Housing assessments focused on access, suitability and condition should be included for organisations that receive funding under the NDIS to manage housing, to ensure compliance with relevant codes and standards and also to ensure that people with disability have access to appropriate accommodation to support their life goals, social and economic participation and health and wellbeing.
- There is a capacity in the NDIS rollout process to educate people regarding housing options, modifications and technologies to allow people to live more independently. The opportunity to educate people should be planned into any future regional rollout of the NDIS.
- People with disability and their carers should be provided with information on the variety of housing modifications available, to allow them to make informed decisions about housing modifications which may improve their quality of life and wellbeing.
- Within the negotiation of an individual's NDIS package, the timely and appropriate completion of housing modifications should be negotiated with the relevant person or agency, such as the housing provider or landlord.
- Where modifications are provided, the work needs to be conducted systematically and completed to the resident's and stakeholder's satisfaction.
- Within the negotiation of an individual's NDIS package, the access of people to essential adaptive technologies (e.g. personal security alerts) that enable them to live independently should be considered.

Additionally, it is evident that the structures around the NDIS provide an important opportunity and vehicle for undertaking further research.

- Research investigating why Aboriginal people with disability in some regions are hesitant to access mainstream supported accommodation services. This research should explore:



1. the barriers to Indigenous people accessing these options
  2. how mainstream supported accommodation options might better meet the needs of Indigenous people with disability
  3. whether 'Indigenous specific' supported housing options need to be made available for Indigenous people with disability.
- Research investigating issues for Indigenous people with disability who are renting privately, including examination of minimum standards for private rental housing and the application of relevant legislative and regulatory provisions.

The rollout of the NDIS is a timely moment to examine the housing outcomes of Indigenous people with disability. Implementation of the scheme provides opportunity to illuminate the housing and living conditions of Indigenous people with disability, many of whom live in challenging circumstances. Given the importance of appropriate housing for the health outcomes and wellbeing of Indigenous people with disability, future NDIS rollouts should involve the assessment of the housing and living environments of eligible participants during the NDIS assessment and service delivery phases.

The challenges facing Indigenous people with disability in terms of housing and community infrastructure, particularly those elements that are design-related, will not lessen without these higher-level policy recommendations being formally adopted and enforced by the relevant stakeholders (including governments, government agencies, the housing industry and Indigenous communities) and through the appropriate frameworks and channels, including in legislation.

# 1 INTRODUCTION

This Final Report documents the lived experiences of housing and community infrastructure for Indigenous people with disability. It builds on research conducted for the Positioning Paper (Grant, Zillante et al. 2016), which highlighted that:

- There is still much to learn and understand around housing and disability among Indigenous Australians.
- Housing is a key social determinant of health, especially for Indigenous people with disability.
- Indigenous people experience higher rates of disability than non-Indigenous Australians, and the scant literature available around the nexus between housing and disability for Indigenous Australians emphasises that this group—especially in rural and remote Australia—experience multiple disadvantages and barriers in terms of service access and delivery, with whole-of-life implications.
- The National Disability Insurance Scheme (NDIS) is a groundbreaking policy reform that provides a transformational opportunity for those eligible for services under the scheme, and provides a vehicle for influencing governments, the community, and mainstream and specialist services to recognise and meet the needs of Indigenous people with disability.
- There is much to gain from illuminating the housing, community infrastructure and disability nexus for Indigenous Australians, specifically in terms of improving health, wellbeing and social inclusion outcomes for this group.

Housing is a key social determinant of health (Carson, Dunbar et al. 2007; Australian Indigenous HealthInfoNet 2008; Osborne, Baum et al. 2013). Access to appropriate housing has been shown to promote physical and mental wellbeing, particularly for vulnerable populations, including Indigenous people and people with disability (Baker, Mason et al. 2014; Bentley, Baker et al. 2012; Bentley, Baker et al. 2011; Grant, Chong et al. 2014). Appropriate housing—that is, housing which is stable, affordable, accessible, secure and located where people wish to live—is a fundamental condition for social and economic participation and wellbeing. A failure to achieve appropriate housing can lead to excessive mobility and homelessness, and result in dislocation from family and community.

Despite this, we know little about the ability of Indigenous Australians with disability to access appropriate housing. A number of studies have investigated a range of issues related to accessibility, including environment, community infrastructure and design for wheelchair users (e.g. Burns 2006: 17; Mines 2011a: 11; 2011b; MJD Foundation Ltd 2013: 2, 5, 27, 38, 94; Aboriginal Disability Network NSW 2007). A study by Senior (2000) investigated Indigenous perceptions of impairment, disability and wellbeing within the framework of the International Classification of Impairments, Disabilities and Handicaps (ICIDH). These studies consistently found that the provision of services for Indigenous people with disability in remote communities failed to take into account their geographical, social or economic circumstances, and resulted in frustration, isolation, dislocation and poverty.

Notwithstanding such studies, few have attempted to interrogate the complex interplay of social, political and environmental factors which inform the lived experiences of Indigenous people with disability in remote, rural and urban settings in Australia. These factors include: housing form, including design and construction; the built environment, encapsulating environmental factors and community infrastructure; the policy environment, addressing construction standards, building codes and regulatory and legislative instruments; social supports, related to service provision and formal supports within communities; social

connectedness, being the ability to participate actively in the community and to engage effectively with formal and informal supports; and 'country'. This study addresses many of these factors and fills gaps in our understanding around the nexus between housing (and related infrastructure) and disability for Indigenous people with disability.

'Accessibility' is a key concept in disability and acts both to construct and mediate many of the barriers faced by people with disability. This Final Report seeks to provide a framework for understanding the broad experience, frustrations and needs of Indigenous people with disability in urban, rural and remote settings in Australia, within the framework of current disability reform including the rollout of the National Disability Insurance Scheme (NDIS; formerly referred to as DisabilityCare Australia).

## 1.1 Study aims

This project responds to an area of identified policy significance in AHURI's 2014 National Research Agenda, in particular, Priority Topic 5: 'Repackaging housing and support services in response to national disability reforms' (see AHURI 2014: 9). The report adds to an emerging body of work by AHURI about the place of housing and housing assistance in the context of current disability reform and the NDIS (e.g. Wiesel and Habibis 2015; Wiesel, Laragy et al. 2015).

As identified in the Positioning Paper (Grant, Zillante et al. 2016), it is evident that there are significant policy issues in the provision, location and suitability of housing for Indigenous people with disability, and clear funding constraints.<sup>1</sup> Current reform of disability services nationally, centred around the staged implementation of the NDIS, provides an important opportunity both to unpack these issues and to refocus attention on the issue of housing for Indigenous people with disability, in particular.

Australia's ratification of the United Nations *Convention on the Rights of Persons with Disabilities* in 2008 has also ensured a spotlight on disability in recent years. Article 19 of the convention (United Nations 2006) requires signatories to:

... recognize the equal right of all persons with disabilities to live in the community, with choices equal to others, and [that States Parties] shall take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community ...

and ensure that:

- a. Persons with disabilities 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.
- b. Persons with disabilities have access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community.
- c. Community services and facilities for the general population are available on an equal basis to persons with disabilities and are responsive to their needs.

The findings of research in this current project, and research from other studies, suggest that we are a long way from fulfilling our mandate and responsibilities under the convention.

While the NDIS unquestionably represents a milestone in disability reform in Australia and is a good first step in addressing a range of inequities and providing individuals with targeted supports designed to meet their needs better over the life course, a recent report for AHURI

---

<sup>1</sup> The NDIS currently does not generally fund housing at an individual level (see Grant, Zillante et al. 2016: 6).

by Wiesel and Habibis (2015: 30) noted that the ‘individualised approach that underpins the NDIS is poorly aligned with the service needs of *Indigenous* communities, especially in remote locations’ (emphasis added). Hence a ‘key policy question is whether and how housing assistance for NDIS participants’, in the context of the current research, ‘can be individualised’ (Wiesel and Habibis 2015: 7) for Indigenous participants, providing meaningful change.

The need to collect baseline information on the prevalence and form of disability in a range of Indigenous communities, and on the lived experiences of individuals in urban, regional and remote regions is essential to the development of policies and funding models appropriate to their specific circumstances and needs. This research therefore investigates:

- the ability of Indigenous Australians living with disability to access appropriate housing
- the condition and location of housing, and the availability and suitability of housing modifications
- the availability and suitability of community infrastructure.

The study provides data to inform policy decisions impacting housing and related infrastructure for Indigenous Australians with disability, including: funding and allocation of housing; housing modifications; housing options; and community infrastructure. It provides understanding on the ways in which Indigenous people with disability use social services, adapt behaviours and access alternate housing pathways in the absence of appropriate housing or community infrastructure. Discussions of possible models of housing, identified in consultations with stakeholders—community members, Elders, health, housing and community sector workers, representatives of Aboriginal organisations and advocacy groups—are outlined prior to the summary section in Chapters 4 (Yalata), 5 (Point Pearce) and 6 (Geelong) respectively.

## **1.2 Key research questions**

In order to investigate the ability of Indigenous Australians living with disability to access appropriate housing; the condition and location of housing, and the availability and suitability of housing modifications; and the availability and suitability of community infrastructure, seven research questions were formulated.

1. What are the housing experiences of Indigenous people with disability in the case study locations?
2. What are the types of housing and housing modifications, and the condition of housing, available for Indigenous people with disability in each of the case study areas?
3. How do Indigenous people respond to the housing options available to them?
4. How does the housing available measure up against current guidelines around housing (e.g. the *National Indigenous housing guide* and the *Livable housing design guidelines*), relevant provisions in the National Construction Code (NCC), and relevant federal and state legislation?
5. What community infrastructure is present in the case study locations to support Indigenous people living with disability?
6. How does the community infrastructure measure up against the available guidelines (i.e. the *National Indigenous infrastructure guide*) and legislation?
7. Are there more appropriate housing and community infrastructure models for Indigenous people with disability?

The research questions were developed following consideration of the literature—academic and practice-based—around the nexus between housing and disability for Indigenous people, and in consultation with key stakeholders in the field.

The results of these inquiries form the basis of this Final Report.

### **1.3 Method**

Three case study sites (remote, rural and urban) were selected to provide an insight into the range and complexity of housing situations experienced by Indigenous Australians with disability: Yalata, a remote Aboriginal community at the western head of the Great Australian Bight, South Australia; Point Pearce, a rural Aboriginal community on the Yorke Peninsula, South Australia; and Greater Geelong, an urban centre in the Barwon region of Victoria. Each case study site was chosen, in consultation with the First Peoples Disability Network, to take into account a diversity of community settings and geographical locations within the NDIS stage one launch regions. The distinct geographical and community settings in each community allowed the research team to document the different types of housing options available to Indigenous people with disability in the communities.

Fieldwork was undertaken at the three case study sites. A community consultation process, and the relevant ethics approval process, were completed prior to the commencement of the data collection. A narrative inquiry method, including the ethnographic research methodology known as ‘lived experience’ (defined in Section 1.4, below), was employed to capture the voices of participants in the study. The detail of this approach is discussed more fully in Chapter 3, in conjunction with the case studies.

The fieldwork comprised three components. First, workshop-style meetings were held with community leaders, staff, housing and health service providers and other stakeholders in each location to ascertain:

- a local estimate of the number of people living with disability in the community (to compare against available data)
- the types of disabilities known to exist in the community
- household characteristics (where at least one person had a disability)
- the number of people who had left the community for disability-related reasons
- major housing issues for all people living in the community
- housing issues for people with disability
- community infrastructure currently used by people with disability
- community responses to the issues of disability, housing and community infrastructure
- details of housing modifications undertaken
- details of community infrastructure modifications undertaken
- current and future projects planned to accommodate people with disability
- constraints to delivering accessible housing and community infrastructure.

Second, semi-structured interviews were conducted with community members with disability and/or their families/carers to ascertain their lived experiences of housing and related issues. These interviews captured information on:

- the benefits and/or constraints of their current housing
- whether modifications had been made to their housing
- the appropriateness of such modifications

- disability and housing impacts on their quality of life
- whether they had relocated or considered moving because of unsuitable housing
- current and/or future housing aspirations
- whether existing community infrastructure enabled access to community facilities and surrounding areas.

In most instances, interviews were conducted in each case study location. The views and experiences of residents forced to reside elsewhere due to health issues, poor or unsuitable housing or other reasons were also sought where relevant and possible.

Third, data was collected on the types of housing and related infrastructure available in the community, and any modifications made in response to the needs of people with disability. A framework for collection and interpretation of the data was developed through a review of standards in the NCC (ABCB 2015a; 2015b), the *National Indigenous housing guide* (NIHG) (FaCSIA 2007) and the *National Indigenous infrastructure guide* (NIIG) (FaHCSIA 2010), along with tools in *Housing for health: the guide* (Healthabitat 2013a) and information from other studies.

## 1.4 The language of ‘disability’: a research and policy framework

The following section provides a theoretical framework for understanding concepts used in this report. It should be noted that the descriptors ‘Aboriginal and Torres Strait Islander’ and ‘Indigenous’ are used interchangeably throughout this report with reference to Australia’s First Nations peoples. We acknowledge the limitations of these descriptors and the cultural and historical context of our research.

A number of terms with specific contextual meanings are used throughout this report. Key among these are: ‘disability’, ‘appropriate housing’, ‘housing quality’, ‘community infrastructure’ and ‘lived experience’, along with a number of terms used with regard to housing design.

### 1.4.1 Disability

The term ‘disability’ is used variously as a ‘concept’, ‘label’ or ‘category’ in the research and policy space. Accordingly, the term ‘disability’, and approaches for supporting people living with or experiencing disability, have been the source of some contention and debate (Anastasiou and Kauffman 2013; Thomas 2004),

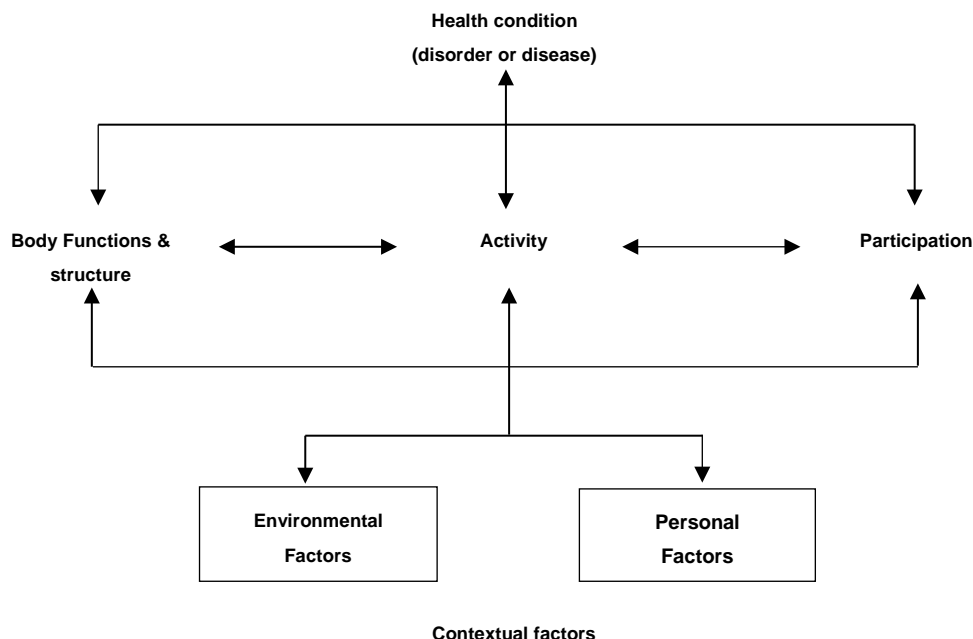
Constructions of ‘disability’ matter. They determine, for example, usage in population-focused surveys and eligibility for publicly funded programs, services and supports, including income support payments and pensions (AIHW 2003a: 4). The preferred understanding in Australia of ‘disability’ is based on the World Health Organization’s (WHO) framework for defining and measuring health conditions, including disability, at the individual and population level (AIHW 2003b). This framework is known as the International Classification of Functioning, Disability and Health or ICF (WHO 2001; 2014; Madden and Dimitropoulous 2014). The ICF uses ‘disability’ as an umbrella term for any or all of the following:

- impairments—‘problems in body function or structure such as significant deviation or loss’
- activity limitations—‘difficulties an individual may have in executing tasks or actions’
- participation restrictions—‘problems an individual may experience in involvement in life situations’. (WHO 2002: 10).

The ICF model of disability is best shown diagrammatically. Figure 1 shows the relationships between and impacts of contextual environmental factors (external) and

personal factors (internal) on health conditions and outcomes at the three levels of human functioning identified above.<sup>2</sup>

**Figure 1: World Health Organization model of disability informing ICF**



Source: WHO (2001: 18).

As noted by WHO (2016):

Disability is thus not just a health problem. It is a complex phenomenon, reflecting the interaction between features of a person's body and features of the society in which he or she lives. Overcoming the difficulties faced by people with disabilities requires interventions to remove environmental and social barriers.

The ICF is based on a 'biopsychosocial' understanding of disability, blending what has come to be known as the 'social model of disability' with the individual or medical model of disability (WHO 2002: 9; see also Barnes 1991; Shakespeare 2014; WHO 2013). The medical model of disability, in simplistic terms, sees disability as a 'problem' or 'deficit' of an individual which needs to be corrected or cured in a medical context (PWDA c.2010; WHO 2002).

By contrast, the social model of disability strongly challenges the medical model, conceptualising 'disability' as a social construct. Barnes (1991) draws a distinction between 'disability' and 'impairment'. He writes: '*Disability* is the loss or limitation of opportunities to take part in the normal life of the community on an equal level with others due to physical and social barriers', whereas '*Impairment* is the functional limitation within the individual caused by physical, mental or sensory impairment' (Barnes 1991: 2).

While the social model of disability is the preferred way of conceptualising disability for many people with disability and relevant support agencies, the medical model of disability remains influential in some areas, particularly in terms of enumerating 'disability' at a population level and in prescribing eligibility conditions for a range of disability support services.

The Australian Bureau of Statistics (ABS) considers five main concepts in its measurement of the prevalence of disability in Australia: disability; long-term health condition; specific

<sup>2</sup> See WHO (2002) pages 8–10 for a discussion of this framework.

limitation or restriction; core activity limitation and levels of restriction; and the need for assistance (ABS 2013e) (see Appendices 1 and 2). These concepts underpin data collection in the main survey instrument used to collect information about disability nationally: the ABS Survey of Disability, Ageing and Carers. A person enumerated in this survey is considered to have a disability 'if they report they have a limitation, restriction or impairment, which has lasted, or is likely to last, for at least six months and restricts everyday activities' (ABS 2013e). Such limitations, restrictions or impairments include:

- loss of sight (not corrected by glasses or contact lenses)
- loss of hearing where communication is restricted, or an aid to assist with (or substitute for) hearing is used
- speech difficulties
- shortness of breath or breathing difficulties causing restriction
- chronic or recurrent pain or discomfort causing restriction
- blackouts, seizures, or loss of consciousness
- difficulty learning or understanding
- incomplete use of arms or fingers
- difficulty gripping or holding things
- incomplete use of feet or legs
- nervous or emotional condition causing restriction
- restriction in physical activities or in doing physical work
- disfigurement or deformity
- mental illness or condition requiring help or supervision
- long-term effects of head injury, stroke or other brain damage causing restriction
- receiving treatment or medication for any other long-term conditions or ailments and still being restricted
- any other long-term conditions resulting in a restriction. (ABS 2013e).

In considering disability-related limitations, restrictions or impairments, the ABS also measures the severity of disability applicable to an individual. The measure of 'severity' is determined by the highest level of limitation an individual may encounter in performing daily core activities such as self-care, mobility and communication (see Appendix 1). Four levels of core activity limitation are used to determine the overall level of limitation applicable to the person and subsequent support requirements: profound, severe, moderate and mild. Appendix 2 details the activities and tasks associated with these limitations.

The conceptual framework of disability informing the research for this report accords with the biopsychosocial understanding of disability, informed by the ICF construction of disability and impairment.

#### *1.4.2 Appropriate housing*

The term 'appropriate housing' encapsulates the following: legal security of tenure; location; availability of support services; facilities and infrastructure; affordability; habitability; accessibility; and suitability (including housing quality, design, materials and cultural adequacy).

The ABS (2002) reported:



Having a suitable place to live is fundamental to people's identity and wellbeing, and there are many aspects to housing that affect the quality of people's lives. Dwelling attributes, such as their size, number of bedrooms, physical condition, location relative to amenities and services, and their affordability, are all important in this regard.

#### 1.4.3 *Housing quality*

The term 'housing quality' accords in this report with the definition offered by Statistics New Zealand (2015) and includes elements such as sustainability, neighbourhood features and habitability.

Housing quality has many elements, and can be defined in many ways. A targeted definition of housing quality concerns simply the quality of the internal and external structure of a dwelling and aspects of the internal environment. A wider definition may include features of the neighbourhood and concepts such as environmental sustainability. Housing quality is also referred to as housing condition or housing habitability. (Statistics New Zealand 2015: 7)

Housing quality can be assessed in a number of ways: for example, compliance with NCC regulations and standards. In the main, evolutions of the NIHG have set the standard in terms of assessing and examining housing quality.<sup>3</sup> The nine Healthy Living practices underpinning the NIHG (which have been refined minimally over time) have provided a backdrop to work from to develop indicators—for example, as applied in the *Western Australian Aboriginal Child Health Survey* (Silburn, Zubrick et al. 2006) which incorporated a focus on housing quality. The NIHG (FaCSIA 2007: 13) lists the Healthy Living practices, in order of importance, as:

1. the ability to wash people, particularly children
2. the ability to wash clothes and bedding
3. removing waste safely from the house and immediate living environment
4. improving nutrition: the ability to store, prepare and cook food
5. reducing the negative effects of crowding
6. reducing the negative contact between people and animals, insects and vermin
7. reducing dust
8. controlling the temperature of the living environment
9. reducing trauma, or minor injury, by removing hazards.

#### 1.4.4 *Community infrastructure*

'Community infrastructure' is inclusive both of the physical structures and facilities required to sustain a community (e.g. roads, pedestrian pathways and drainage) and the social and government services and supports intrinsic to community functioning. The object of the Disability (Access to Premises—Buildings) Standards 2010 is:

... to ensure that dignified, equitable, cost-effective and reasonably achievable access to buildings, and facilities and services within buildings, is provided for people with a disability. (s. 1.3 Objects)

---

<sup>3</sup> Further discussion of the NIHG is provided in Section 3.1.2 of this report and 6.2.1 of the Positioning Paper (Grant, Zillante et al. 2016).

#### 1.4.5 Lived experience

'Lived experience' is an ethnographic research method which allows 'representation and understanding of a research subject's human experiences, choices, and options and how those factors influence one's perception of knowledge' (Boylorn 2008: 490; see also van Manen 1990 for further discussion). The notion of lived experience explores how people and the environment intertwine, and the impact one has on the other (Clandinin and Rosiek 2006). It has been employed in many studies which have used narrative inquiry methods to effectively preserve the voices and viewpoints of Aboriginal people with disability and their carers. These methods have been used in a range of major investigations and underpin the regional and final reports of the Royal Commission into Aboriginal Deaths in Custody (1991) and the Bringing them home report (HREOC 1997).

#### 1.4.6 Terms relating to housing design

This report uses a range of descriptive terminology around housing design, drawn from the proposal to align AS 4299–1995 Adaptable Housing with the *National Disability Strategy 2010–2020* (ANUHD and RIA 2016: 7). Such terminology includes:

**Accessible**—'Accessible' housing design complies with the floor space requirements described in AS 1428.1 (2009) and is able to be approached, entered and used by people with a disability, including those who rely upon a wheelchair.

**Adaptable**—'Adaptable' housing is the term used in AS 4299–1995 and refers to design that:

- ensures that later alterations to suit individual requirements will be achievable at minimal extra initial cost
- will easily adapt to suit the widest possible range of lifetime needs—including the needs of people with physical disabilities (e.g. people who use wheelchairs, people with disabilities who are ambulant, and people with manipulatory disabilities); people with sensory disability (vision, hearing) and people with intellectual disability
- will allow for visitability through an accessible path of travel to the living room and toilet.

**Livable**—'Livable' design is the term used in the National Dialogue on Universal Housing Design (2010a; 2010b) to mean housing that meets the changing needs of occupants across their lifetime.

Livable homes include key easy-living features that make them easier and safer to use for all occupants, including: people with disability, ageing Australians, people with temporary injuries, and families with young children.

A livable home is designed to:

- be easy to enter
- be easy to navigate in and around
- be capable of easy and cost-effective adaptation
- be responsive to the changing needs of home occupants.

**Liveable**—'Liveable' design is used by the Government of Western Australia to describe housing that is easy to move around in and easy to use. Liveable design offers open-plan layout to maximise space in key areas of the home.

**Universal**—'Universal' design is the design of products and environments to be usable by all people, to the greatest extent possible, without the need for adaptation or specialised design.

The proposal refers to ‘agreed universal design standards’ which the authors consider to be *Livable housing design guidelines* ‘silver’ level (LHA 2012).

**Visitable**—‘Visitable’ design allows for a dwelling to facilitate the inclusion and participation of all people in family and community activities.

## 1.5 Report structure

This chapter has provided a background to the research in the context of current disability reforms. The discussion has highlighted potential challenges in adapting existing initiatives under the NDIS framework to Indigenous communities, and the importance of documenting their immediate and future needs.

Chapter 2 provides the context for the study, drawing on the Positioning Paper (Grant, Zillante et al. 2016) to inform three key areas of investigation with implications for policy and practice:

- understanding recent reform of the disability sector nationally
- opening the conversation on how disability reforms, and specifically the NDIS, interface with housing, particularly for Indigenous people with disability
- reviewing what is known about housing for Indigenous people with disability.

Chapter 3 outlines the research methodology, highlighting the rationale and approach used to capture the lived housing and community infrastructure experiences of Indigenous people with disability, and the conduct of assessments of housing and community infrastructure at the three case study locations (Yalata, Point Pearce and Greater Geelong).

Chapters 4, 5 and 6 present the findings of the case studies that form the basis of this study. Each of these chapters concludes by identifying preferred models of housing for Indigenous people with disability, as noted by stakeholders.

Chapter 7 draws together the findings of the research, presenting recommendations for advancing progress around housing and related infrastructure for Indigenous people with disability.

## 2 HOUSING INDIGENOUS AUSTRALIANS WITH DISABILITY IN AN ERA OF DISABILITY SERVICES REFORM

### 2.1 Introduction

The last decade has seen significant changes to social policy in Australia. Driven by a desire to address disadvantage and maximise the social and economic participation of all Australians, the Australian Government in concert with state and territory governments has put their own stamp on social policy reforms which recognise—albeit in different ways and to varying extents—the relationship between disadvantage and social inclusion.

Two key innovations in social policy have been the Closing the Gap policy agenda, aimed at addressing Indigenous disadvantage, and national disability reform. Both of these agendas reflect the emerging understanding in health literature that having access to appropriate housing is integral to the physical and mental wellbeing of Indigenous people and people with disability (Baker, Mason et al. 2014; Bentley, Baker et al. 2011; Bentley, Baker et al. 2012; Grant, Chong et al. 2014). Imrie (2004: 745) explains this relationship:

A person's mental and physical wellbeing is related to many circumstances, not the least of which is the quality of their dwelling and home environment. An important part of such quality is physical design and layout, and how far it enables the ease of people's mobility and movement around the dwelling and the use of different rooms and their facilities.

The literature cites a growing crisis in Aboriginal communities, evidenced by high and multiple levels of disadvantage, which reflect enormous disparities in the social determinants of Aboriginal health—that is, elements of people's lives such as housing, education and the availability of nutritional food, employment and health care.

On this point, the Central Australian Aboriginal Congress (2011: 2) has noted that:

Put simply, the social gradient in terms of housing, education, employment, access to justice and empowerment are directly linked to the disastrous health outcomes we face. They are directly linked—also—to the ongoing effects of substance abuse, family violence and child neglect and abuse.

If Aboriginal people are to achieve health outcomes equivalent to those of the broader Australian population, people's living conditions must be improved alongside access to health services (Southern Public Health Unit Network 2003).

Growing understanding around the social determinants of Aboriginal health and the trend for innovation in social policy make this research timely. The Positioning Paper for this project (Grant, Zillante et al. 2016) found that:

- The Indigenous population is a young and growing population with a high (and possibly increasing) prevalence of disability.<sup>4</sup>
- The housing and community infrastructure experiences of Indigenous people with disability are not well described.
- An opportunity exists for research to inform the services and supports for Indigenous people with disability within the emerging structures of the NDIS.

This chapter traces the policy and practice context around the lived experiences of housing and community infrastructure of Indigenous Australians with disability. In essence it is a

---

<sup>4</sup> Discussed in greater detail later in this chapter.

précis of the Positioning Paper (Grant, Zillante et al. 2016) and further information about the project and research context can be derived from that report. The discussion commences with an overview of the prevalence of disability among Indigenous Australians, then considers the evolving disability reform agenda and its interface with housing for Indigenous Australians in particular. The chapter concludes with a brief discussion of what is known about culturally responsive housing models for Indigenous people with disability.

## 2.2 Disability, disability reform and Indigenous Australians

Disability has been an area of social policy concern in Australia for many years. Key drivers have been:

- the significant proportion of the Australian population with impairment(s) or health conditions that render them socially and/or environmentally 'disabled'<sup>5</sup>
- the significant proportion of the population that provides care for someone with disability.

Nationally, around one in every five people (18.5% of the population) report some 'level' or 'type' of disability, with 6.1 per cent of the population possessing a profound or severe core activity limitation: that being, difficulty in the core life domains of self-care, mobility or communication (ABS 2013c; 2013e).

Establishing the prevalence of disability among Indigenous Australians is complex.<sup>6</sup> Key issues in determining the level of disability among Indigenous people include:

- the adequacy and representativeness of data (Biddle, Al-Yaman et al. 2014; AIHW 2006; 2011a; 2015)
- undercounts in ABS surveys (ABS 2009; 2012f; ABS and AIHW 2008: 59)
- variation in the application and explanation of items and definitions in Indigenous specific and population-based surveys (AIHW 2006; AIHW 2011a)
- variable cultural understandings around disability (Bostock 2007; Griffis 2010; Senior 2000).

There are, however, a number of data sources which give some indication of disability prevalence among Indigenous Australians.

- The 2014–15 *National Aboriginal and Torres Strait Islander Social Survey*, which found that 45.1 per cent of people aged 15 years or over reported experiencing some form of disability, with 7.7 per cent needing assistance some or all of the time with core activities (ABS 2016b, Table 12.3). The survey recorded 34,000 Indigenous Australians aged 15 years or over as having a profound or severe limitation in performing core activities and 199 800 with a disability or long-term health condition (ABS 2016b: Table 12.1).
- The 2011 *Census of Population and Housing* reported 29,500 Indigenous Australians needing assistance with a core activity restriction (ABS 2012a).
- The 2012 ABS Survey of Disability, Ageing and Carers revealed a crude rate of disability (i.e. not age adjusted) among the Indigenous population surveyed<sup>7</sup> of 23.4 per cent, and 7.8 per cent with severe or profound core activity limitation (ABS 2014).

The 2012 ABS Survey of Disability, Ageing and Carers also notes an increasing prevalence of disability with age for the Indigenous population—as with the non-Indigenous and total

---

<sup>5</sup> The built environment and physical environment can often be so inaccessible it renders someone disabled, as emphasised in the social model of disability.

<sup>6</sup> For a discussion of relevant issues see Grant, Zillante et al. 2016; NPDCC 2009; Productivity Commission 2011b.

<sup>7</sup> The survey included Indigenous people living in private dwellings (not including people in 'cared accommodation' and not including people in regions defined as 'very remote') (ABS 2014).

population, but peaking earlier for the Indigenous population as a whole. This trend reflects the earlier onset of chronic conditions for the Indigenous population. Notably, comparative analysis shows that after adjusting for the differences in the age structures of the Indigenous and non-Indigenous populations (the much younger age structure of the Indigenous population because of their higher fertility rate and greatly reduced life expectancy), Indigenous Australians were 1.7 times more likely to be living with a disability than non-Indigenous Australians, and also 1.7 times as likely to be living with a severe or profound core activity limitation (ABS 2014).

Further data is available in the Australian Institute of Health and Welfare (AIHW) analysis of two other important ABS surveys: the 2012–13 *Australian Aboriginal and Torres Strait Islander Health Survey*<sup>8</sup> and 2011–12 *Australian Health Survey* (for comparative trends). The AIHW report, titled *The Health and Welfare of Australia's Aboriginal and Torres Strait Islander peoples 2015* (AIHW 2015: 104–107) found:

- a crude rate of disability for Indigenous Australians of 36 per cent (some 228,000 individuals), or 44 per cent age standardised
- an estimated 41,000 Indigenous people living with severe or profound core activity limitation (a crude rate of 6.4% of the Indigenous population versus 4.1% of non-Indigenous Australians)
- an age-standardised rate of severe or profound core activity limitation among Indigenous people of 7.9 per cent (compared with 3.9% for non-Indigenous Australians)
- a crude rate of severe or profound disability of 14 per cent for Indigenous people aged 65 and over (versus 11% of all Australians aged 65 and over).

### 2.2.1 Disability reform

In 2010, the Australian Government initiated an inquiry to investigate the feasibility of developing a 'National Disability Long-term Care and Support Scheme' (Productivity Commission 2011a: iv), which would replace the existing 'underfunded, unfair, fragmented, and inefficient' system of disability supports that 'gives people with a disability little choice and no certainty of access to appropriate supports' (p.2). The Inquiry was charged with assessing:

the costs, cost effectiveness, benefits, and feasibility of an approach which:

- provides long-term essential care and support for eligible people with a severe or profound disability, on an entitlement basis and taking account the desired outcomes for each person over a lifetime
- is intended to cover people with disability not acquired as part of the natural process of ageing
- calculates and manages the costs of long-term care and support for people with severe and profound disability
- replaces the existing system funding for the eligible population
- ensures a range of support options are available, including individualised approaches

---

<sup>8</sup> The *Australian Aboriginal and Torres Strait Islander Health Survey* (AATSIHS) collects data only from people living in private dwellings, excluding Indigenous people resident in aged care facilities and other non-private dwellings. Unlike other survey instruments, the AATSIHS includes a nationally representative sample covering remote and non-remote areas of Australia, including discrete communities. This makes it one of the more representative surveys covering disability (AIHW 2015).

- includes a coordinated package of care services which could include accommodation support, aids and equipment, respite, transport and a range of community participation and day programs available for a person's lifetime
- assists the person with disability to make decisions about their support
- provides support for people to participate in employment where possible. (Productivity Commission 2011a: iv–v)

The Inquiry ultimately supported the establishment of the NDIS and a National Injury Insurance Scheme (Productivity Commission 2011b: 851–920).

### 2.2.2 *The National Disability Insurance Scheme (NDIS)*

The NDIS has the core tenet to ensure eligible Australians with disability have access to whole-of-life supports to meet their life goals and aspirations. The scheme is a person-centred social insurance program designed to support 'people with a permanent and significant disability that affects their ability to take part in everyday activities' (NDIS 2015d). It has the central aim of being person-centred and is designed to give certainty in terms of the supports provided under the scheme across a person's lifetime.

NDIS providers work with eligible participants to identify the supports required for daily life. This might include therapeutic supports, home modifications, mobility equipment, assistance with personal care and so forth. The intent of the scheme is to enable people with disability to maintain health and wellbeing and meet individual life goals, such as achieving and maintaining independence, being active in their community and pursuing educational and employment opportunities. To that end, the scheme will fund supports determined to be 'reasonable and necessary' to achieve participants' stated goals (NDIS 2015d).

The NDIS acts also as an information and referral service for people with disability who do not meet the eligibility requirements and for carers and families of people with disability in Australia. It has been designed 'to complement, rather than substitute for, informal supports and existing community and mainstream services' (Joint Standing Committee on the National Disability Insurance Scheme 2014: xiv). 'Housing' has been identified as remaining largely outside the formal structures and processes of the NDIS (NDIS 2014a).

The establishment of the NDIS in Australia follows international trends in terms of the manner by which support services are provided to people living with disability (Alakeson 2010; Dixon and Alakeson 2010; Williams 2014). A number of countries have moved beyond welfare models to involving people in the decision-making processes which impact their lives (Power, Lord et al. 2013), reflecting the tenets of the *Convention on the Rights of Persons with Disabilities* (United Nations 2006).

The concepts of 'choice' and 'control' are cornerstones of the current reforms. These tenets are underpinned by two key policy directions, as summarised by Williams (2014: 30).

1. Personalised support services that are consumer-directed and designed to support each individual's life goals and aspirations.
2. Individualised funding with a personal budget based on each person's assessed needs to enable that person to control the purchase of agreed supports.

Through these principles, the NDIS aims to respond to the diverse needs of participants, including co-morbidities and relevant cultural and other considerations (Bonyhady 2014a: 7). The scheme is operationalised through the work of the statutory body known as the National Disability Insurance Agency (NDIA) and is governed by the *National Disability Insurance Scheme Act 2013* (Cwlth), which became fully operational on 1 July 2013.

The Act creates the framework for the NDIS, including access criteria, age requirements, how a person with disability works with the National Disability

Insurance Agency to draw up a plan to help meet their goals and aspirations, and what constitutes reasonable and necessary support. (Children and Young People with Disability Australia 2015)

### **Eligibility: concepts of disability and impairment**

Under the NDIS, disabilities are classified according to the type of impairment (intellectual, cognitive, neurological, sensory or physical), the severity of disability, and the degree of assistance required performing core activities (communication, social interaction, learning, mobility, self-care and self-management). Where there are no limitations in performing core activities, the level of disability is considered in terms of whether someone has restrictions impacting their ability to participate in social and economic activities, and whether they are likely to require support for their lifetime. These requirements also apply for impairments that vary in intensity (*National Disability Insurance Scheme Act 2013*, s. 24).

Eligibility for the NDIS is based also on participants demonstrating that their disability is the result of an 'impairment or impairments which are, or are likely to be, permanent' (*National Disability Insurance Scheme Act 2013*, s. 24). The NDIS does not assume responsibility for the medical or health needs of participants, with these remaining the responsibility of the broader health system (see Crowther and Collister 2014 for further discussion).

### **Implementation**

From 1 July 2013, the NDIS began in four 'trial' areas:

1. in Tasmania for young people aged 15–24 years
2. in South Australia for children aged 0–14 years
3. in the Barwon region of Victoria for people aged up to 65 years
4. in the Hunter region of New South Wales (NSW) for people aged up to 65 years.

From 1 July 2014, the NDIS was implemented also in:

- the Australian Capital Territory
- the Barkly region of the Northern Territory
- the Perth Hills area of Western Australia. (NDIS n.d.)

People who enter the NDIS at the trial sites have the choice of remaining in the NDIS or transitioning to the aged care system once they turn 65 (or 50 for Indigenous participants).

In July 2015, 'early transition' work for a limited number of people aged 18 years and under was rolled out in the Nepean Blue Mountains area of NSW (NDIS n.d.). Rollout of the NDIS in full in other areas commenced in July 2016.

The NDIA estimates that some 410,000 people will be participants of the NDIS when it is fully operational in 2019. Among these participants, some 154,000–193,000 will be low-income households, probably requiring housing assistance. Notably, through extrapolation of data on current levels of provision of housing assistance for people with disability, the NDIA predicts a deficit of affordable housing for NDIS participants in the order of 83,000–122,000 units (Bonyhady 2013: 3).

Notably, the trial sites:

... will be subjected to intensive scrutiny and evaluation. Information of the outcomes achieved, what works well and what requires modification will be provided to COAG for its consideration of any further rollout of the NDIS. (COAG 2012: 7)

Results of the evaluation of the NDIS trial sites remain forthcoming.



## Interaction with housing

The establishment of the NDIS represents a watershed in disability policy in Australia. The scheme offers hope that disability support services will become more appropriate, timely and consistent. However, there remain many questions to be resolved regarding its reach and execution—not least, how housing issues for people with disability generally, and for Indigenous people in particular, will be addressed within or alongside disability sector reforms. Given the role of appropriate housing in shaping outcomes for individuals with disability, this is an important question.

As the agency with oversight of the NDIS nationally, the question also arises as to how the NDIA might best interact with the housing sector, especially with mainstream housing services, to influence, coordinate and facilitate good housing outcomes for participants (particularly for people with less specialised accommodation needs).

It is notable that post drafting of this Final Report, there has been some activity around the intersection of housing and the NDIS for people with specialised accommodation needs. This has been centred around the publication of the Specialist Disability Accommodation Pricing and Payments Framework, endorsed in November 2015 (NDIS 2015a), and subsequent development of a position paper released for community and sector consultation in April 2016 (NDIA 2016). These documents focused specifically on the technical aspects of pricing, rules and administration arrangements for current and new models of specialist disability accommodation. These innovative new models are described as:

... specialist designed housing—including land and built form (user cost of capital)—for NDIS participants requiring integrated housing and supports, due to their significant functional impairment and/or complex needs. (NDIA 2016: 6)

How the framework intersects with the needs of eligible Indigenous people with specialised accommodation needs is yet to play out (see Section 2.4 for a discussion of the intersection of the NDIS and housing). Additionally, eligibility for supports and definitions around disability within the NDIS are based largely on a largely medical approach to disability, reflecting a focus on disability as an impairment, rather than as a consequence of social and environmental barriers disabling a person with an impairment (discussed in greater detail in Section 1.4).

As a number of sources (e.g. Hermant 2014; PWDA 2013) note, the conceptual approach which underpins the NDIS is largely a cultural construct, reflecting the strength and pervasiveness of medical views and understandings of disability in some areas within the disability sector: among medical and allied health professionals; in policy; and in some areas of practice and among the broader community. Criticism and critique of the scheme to date has centred around these issues. Many people with disability, their families and carers, and many within the disability sector (particularly proponents of a more balanced definition of disability), have expressed concern over the capacity of agencies and workers to break free from this culture and give genuine choice and control to people with disability, recognising that disability supports can also be, and need to be, more socially and participation focused.

These concerns raise further issues in respect to accountability and reporting, specifically in terms of outcomes measures for NDIS participants.<sup>9</sup> Measuring outcomes for NDIS participants, their families and carers is crucial for determining overall policy success or failure for the scheme. It is also the new frontier in program evaluation, as highlighted by growing government and non-government sector interest in social impact measures.

---

<sup>9</sup> For further information about reporting, see the Integrated NDIS Performance Reporting Framework and Reporting Obligations sections of the NDIS Act.

An outcomes framework for the NDIS has been developed and piloted, focused on measuring medium and longer term outcomes for people with disability, their families and carers. The framework is no longer on the NDIS website; however, the summary report from the framework pilot study (released in September 2015) remains (NDIA 2015). The summary report notes the importance of continuous improvement to the NDIS, giving hope that some areas of current concern may be addressed. However, it remains unclear how feedback about the scheme will inform its further development.

## **2.3 Disability and housing**

There exists an emerging body of literature around the nexus between housing and disability, which is discussed in detail in the Positioning Paper (Grant, Zillante et al. 2016). Key points arising from the literature are summarised below.

First, the key housing requirements for most individuals are secure tenure and affordable housing (see, e.g. Beer and Faulkner 2009a; Beer, Faulkner et al. 2006; Centre for Housing, Urban and Regional Planning 2012; Hulse, Burke et al. 2012; Hulse, Reynolds et al. 2015; Jacobs, Natalier et al. 2004; Jacobs, Natalier et al. 2005; Rowley and Ong 2012; Stone, Burke et al. 2013; Wulff, Dharmalingam et al. 2009; Wulff, Reynolds et al. 2011; Yates 2006; Yates, Milligan et al. 2007).

For people with disability, however, broader requirements are generally necessary. The disability-related needs of some individuals may require housing to be designed or fitted out in a particular way (NPDCC 2009; McConkey and Keogh 2014; Tually and Beer 2010). Others may require their housing to be located near particular services or facilities, such as hospitals, specialist health services or public transport. Proximity to such amenities may be necessary to manage their condition, or may relate to mobility and/or access issues (Tually, Beer et al. 2011; Wiesel, Laragy et al. 2015).

However, as Tually, Beer et al. (2011: 30) report:

Households where one or more persons is affected by a disability are often forced to choose between inappropriate accommodation in accessible locations and more appropriate housing in less accessible places.

The consequence of inappropriate housing is frequently social isolation and exclusion (Tually and Beer 2010; Tually, Beer et al. 2011).

Second, the housing environment impacts a range of shelter and non-shelter outcomes for people with disability, including labour market participation and income. Economic resources, not least the ability to access employment opportunities and training, will determine in large part the place of people with disability in the housing market, along with their independence and quality of life and wellbeing over the life course (Biddle, Al-Yaman et al. 2014; Kavanagh, Krnjacki et al. 2014; Dalton and Ong 2007; NPDCC 2009; Saunders 2005). Community connections and access to systems of formal and informal supports, particularly transport, are therefore crucial (Wiesel, Laragy et al. 2015; Wiesel and Habibis 2015).

Third, providing housing that is first and foremost 'a home', as opposed to a workplace or institution, is accepted as 'best practice' for all people with disability.

Fourth, the individual needs of people with disability are diverse and require diverse housing responses. People with an acquired brain injury or psychosocial disability, for example, may find it difficult to maintain a residence or adequately meet the requirements of a tenancy (Kroehn, Hutson et al. 2007; Beer and Faulkner 2009b; McConkey and Keogh 2014; Morden 2014). Research suggests that key housing attributes for people with psychosocial disability include security of tenure (stable housing), affordability and a suitable location (Carling 1993).

People with physical impairment, particularly impairments which hamper mobility, require housing that is accessible, externally and internally. Features to enable independent living include: ramps and grab rails; lowered kitchen benches; roll-under stoves, benches and sinks; roll-out kitchen and laundry drawers; wider internal and external doorways; roll-in showers; and raised power points (The Arc 2015).<sup>10</sup>

Much of the work in Australia on accessibility links back to the basic premise of designing adaptable housing as set out in AS 4299–1995 *Adaptable Housing* (Standards Australia 1995). The standard stipulates that every house should be 'able to be approached, entered and used by people with a disability, including those who rely upon a wheelchair' (Standards Australia 1995: 8). Adherence to the Australian standard is not mandatory; however, compliance with the standard allows a design to be certified as an adaptable house.

In 2009, a national dialogue with stakeholders from the residential building and property industry, ageing, disability and human rights sectors, and government discussed how housing could be designed to respond to the changing needs and abilities of people over their lifetime (NDUHD 2010a). In part, the dialogue arose because AS 4299–1995 was no longer seen to be aligned with government policy (ANUHD and RIA 2016). Subsequently, in 2010 the *Livable housing design guidelines* were launched and the Australian Government pledged a million dollars over four years for implementation (NDUHD 2010b; see NDUHD 2010a for 2012 guidelines).

The design guidelines have three levels: 'silver', 'gold' and 'platinum'. 'Silver' incorporates seven core structural and spatial design elements considered to be of 'most widespread benefit' and 'critical to ensure future flexibility and adaptability of the home' (Livable Housing Australia: 12, 13). These design elements are:

1. A safe continuous and step free path of travel from the street entrance and/or parking area to a dwelling entrance that is level.
2. At least one, level (step-free) entrance into the dwelling.
3. Internal doors and corridors that facilitate comfortable and unimpeded movement between spaces.
4. A toilet on the ground (or entry) level that provides easy access.
5. A bathroom that contains a hobless (step-free) shower recess.
6. Reinforced walls around the toilet, shower and bath to support the safe installation of grab rails at a later date.
7. A continuous handrail on one side of any stairway where there is a rise of more than one metre. (Livable Housing Australia 2012: 13)

In February 2011, the Council of Australian Governments (COAG) endorsed the *National Disability Strategy 2010–2020* (COAG 2011). The strategy committed to the provision of an agreed universal design standard in all new housing by 2020, which included the seven core elements of the 'silver' level as set out in the *Livable housing design guidelines* (above).

While some inroads have been made into the delivery of accessible homes to the market nationally,<sup>11</sup> the extent of developments is difficult to quantify outside government programs, where requirements for accessibility may be mandated. The recent *Report on the progress*

---

<sup>10</sup> See ANUHD and RIA (2015) and Palmer and Ward (2013) for a discussion of elements of universal housing design and adaptable housing.

<sup>11</sup> One example was housing under the now expired *National Partnership Agreement on Social Housing* (COAG 2008b), which was designed to accelerate projects addressing the reform and policy commitments of the National Affordable Housing Agreement. Included in the criteria is a requirement to 'adhere to universal design principles that facilitate better access for persons with disability and older persons' (COAG 2008b: 6).

of the national dialogue on universal housing design, 2010–2014 (ANUHD and RIA 2015) notes intermittent uptake. The application of accessibility design guidelines is likely to remain sporadic while guidelines remain voluntary and incentives are not awarded for compliance (ANUHD and RIA 2015: 1). Additionally, state and territory public housing programs use a range of standards, including AS 4299–1995 and their own standards.

Fifth, adherence to the principles of accessible housing in terms of design has tangible effects on the availability of suitable housing for people with disability nationally. The literature around housing and Indigenous people with disability has yet to truly grapple with this issue, as noted in research by Anglicare Australia (2015), Every Australian Counts (2015), National People with Disabilities and Carer Council (NPDC 2009) and Tually, Beer and McLoughlin (2011).

Supply issues around accessible and adaptable housing were singled out for special mention by the now defunct National Housing Supply Council (NHSC) in a number of their reports (see NHSC 2010; 2013). Their findings can be summarised thus:

... the number of people with a disability is likely to significantly increase over the next two to three decades. Many of these people will expect to remain living in the community (not in residential care) and will require a range of housing options and housing with care options, further increasing demand for such services. The distribution of services is also a key factor, the potential for people to age in their existing community, is limited in poorly serviced remote areas. (NHSC 2013: 60)

Access to public buildings and spaces is another area that has seen significant reform, leading to building retrofits in some jurisdictions. The *Disability Discrimination Act 1992* (Cwth) exists to ensure that people with a disability have access to a range of public buildings. In 2011, more stringent access requirements mirroring those in the Disability (Access to Premises—Buildings) Standards 2010 were inserted in the NCC (ABCB 2015a). These have minimised inconsistencies between the Disability Discrimination Act and Building Code of Australia construction standards. Disability (Access to Premises—Buildings) Standards 2010 and AS 1428.1 provide guidelines for dignified and achievable access to buildings.

Sixth, commentators note continuing concerns about the costs of appropriate housing for people with disability. Such concerns extend particularly to private rental tenancies where the ability to undertake disability-related modifications can be prohibited and the cost of modifications prohibitive (Bridge, Phibbs et al. 2007). Adding to these concerns is the fact that people with disability are more likely to be unemployed or marginally attached to the labour force than other Australians, and therefore more likely to rely on housing assistance measures across multiple domains.

Seventh, the multiple disadvantages experienced by many people with disability, and subgroups within this population, magnify housing concerns. This matter is addressed in *Federation White Paper: roles and responsibilities in housing and homelessness* (DPMC 2014: 10):

... some groups—including Indigenous Australians, older people, young people, and people with mental illness or disability—are more likely than others to experience difficulty securing stable and affordable housing. This is complicated when individuals face multiple disadvantages and interact with multiple service systems.

The White Paper notes further that:

Appropriate housing for people with disability is a long-standing issue. The introduction of the National Disability Insurance Scheme provides an opportunity for all governments to address the issue. (DPMC 2014: 32)

Opportunities for change in disability support seemingly exist under the NDIS. Addressing the housing needs of marginalised groups requiring disability supports, and Indigenous Australians with disability in particular, is a critical area of social policy demanding immediate attention and action.

## 2.4 The NDIS and housing

The NDIS was introduced as a whole-of-life support program for eligible people with disability. The NDIA, as the agency with oversight of the NDIS, has a pivotal role in ensuring that participants in the NDIS have access to the supports needed to maintain independence (where feasible). The ability to be housed in appropriate and stable accommodation is clearly within the framework of ‘supports’ required for many, if not most, people with disability. Housing is also a key factor in shaping social inclusion outcomes for people with disability (Tually, Beer et al. 2011) and a key social determinant of health (see Marmot and Wilkinson 2005: 10, 11, 18, 24). Under current NDIS arrangements, responsibility for the provision and procurement of housing rests with mainstream and specialist services: that is, with current community and public housing providers and the housing market at large—institutions outside NDIS structures and processes. The NDIS will, however, fund:

- supports that build people’s capacity to live independently in the community, such as living skills training, money and household management, social and communication skills and behavioural management
- home modifications to the participant’s own home or a private rental property
- support with personal care, such as assistance with showering or dressing
- domestic assistance around the home where the participant is unable to undertake these tasks due to their disability, such as assistance with cleaning and laundry. (NDIS 2014a: 1)

The NDIS may assist with the cost of accommodation for eligible participants who have a ‘specialised’ (yet to be defined) disability-related housing need, where the cost of meeting this need ‘is higher than the standard rental cost that the participant would otherwise incur’ (NDIS 2014a: 1). There is also potential for some assistance with housing through the capital funds expected to be available through the scheme. It is hoped that these funds will be used as a catalyst for growth in the housing sector through leverage (Bourke 2014; Wiesel and Fisher 2014: 16).

Information about the NDIS also hints at the scheme providing some level of ‘reasonable and necessary supports’ for families around other accommodation-related support, such as respite care—considered a key element in the NDIS framework by the Productivity Commission (2011a). Currently, the focus of information in this area of housing-related support is centred on referral and links to existing services for families and carers outside the NDIS (NDIS 2015b).

NDIS service providers are able also to facilitate access to mainstream and specialist housing-related supports for people in need of such assistance, with this support not contingent on a person’s eligibility for supports under the scheme. These linkages were identified by Bohanna, Stephens et al. (2013) as a key pathway into support for Indigenous Australians. Their report, entitled *Assessment of acquired brain injury in Aboriginal and Torres Strait Islander Australians: guidance for DisabilityCare Australia*, noted that:

For some people this stage [assessment for support] is an opportunity for DisabilityCare [the NDIS] to perform other important functions including referring individuals to community based and mainstream organisations that can best support their needs or connecting them to other systems, such as the health, palliative care,

aged care, employment, public housing or education systems, that might appropriately support their needs. (Bohanna, Stephens et al. 2013: 52)

In this respect, the NDIA and NDIS service providers have been nominated to act as advocates in the procurement of housing and accommodation (Bonyhady 2014b).

It is noteworthy that the role of—and need for—housing for people with disability within NDIS structures and processes has been increasing in prominence since the initial implementation of the scheme (Bonyhady 2014b; Bourke 2014; Farrar 2014; Kelly and Sheehan 2014; Smith 2014; Wiesel and Fisher 2014). For example, the first progress report by the Joint Standing Committee on the National Disability Insurance Scheme (2014: xvi) notes that:

... the *availability of suitable housing* for people with disability was a significant theme in evidence from the trial sites. Witnesses expressed a wide range of housing concerns including young people living in residential aged-care homes and the deinstitutionalisation of state-run large residential centres. It is important to note that suitable housing for people with disability is a significant issue that pre-dates the introduction of the NDIS. The introduction of the Scheme is an opportunity for this issue to be addressed.

The committee further noted that 'the ability of the NDIS to connect participants with mainstream services in transport, health, education and housing will be crucial to its long-term success' (2014: xiv), and suggested that:

These matters, and the broader problem of the limited stock of housing for people with disability, require policy leadership at the national level and should be the focus of the Council of Australian Governments Disability Reform Council. (2014: xvi)

The second progress report identifies housing as an ongoing challenge, and one of the 'ongoing systemic matters' the committee will examine going forward, along with governance (Joint Standing Committee on the National Disability Insurance Scheme 2015: 85).

Other commentators have also contributed to this debate. For example, Smith (2014: 38), seemingly summarising the concerns of many, noted:

... there needs to be leadership from the NDIA on addressing systemic barriers to accessing housing for people living with disability. This includes things like calling for an increase in the supply of public housing so that all people, including those living with disability, don't have to wait for extended periods to be allocated a property.

There are also tenancy law reforms needed to improve the physical accessibility of private rental properties. The NDIA, as the major deliverer of disability services across Australia, has a powerful voice it can add to national debates on a wide range of issues that affect the ability of people living with disability to gain access to housing.

The task of addressing access to housing for people living with disability will be challenging but is a vital part of delivering on the vision of the NDIS. The goals of independence, control and choice will not be achieved without it.

Smith's position was reinforced by Kelly and Sheehan (2014: 34):

The social policy objectives of the NDIS—and its ability to transform the lives of people with disability—rest on a proactive response from the housing sector to the challenges ahead, not least of which is increasing overall supply.

Achieving the right mixture of safety, appropriateness, design and property amenity, security and individual support from the right mix of services—from the provider(s) of

choice—will require all stakeholders to be involved in designing the right housing choice to meet people's needs and aspirations.

This is new territory for the housing sector, which traditionally designs and builds to a form, rather than to meet a need.

The need for housing innovation into the future extends beyond the design and funding of different housing products. It will also require the housing sector to think and act differently, to see and hear people with disability and become a part of the network of stakeholders and people necessary to underpin the choices and control of a person with disability.

Given what we know from the literature about housing and Indigenous people with disability, these comments are even more pertinent for that group within the NDIS eligible population.

The next section discusses the situation of Indigenous Australians with disability in the context of government structures and processes guiding the implementation of the NDIS, including governance.

## **2.5 The NDIS, housing and Indigenous people with disability**

Very little information exists in respect to how the NDIS will assist Indigenous Australians living with disability specifically. Even less information exists about how housing and accommodation support will be developed, evolved and operationalised for this group. Some 'capacity building' activity has been announced for Indigenous Australians and other groups under the NDIS framework (NDIS 2014a; 2014b).

The First Peoples Disability Network Australia—a recently established peak organisation and active participant in the development of this research for AHURI—has been charged with delivering this support to Indigenous Australians. Its mandate under the Disability Support Organisation Capacity Building Project is to 'raise awareness of the NDIS and assist Indigenous people with disability, and their families and carers, to understand and use individual packages effectively' (NDIS 2014b).

A 'Ten-point plan for the implementation of the NDIS in Aboriginal communities' was developed by the network (and launched in 2013), providing a framework for working with Indigenous people with disability and other stakeholders (see First Peoples Disability Network Australia 2016). How broader aspects of the NDIS will assist Indigenous people with disability remains somewhat unknown.

In 2011, the Productivity Commission released a two-volume report of an inquiry into disability care and support. The report outlines key issues for Indigenous people with disability, and Indigenous people with disability in remote locations in particular. It identifies 'significant barriers to accessing disability support services' for Indigenous people because of 'remoteness ... social marginalisation, cultural attitudes towards disability and culturally inappropriate services', concluding that 'the service delivery model underpinning the proposed NDIS may not, on its own, deliver adequate care and support to Indigenous people with a disability'. The frequent co-existence of 'major problems with housing, health, substance abuse, poverty and community breakdown' was noted as contributing to the complexity (Productivity Commission 2011a: 53).

The Productivity Commission (2011a: 53–54) further suggested:

While Indigenous Australians would have access to individual support packages on the same basis as non-Indigenous Australians, it may also be necessary to block fund some services in order to overcome the additional barriers that Indigenous Australians face. In addition, Indigenous people with disabilities often do not make claims for support. These distinctive aspects suggest that disability support for some Indigenous communities will probably need to take a different form.

The Productivity Commission report suggests a range of strategies associated with community capacity building, early intervention, cultural competency (of non-Indigenous staff) and employment and training to address known barriers to the delivery of disability support and reduce Indigenous disadvantage (2011a: 54). Its key recommendations to government include the following:

- Block funding suitable providers where services would not otherwise exist or would be inadequate.
- Fostering smaller community-based operations that consult with local communities and engage local staff, with support from larger experienced service providers ....
- Employing and developing Indigenous staff.
- Developing the cultural competency of non-Indigenous staff.
- Encouraging innovative, flexible and local problem solving, as well as conducting and publishing evaluations of trials in order to better understand what works and why.
- Developing an effective and cost-effective balance between bringing services to remote areas, and bringing people with a disability in remote areas to services.
- Working with state and territory governments, Indigenous advocacy groups and other community groups to develop and refine funding strategies, better understand local and systemic issues as well as successful (and unsuccessful) approaches and diffusing this knowledge to other service providers, researchers working in this field and the broader community. (Productivity Commission 2011b: 561)

At the time of writing, discussion of these strategies within the context either of the NDIS or current disability reform had not progressed significantly.

The final section of this chapter provides a summary of key learnings from the literature on disability and housing for Indigenous peoples.

## **2.6 Culturally responsive housing for Indigenous people with disability**

As noted in the Positioning Paper for this research (Grant, Zillante et al. 2016), there is an emerging body of literature nationally and internationally documenting and debating appropriate types of housing for Indigenous people, including models of development, design and delivery, retrofitting of existing dwellings and maintenance (see Long, Memmott et al. 2007 for a comprehensive summary; also Pholeros and Phibbs 2012). The literature generally espouses a housing form that supports the culturally based socio-spatial needs, domiciliary behaviours, values and aspirations of Indigenous peoples (Fantin 2003; Grant, Chong et al. 2014; Grant, Zillante et al. 2016; Heppell 1979; Keys 1996; Long, Memmott and Seelig 2007; Memmott 1988; 1991; 2003; 2004; 2007; Memmott, Long et al. 2006; Milligan, Phillips et al. 2011; Read 2000; and Ross 1987).

A range of cultural factors are identified in the literature as central to understanding and determining housing options and outcomes for Indigenous people. These include a housing design that pays attention to customary behaviours around respect, kinship and relationship avoidance, household structures, sleeping and eating, as well as cultural constructs around crowding and privacy, and responses to death. It is also clearly vitally important that understandings of housing for Indigenous people pay respect to cultural norms such as mobility and associated challenges of homelessness and overcrowding (however defined).

The literature around culturally responsive housing models for Indigenous people is unequivocal in respect to the need to recognise the diversity of Indigenous cultures, values, laws and customs in Australia in approaches to housing provision and design. In short, there is no single solution to providing and designing housing for Indigenous peoples.



While there exists limited research on the housing needs of Aboriginal and Torres Strait Islander people, there is a need to look specifically at the housing circumstances and needs of Indigenous Australians with disability (see Wiesel and Habibis 2015). An important contribution to the literature by Aboriginal Disability Network NSW (2007), *Telling it like it is*, highlights a range of service challenges linked to cultural sensitivity, responsiveness and awareness among mainstream service providers in NSW. It is clear that cultural competency is paramount, a point raised also in the 2011 Productivity Commission report. While *Telling it like it is* is focused on the experiences of Indigenous people in NSW, the findings are generally applicable to the interaction of Aboriginal and Torres Strait Islander people with housing and other services elsewhere in Australia. Table 1 outlines the key challenges for Indigenous people in their interactions with housing services.

**Table 1: Telling it like it is findings: Aboriginal Disability Network NSW**

---

*Housing, disability and social support generally:*

- a lack of culturally and disability-appropriate housing options and services, especially for Aboriginal people with disability
  - underuse of mainstream disability and other social support services, including disability-related housing services, by Aboriginal people generally
  - lack of awareness of disability-related housing needs and available supports among Aboriginal people with disability, their families and some service providers
  - concerns about management of accessible housing allocations in both mainstream and Aboriginal housing agencies
  - negative experiences with housing agencies impacting people's desire to interact with them
  - some service providers expressing occupational, health, safety and welfare concerns entering into sub-standard housing, impacting the delivery of supports to some clients
  - lack of Aboriginal-specific accommodation services
  - desire for more Aboriginal-run services for people with disability.
- 

*Aboriginal housing:*

- a high prevalence of sub-standard Aboriginal housing, especially in remote communities, and a high prevalence of housing and accommodation options that are physically inaccessible for Aboriginal people with disability
  - issues of nepotism in Aboriginal housing.
- 

*Public (social) housing:*

- cultural inappropriateness of much public housing stock in terms of quantity, accessibility, size and number of bedrooms, and issues around tenancies due to overcrowding, mobility, 'visiting' and kinship traditions etc.
  - poor understanding of rights and responsibilities among public/social housing tenants
  - challenges accessing support for modifications to properties, including social housing.
- 

*Home owners:*

- poor awareness of supports available to assist Indigenous people with disability (and their families) in the home
  - questioning of the feasibility of home ownership schemes given known levels of poverty.
- 

*Supported accommodation:*

- highly limited uptake of supported accommodation by Indigenous people with disability, although no clear data (no systematic data collection)
  - concerns over location of such facilities—away from communities, country, significant events
  - unmet need for services, with a possible appetite for Aboriginal-run services
  - new services must be culturally appropriate in terms of design, operation and location
  - lack of support for 'group home' models of living.
- 

Source: Aboriginal Disability Network NSW (2007: 14–17).

While no discussion was included in the *Telling it like it is* report about Indigenous people and private rental housing, it is reasonable to assume that many of the issues identified would apply and/or be magnified for private renters. Numerous studies have identified issues around: affordability; property condition and amenity; difficulty in modifying properties for disability-related needs; security of tenure; and direct or indirect discrimination of Indigenous people (Nelson, MacDonald et al. 2015; Tually, Slatter et al. 2016; Western Australian Equal Opportunity Commission 2009). Such concerns have been raised in more recent research by Srivastava, Peter et al. (2013) for the Centre for Appropriate Technology. Their study of town camps in Alice Springs found that poor understandings of tenant and landlord responsibilities by Aboriginal householders had led to people constructing improvised disability-related modifications to rental properties to meet their needs.

Research by Walls and Bridge (2011) on home modifications and inclusive design in Aboriginal housing provides some interesting insights—although the small scale of the study prevents broader application of the findings. Their study noted major constraints in modifying some remote Indigenous housing, primarily because such dwellings have 'historically been fraught with problems arising from poor construction and maintenance', have 'a remarkably short life cycle' and 'may be in a dilapidated condition', resulting in 'instances where homes are unsuitable for habitation, much less modifications' (2011: 1).

Walls and Bridge also noted real concerns in terms of the characteristics of the environment in which some, primarily remote, Indigenous housing was located:

- poor, absent or failing utility supply and sewage systems
- uneven internal concrete floor surfaces (a falls hazard) commonplace
- presence of biofilms (associated with concrete surfaces), which can lead to food contamination and ill health
- presence of mildew and/or corrosion due to humidity and salinity (2011: 1).

The research also noted that the benefits of modifications may be limited given the existing dilapidated state of many houses (see also Walls, Millikan et al. 2013; Pholeros and Phibbs 2012).

On a practical level, Walls and Bridge's work emphasises the need for development of appropriate assessment tools in consultation and collaboration with Aboriginal community groups. Common issues need to be clarified in terms of the housing environment and modifications, including, for example, use of the domestic environment, engagement with extended family/community, and personal functional barriers to independent living within the living space (Walls and Bridge 2011: 1). Their research emphasised also the strong need for a 'rigorous methodology involving sound anthropometric and cultural data collection ... [as] [i]nclusive design practices including participatory and co-design strategies are capable of providing solutions that truly assist clients both with immediate and potential future needs' (2011: 1).

Walls and Bridge (2011: 1) identify the importance of four interrelated factors as crucial to the effectiveness of housing and home modification interventions for Aboriginal people with disability, their families and carers:

1. the disability characteristics of the Aboriginal population
2. the characteristics of the housing environment
3. cultural, physical, social and functional issues
4. linking housing interventions to culturally appropriate housing and home modification solutions.

Many of the findings discussed above are also reported in the occasional paper *Home modification in Aboriginal housing* (Walls, Millikan et al. 2013). The paper provides pertinent commentary on the issue of housing and Indigenous people with disability:

Evidence suggests that current housing provision for Aboriginal people in remote/rural Australia is inappropriate due to its lack of cultural relevance, incompatibility with the geographic landscape, poor design and state of disrepair, and its inability to cater to the functional impairment of Aboriginal older people and people with disabilities (Fien, Charlesworth et al. 2008a; Pholeros 2002; Taylor 2002; Torzillo et al. 2008).

Inadequate housing supply, inappropriate home environments and a high incidence of disability and long-term health issues has led to compounded disadvantage for Aboriginal Australians living in remote areas (Bailie, Stevens, McDonald, Brewster, and Guthridge, 2010). ... People living in remote areas face a number of challenges ... The availability of and accessibility of health and disability services is extremely limited ... which means that many Aboriginal people with disabilities may face heightened difficulties with regards to mobility around the home and neighbourhood and daily living activities. People can also be isolated from services by lack of transport and limited mobility due to disability. Language, gender issues and lack of information about or understanding of treatment or modification options may be further limiting factors in seeking assistance (Horton, 1994). (Walls, Millikan et al. 2013: 5)

Further:

The ability to implement retrofitting and home modifications services are heavily influenced by and dependent on the existing structure in place... Where no home modifications are possible due to the conditions of the home premises, the client's ability to live at home is severely jeopardized, and in the worst cases, it is not possible for the client to receive home-based health and care services at all. (Walls, Millikan et al. 2013: 9)

Ultimately:

An undersupply of appropriate, accessible housing in remote Aboriginal communities limits the ability of Aboriginal people with a disability or long-term illness to participate in activities of daily life and in their community. (Walls, Millikan et al. 2013: 6)

A key aim of the study by Walls, Millikan et al. was to build a checklist of 'key issues and design elements' to be used by 'designers, planners, and home modifications professionals' to inform the design of home environments appropriate to the needs of older Aboriginal people and Aboriginal people with disability, 'particularly in remote areas' (Walls, Millikan et al. 2013: 6). The checklist<sup>12</sup> identifies five domains central to housing for Indigenous people: cultural appropriateness; eco efficiency; employment opportunities; lifecycle costing; and innovation in procurement, ownership and construction systems (see Walls, Millikan et al. 2013: 30–37).

A category is included within the checklist to highlight the impact of certain design attributes and elements in functional terms for Indigenous people who are ageing and/or with disability. Table 2 outlines some examples from the checklist.

---

<sup>12</sup> Building on the work of Fien, Charlesworth et al. (2007; 2008).

**Table 2: Examples of key design elements and attributes to inform housing for Indigenous people with disability (from the checklist developed by Walls, Millikan et al. 2013)**

|   |
|---|
| <p><i>Cultural appropriateness:</i></p> <p>→ proximity 'of family and kinship groups' to settlements and townships</p> <p><i>Meaning in terms of function:</i></p> <p>→ housing accessible to elders and family/kin ('visitations') regardless of ability or transport</p> <p>→ facilitates support by family and kin and preserves family/community relationships.</p> |
| <p><i>Life-cycle costing:</i></p> <p>→ housing 'is easy to maintain—materials are common/durable/available'</p> <p><i>Meaning in terms of function:</i></p> <p>→ basic maintenance can be managed locally and in a timely manner by community members.</p>  |
| <p><i>Innovation in procurement, ownership and construction systems:</i></p> <p>→ 'dwellings are procured by management agencies' who 'will support the residents with tenancy and/or ownership in a culturally relevant way'</p> <p>→ 'dwellings are built from easy to assemble materials'.</p>   |
| <p><i>Meaning in terms of function:</i></p> <p>→ 'increased likelihood of timely build, repair and modification'</p> <p>→ 'decreased likelihood of resident needing to seek interim (accessible) housing while awaiting repairs'.</p>   |

Source: Walls, Millikan et al. (2013: 32, 36, 37).

Walls, Millikan et al.'s checklist was referenced as part of the fieldwork for this research for AHURI, as it provides a disability-specific focus to the process of housing design, construction, maintenance and modifications. They conclude that to change the status quo in the current substandard provision of housing for Indigenous people with disability, in remote regions in particular, in Australia:

... will require innovation from both industry and policy-makers in investing in creative strategies for the provision of housing and home modifications to Aboriginal groups and to undertake true community and stakeholder consultation to ensure this provision is executed in a meaningful and successful manner. In particular, policies to identify and manage the specific and unique difficulties faced by Aboriginal Australians with a disability and who are ageing (or both) will be critical to a meaningful and ongoing dialogue with service providers and tenants with the ultimate goal of effective and appropriate housing for Aboriginal people regardless of their location in Australia. (Walls, Millikan et al. 2013: 39)

Frameworks for service delivery for Indigenous people with disability, in remote areas in particular, will need to consider the complexities of their environment if supports are to be relevant, meaningful and realised on the ground (in terms of individual and community outcomes and fulfilling the mandate of the NDIS).

Pholeros and Phibbs (2012) reviewed the context of Indigenous housing construction and maintenance in a resource sheet for the Closing the Gap Clearinghouse. Their work isolated key issues for Indigenous housing and identified best practice approaches to housing construction and maintenance, taking into account the cultural and environmental context of (primarily) remote-area living and housing:

- issues—remoteness; climate; local environmental conditions; social and cultural factors; crowding; tenure; income; other risks; the nature of the construction industry
- ‘best practice’ construction approaches—using what we know; making sure what is designed is what is built; the procurement process
- ‘best practice’ maintenance approaches—healthy living practices (‘housing for health’).

They took the perspective that ‘in a resource-constrained environment, it is very important to focus on ensuring that the investment in Indigenous housing generates an improvement in housing function for the residents’ (Pholeros and Phibbs 2012: 1). Utilising the authors’ ‘what works’ and ‘what doesn’t work’ framework, their summary of key elements is presented in Table 3. Their findings are consistent with other research, which highlights the importance of engagement with, and ‘ownership’ by, local Indigenous communities of all aspects of housing design, construction and maintenance, including planning and implementation—and of not ‘reinventing the wheel’ in respect to the current available knowledge base (represented, e.g., in the NIHG (FaCSIA 2007) and equivalent documents).

**Table 3: Best practice approaches to constructing and maintaining houses in Indigenous communities (from Pholeros and Phibbs 2012)**

|  |
|--|
| <p>‘What works’</p> <ul style="list-style-type: none"> <li>→ Designing and constructing housing based on the established standards and accumulated knowledge in the <i>National Indigenous housing guide</i> ... This includes a process of consultation with the local community, and designing housing that meets the social and cultural needs of occupants.</li> <li>→ Targeting limited-maintenance budgets for safety and health items to improve the functional performance of the house.</li> <li>→ Using appropriate construction methods and materials, given the particular local environment, especially in rural and remote locations.</li> <li>→ Involving Indigenous communities in planning and implementing programs for construction and maintenance.</li> <li>→ Using local community Indigenous labour to assist with construction and maintenance programs.</li> <li>→ Carefully documenting the performance of Indigenous housing using a set of standard, repeatable tests linked to the principles outlined in the <i>National Indigenous housing guide</i>.</li> <li>→ Having rigorous inspection programs at handover after completion of building or major upgrade, to ensure that construction complies with the drawings and specifications and that all aspects of the house work properly.</li> </ul> |
| <p>‘What doesn’t work’</p> <ul style="list-style-type: none"> <li>→ A one-size-fits-all approach that doesn’t allow for particular local cultural, social and environmental circumstances.</li> <li>→ Short-term or piecemeal interventions that are not implemented for long enough to make an impact.</li> <li>→ Fixed, short-term deadlines for any construction program.</li> <li>→ Interventions that are adopted without collaborating with Indigenous communities to provide a real opportunity for them to let their views be known.</li> <li>→ Maintenance programs for rural and remote areas based on models that apply in capital cities.</li> <li>→ Programs that are based on ‘responsive maintenance’ (that is, when repair and other work only occurs when a tenant notifies the landlord), rather than on periodic or cyclical maintenance supplemented with local, ongoing testing of houses.</li> </ul>   |

Source: Pholeros and Phibbs (2012: 1–2).

Ware (2013), similarly, looked at the current knowledge base on Indigenous housing in a Closing the Gap Clearinghouse resource sheet positioning housing as a social determinant of health. Ware noted the ‘clear links’ and ‘bi-directional’ relationship between housing and health, and the influence (and variance) of environmental factors (including geography and cultural context) on health outcomes. She identified three broad categories of ‘housing interventions that positively impact Indigenous health’: infrastructure improvements; addressing behavioural factors; and adjustments to policy environments Ware (2013: 1). Key findings from the summary of her review of the evidence base are presented in Table 4.

**Table 4: Housing as a social determinant of Indigenous health (from Ware 2013)**

|  |
|--|
| <p>‘What works’</p> <ul style="list-style-type: none"> <li>→ Addressing infrastructure, health promotion and the policy environment simultaneously.</li> <li>→ Effective policy environments that administer and enforce appropriate housing standards and design guidelines, while allowing sufficient flexibility to tailor designs and materials to local conditions.</li> <li>→ Indigenous environmental health workers are vital for ongoing housing maintenance and the promotion of healthy living practices.</li> <li>→ High-quality, well-maintained health hardware such as taps, toilets, showers and sinks, coupled with attention to safety of a house, can make a major positive impact on Indigenous health for any age group.</li> <li>→ Improving indoor temperature regulation, as well as preventing damp, mould and fungi, reduces respiratory and skin diseases.</li> <li>→ Involving communities in the design, construction and maintenance of housing empowers them and builds capacity for improved housing-related health outcomes.</li> </ul> |
| <p>‘What doesn’t work’</p> <ul style="list-style-type: none"> <li>→ Imposing housing and health promotion programs or housing design that is inappropriate for the physical, climatic and social context.</li> <li>→ Using low-quality materials and construction to generate initial cost savings increases the costs of maintenance and housing replacement in the longer-term.</li> </ul>   |

Source: Ware (2013: 1–2).

## 2.7 Summary

Housing is a key social determinant of Aboriginal health and facilitator of social and economic participation. While there has been some progress in the development of a range of standards, practices, guidelines and codes which recognise, to greater or lesser extent, the cultural and environmental context of housing and health for Indigenous people with disability, the ‘mainstreaming’ of this accumulated knowledge and evidence of its translation into practice is yet to be realised.

There is clearly no ‘one-size-fits-all’ solution to the entrenched, intergenerational disadvantage which characterises much of Australia’s Indigenous housing provision today. Housing options for Indigenous people with disability are limited at every level and fail the key social mandate of an inclusive and responsive society. Ongoing reform of the disability support sector offers potential for issues around housing to be brought to the policy fore. As the NDIS currently stands, however, housing and accommodation issues largely remain outside the remit of the scheme.

The two progress reports on the implementation of the NDIS by the Joint Standing Committee on the National Disability Insurance Scheme (2014; 2015) emphasise that housing continues to be an area of critical concern to individuals, communities, governments and service providers in the housing space. The Australian Government has

enshrined in the *National Disability Insurance Act 2013* its obligations under the *Convention on the Rights of Persons with Disabilities* with objectives of the Act to:

- (c) support the independence and social and economic participation of people with disability
- (d) provide reasonable and necessary supports, including early intervention supports, for participants in the National Disability Insurance Scheme launch
- (e) enable people with disability to exercise choice and control in the pursuit of their goals and the planning and delivery of their supports
- (f) facilitate the development of a nationally consistent approach to the access to, and the planning and funding of, supports for people with disability
- (g) promote the provision of high quality and innovative supports that enable people with disability to maximise independent lifestyles and full inclusion in the mainstream community
- (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. (*National Disability Insurance Scheme Act 2013*, Part 2(3)(1)).

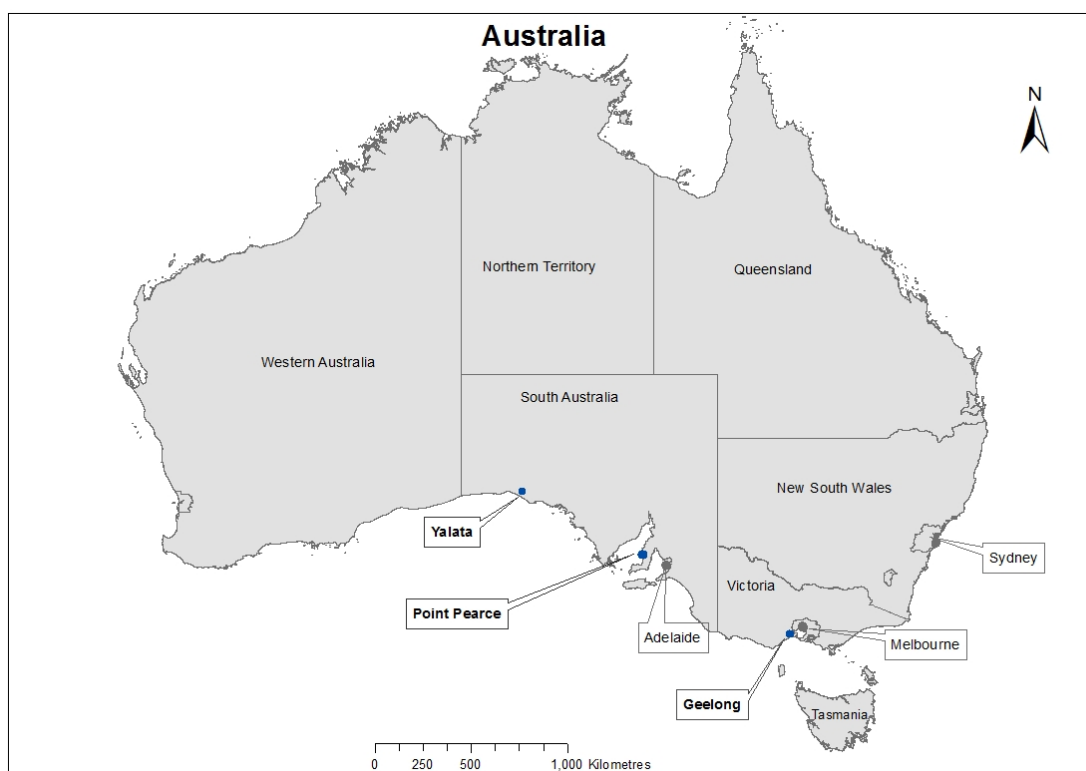
Whether the objectives of the National Disability Insurance Scheme Act are realised for all Australians remains to be seen.

### 3 UNDERSTANDING LIVED EXPERIENCES OF HOUSING AND COMMUNITY INFRASTRUCTURE

The remaining chapters of this report present the findings of fieldwork conducted for this study. The fieldwork adds to understandings around the suitability and appropriateness of current housing provision for Indigenous people with disability, giving voice to their lived experiences of this housing and community infrastructure. As noted in the Introduction to this report, the research presents findings of fieldwork in three case study communities (see Figure 2):

- Yalata (South Australia): a discrete remote Aboriginal community located approximately 740 kilometres north-west of Adelaide. The community has a fluctuating population of around 300 people (ABS 2012d). All housing is community owned and units have been constructed for people with disability.
- Point Pearce (South Australia): a discrete rural Aboriginal community located 194 kilometres west of Adelaide, with a resident population of around 120 people (ABS 2012c). All housing is community owned.
- Geelong (Victoria): a large urban centre in Victoria located 75 kilometres south-west of Melbourne. The City of Greater Geelong has a population in the order of 210,000 (ABS 2012b). Public housing is available to Indigenous residents through the Victorian Department of Health and Human Services (DHHS). There are a range of disability support services available in the Geelong region for people with disability, including supported accommodation, group and respite housing.

**Figure 2: Map of case study locations**



Source: Created using Esri ArcGIS.

The case study areas are examples of remote, rural and urban communities, with different housing options available for residents. The chosen locations are all in stage one NDIS



launch regions. Accordingly, Indigenous people are able to receive NDIS support if they meet the eligibility criteria set out for the NDIS.

The following section outlines our methodology for the research and intersection with instruments governing the development, delivery and evolution of 'good practice' Indigenous housing nationally (see Chapter 6 in Grant, Zillante et al. 2016 for an overview of guidelines for housing developments in Indigenous communities). Relevant instruments include:

- *National Indigenous housing guide* (NIHG) (FaCSIA 2007)
- *National Indigenous infrastructure guide* (NIIG) (FaHCSIA 2010)
- Australian Standard (AS) 1428.1 (see Equal Access Pty Ltd 2015)
- National Construction Code (NCC) (ABCB 2015a; 2015b) and relevant Australian standards.

These instruments informed the assessment criteria developed for the project.

### **3.1 Methodological approach**

This research used a three-stage methodological approach to document housing and community infrastructure and the lived experiences of Indigenous people with disability and their carers. Fieldwork for this study was undertaken between December 2014 and July 2015.

#### *3.1.1 Setting the context*

To understand the local political and geographical context of communities and issues around disability, housing and infrastructure, workshop-style meetings were held with community leaders, staff, housing and health service providers and other stakeholders in the three case study locations. These meetings allowed the researchers to ascertain the following:

- a local estimate of the number of people living with disability in the community (to compare against available data)
- the types of disabilities known to exist in the community
- household characteristics (where at least one person had a disability)
- the number of people who had left the community for disability-related reasons
- major housing issues for all people living in the community
- specific housing issues for people with disability
- community infrastructure currently used by people with disability
- community responses to the issues of disability, housing and community infrastructure
- details of housing modifications undertaken
- details of community infrastructure modifications undertaken
- current and future projects to accommodate people with disability
- constraints to delivering accessible housing and community infrastructure.

#### *3.1.2 Lived experiences of housing and community infrastructure*

Following the meetings with community members and stakeholders, semi-structured interviews were conducted with people with disability and their families/carers to ascertain their lived experiences of housing and related issues. A standardised interview schedule was used for the interviews with stakeholders and community members. All interviews were semi-structured in order to maximise participant involvement and allow their voices and

narratives to be presented. Participants were first asked to indicate how satisfied they were with various aspects of their housing using a pictorial Likert scale, and were then asked to elaborate on these points. The scale used expressive faces to correspond with the general Likert scale categories: Very Dissatisfied, Dissatisfied, Neither Satisfied nor Dissatisfied, Satisfied and Very Satisfied.

The interviews captured information on:

- the benefits and/or constraints of current housing
- whether modifications had been made to housing
- the appropriateness of such modifications
- disability and housing impacts on quality of life
- whether an individual had relocated or considered moving because of unsuitable housing
- their current and/or future housing aspirations
- whether existing community infrastructure enabled access to community facilities and to surrounding areas.

The views and experiences of residents currently living outside the community due to health issues, poor or unsuitable housing or other reasons were also sought where relevant and possible.

### *3.1.3 Assessments of housing and community infrastructure*

Data was collected for each community on the types of housing and community infrastructure available, as well as on any modifications made which were related to the needs of people with disability. As with the interviews conducted around lived experiences of housing for people with disability, key stakeholders such as health and housing workers identified appropriate households for this element of the study and facilitated visits to properties and interviews with residents. A framework for collection and interpretation of such data was developed through a review of standards and benchmarks set out in the NCC (ABCB 2015a; 2015b), NIHG (FaCSIA 2007) and NIIG (FaHCSIA 2010) guidelines, Housing for health tools (Healthabitat 2013a) and other relevant studies (see also Chapter 2 of this report and Chapters 4, 5 and 6 of the Positioning Paper by Grant, Zillante et al. 2016). As the NCC access provisions mirror those in the Disability (Access to Premises—Buildings) Standards 2010, the latter have not been addressed separately here to avoid repetition.

The NIHG and NIIG provide guidelines and recommendations for the design and construction of housing for Indigenous people. Their focus is on promoting healthy living through the design, construction and maintenance of sustainable housing and infrastructure for Aboriginal and Torres Strait Islander peoples. These guidelines are important in the context of this study as they recognise the clear connection between the built environment and amenity, safety, quality of life, social inclusion, economic participation and overall health and wellbeing for Indigenous Australians. Each of these domains is important, interconnected and has functional implications for people living with disability.

The key elements of the NIHG and NIIG for this research are explained below. It is noteworthy, however, that the guides have not been designed specifically around or for people with disability and the provisions in the guides are not enforceable in any legal sense. A summary of the guidelines in the NIHG relevant to people with disability is included in Appendix 3.

## **The National Indigenous housing guide (NIHG)**

The NIHG:

provides practical information on the design, selection, installation, construction, renovation and maintenance of housing health hardware and other aspects related to environmental health, for example dealing with dust, insects and dogs. It is a resource for everybody involved in providing housing to Indigenous people, including community councils, Indigenous housing workers, council staff, architects, project managers, tradespeople and government officials. (FaCSIA 2007: 9)

It is a government endorsed resource, that:

- Forms the basis for the quality assurance framework outlined in the National Partnership Agreement on Remote Indigenous Housing (NPARIH), the key reform agreement underpinning the 'provision of housing for Indigenous people in remote communities' and with the aim 'to address overcrowding, homelessness, poor housing condition and severe housing shortage in remote Indigenous communities' (COAG 2008a: 1; also ANAO 2010: 9; Healthabitat 2015).
- Includes an assessment tool and checklists for all stakeholders involved in the design, provision and maintenance of housing in Indigenous communities.
- Has been informed by the needs and experiences of local communities with regard to their housing, and also reflects the experiences of design consultants and builders, research, and relevant building codes and standards.
- Is designed to work in tandem with local knowledge.
- Emphasises the importance of 'health hardware': 'the physical equipment necessary for healthy, hygienic living' (FaCSIA 2007: 9).
- Has been developed from data and learnings about the maintenance of Indigenous housing, rather than new construction (Pholeros and Phibbs 2012).

The NIHG is fundamentally based on a 'survey/fix' approach for housing and communities. This approach was pioneered by Healthabitat, an Australian company which has delivered 'Housing for Health' programs in more than 180 communities nationally over three decades. The 'survey/fix' approach is underpinned by nine (prioritised) essential Healthy Living practices for households and communities:

1. the ability to wash people, particularly children
2. the ability to wash clothes and bedding
3. removing waste safely from the house and immediate living environment
4. improving nutrition: the ability to store, prepare and cook food
5. reducing the negative effects of crowding
6. reducing the negative contact between people and animals, insects and vermin
7. reducing dust
8. controlling the temperature of the living environment
9. reducing trauma, or minor injury, by removing hazards. (FaCSIA 2007: 13)

The practices prioritise safety—specifically linking safety with individual and community health, housing and the living environment—and apply across housing design, build, upgrade and maintenance phases.

Notably, recommendations in the NIHG are not specifically aimed at Indigenous people with disability. However, the guide does include general recommendations around accessibility

for people with physical disabilities (universal access standards). Such universal access standards recognise that dwellings 'may be occupied or visited by people with different needs and different levels of mobility' (FaCSIA 2007: 284).

Three classifications of accessibility are used in the NIHG:

- 'Fully accessible'—a house in which the bathroom, laundry, kitchen, living areas, external areas and at least one bedroom are designed so that they can be accessed and used by a person with a disability (to comply with AS 1428.1 *Design for access and mobility* and AS 4299 *Adaptable housing*).
- 'Adaptable'—houses that can be modified easily in the future to be fully accessible: for example, room and door sizes comply with AS 1428.1 and AS 4299 but fittings and fixtures may need to be modified in the future (refer to AS 4299 Category C).
- 'Visitable'—housing [where] visitors with a disability can enter the house and use the main living area and the toilet. (FaCSIA 2007: 284)

The NIHG (FaCSIA 2007: 285) suggests that at a minimum houses should be surveyed and modified to provide:

- access from the street to the house by a continuous, slip resistant, accessible path
- no barriers and step-free entry to the house
- wider doorways (minimum 870mm wide door leaf) and lever handles to doors
- at least one toilet, size of shower and hand basin, including barrier free access to shower
- grab rails, or provision for future grab rails
- laundries and kitchens designed with 1,550mm clear circulation space in front of benches and fixtures, and accessible taps, power points, fixtures, appliances and shelves accessible to a person in a wheelchair (otherwise they need to be easy to alter)
- interiors and hallways that provide adequate circulation space
- correct height of power points and light switches (between 900mm and 1,100mm and set out at least 600mm from corners of rooms)
- full access to car parking areas, clothes drying and bin storage
- provision to modify the house to accommodate access needs of residents.

An updated government endorsed version of the NIHG (4th edition) was anticipated in 2012 but was not forthcoming at that time or since. A new version of the NIHG known as *Housing for health: the guide* has since been released by Healthabitat (2013a). The *Housing for health* guide is an interactive online resource underpinned by the same survey and fix methodology, and health and safety principles as the NIHG. It includes data on some 7,500 houses and is a living resource. It is designed to be updated continuously and reviewed periodically. It does not have government endorsement (Healthabitat 2013a; 2013b; 2015).

### **The National Indigenous infrastructure guide (NIIG)**

The NIIG is a framework currently used in remote Indigenous communities to improve the quality and sustainability of 'community level infrastructure' (Elvin and Hogan 2010). The NIIG:

... provides an integrated framework for understanding major infrastructure provision issues for remote communities ... Integral to it is an emphasis on involvement of community members, especially in the maintenance and management of infrastructure. (CAT 2014)

The NIIG has been developed out of evolving experience in improving such infrastructures by the Centre for Appropriate Technology (based in the Northern Territory and funded by the Australian Government). It is a resource for 'community managers, local and state government officers, and those working in planning and developing infrastructure projects' in Indigenous communities, with the aim of identifying the 'issues that need to be considered when working with various aspects of infrastructure' (CAT 2014).

The document is not a 'how to' manual, but rather cites relevant Australian standards for each community level infrastructure area, provides pointers on choosing appropriate solutions, management and maintenance of systems and items, and outlines relevant research and evidence. It acknowledges the need to meet, plan for and engage community members in the planning and maintenance of new and existing infrastructure (FaHCSIA 2010).

The NIIG complements the NIHG. As two of its developers, Elvin and Hogan, note: 'the Housing Guide stops at the front gate, while the Infrastructure Guide goes beyond the front gate, and even includes the roads out of town' (2010). The NIIG document comprises two distinct parts.

- Part A: covers issues and approaches associated with engaging communities, project and asset management and maintenance (FaHCSIA 2010: 3).
- Part B: covers seven key areas of community infrastructure: water; stormwater; wastewater; waste; energy (including renewables); telecommunications; and transport (roads, aerodromes, waterways). (FaHCSIA 2010: 3)

In contrast to the NIHG, the NIIG contains limited references to infrastructure issues specific to Indigenous people with disability. It does, however, suggest:

- consideration of demographic profile, including disability needs, in deciding on community sanitation systems (FaHCSIA 2010: 149)
- the need for accessible telecommunications systems and essential services for all community members, including older people and people with disabilities (FaHCSIA 2010: 257, 260, 264, 267, 269)
- the importance of access to appropriate transport infrastructure for medical and health needs (including roads for community transport and medical evacuations, airports for medical-related freight, etc.) (FaHCSIA 2010: 293, 294, 298).

The appropriation of the NIIG in regards to the analysis of community infrastructure included in this research requires some further explanation. Since the NIIG does not provide specific guidelines for people with impairment(s) or disability, the interpretation of this document is dependent on its integral relationship with the NIHG.

Part A of the NIIG—which deals with development, implementation and management of large-scale community infrastructure—continually refers to the importance of engaging stakeholders to seek agreement and create ownership and legacy. It is expected that people with disability will be identified as such a group, but it does not provide any further clarification about the types of stakeholder.

Part B deals with the more tangible issues of community infrastructure as affecting individual's lived experiences, and the guiding principles outlined under these headings repeatedly engage the concepts of access, equity and health that are relevant to our discussion of people with disability. Once again, these concepts are described in very broad terms and cannot be directly considered from the perspective of the lived experiences of the individual.

It is notable, however, that the topics covered in Part B of the NIIG—(B1) Water, (B3) Wastewater, (B4) Waste, (B5) Energy and (B6) Telecommunications—somewhat parallel

the topics covered in the NIHG under 'Part C: Healthy Communities', which include: (C1) Water; (C2) Energy; (C3) Wastewater; (C4) Rubbish Disposal; and (C7) Communications. The only sections not directly addressed in the NIHG are (B2) Stormwater and (B7) Transport.

The NIHG's consideration of the infrastructure issues is more directly focused on the impact they have on individuals living within the community, and is thus more relevant to the aims of this project. Accordingly, when a clearer guideline relevant to this research is available from the NIHG, the NIHG is employed instead of the general principles outlined in the NIIG. For example, principles for health and safety around waste and wastewater are more clearly addressed in the NIHG discussion on appropriate sanitary infrastructure (NIHG B3) and maintenance of access to house and yard (NIHG B5). Similarly, safety concerns in regard to energy infrastructure are better addressed through the NIHG's discussion of safety switches and accessibility of fittings (NIHG A1). These detailed NIHG guidelines are available in Appendix 3.

A further consideration in our discussions of community infrastructure in this study is the distinction between physical and socio-cultural infrastructure (as identified in Section 1.4). Much of the information included here pertains to housing-related or physical infrastructure. Consequently, in subsequent sections of our report that deal with community infrastructure, our focus primarily will be on housing-related or physical infrastructure, as this is more readily available for objective analysis.

As the impact of socio-cultural infrastructure more clearly reveals itself in personal interviews, perspectives around this are included in the sections dealing with lived experience. Additionally, in some cases the impact of larger physical infrastructure on an individual with a disability cannot be objectively distinguished from its impact on those without a disability. Hence, these issues are also covered in the sections reporting on individuals' lived experiences, as revealed by the interviewed participants.

Finally, it must be highlighted that all of the communities covered as part of this study were major communities and had centralised community infrastructure. Cases relating to minor communities—which engage on-site systems like standalone generators for energy, or septic or pit toilets for wastewater management—will likely require a different evaluation process.

Beyond the NIHG and the NIIG, which serve as guides, this study relies considerably on the NCC to develop a nationally consistent, minimum standards benchmark for evaluation.

### **The National Construction Code (NCC)**

The NCC is a national technical document that 'provides the minimum necessary requirements for safety, health, amenity and sustainability in the design and construction of new buildings (and new building work in existing buildings) throughout Australia' (ABCB 2016: 1). Notably, while the NCC is not applied as a national legislation, it is enacted by the states and territories, which give it legal standing, albeit with variations (with the state/territory variations included as Appendix A to the code). The NCC establishes minimum requirements for addressing the needs of people with disability in new building/construction projects, including:

- 'Access requirements for people with a disability in Class 1b and 10a buildings' and 'certain Class 10b structures including access requirements for people with a disability in Class 10b swimming pools' in Volume One of the NCC (ABCB 2015b: 13).
- 'Additional requirements relating to facilities for people with a disability in Class 1b and Class 10a buildings' in Volume One of the NCC (ABCB 2015b: 305).

- Provisions around Safe Movement and Access in Part 3.9 of Volume Two of the NCC (see ABCB 2015b).
- Performance provisions under SA 5.1, which focus on 'safe, equitable and dignified access', including the ability to 'negotiate the route from the road boundary to and within the building using a wheelchair' and access to spaces and facilities within the building (ABCB 2015b: 495).

The NCC (ABCB 2015b: 495) also specifies access provisions for developments of 20 or more dwellings, particularly that:

- (a) Access for people with a disability must be provided from the entrance doorway to areas normally used by the occupants. A path of travel providing required access must not include a stairway or other impediment which would prevent a person in a wheelchair using it.
- (b) Access, finishes and fittings must comply with the provisions of AS 1428.1.
- (c) In every Class 1 building to which access for people with a disability is *required*, one closet pan and washbasin and one shower must be provided for use by people with a disability.

The NCC references AS 1428.1. AS 1428.1 is part of the AS 1428 suite of standards related to disability access, which set standards around 'Design for access and mobility'. The standard provides practical normative guides for construction of new facilities to allow for:

- 1. continuous accessible paths of travel and circulation spaces for people who use wheelchairs;
- 2. access and facilities for people with ambulatory disabilities; and
- 3. access for people with sensory disabilities. (Equal Access Pty Ltd 2015).

Compliance with the NCC also helps achieve compliance with the Disability (Access to Premises—Buildings) Standards 2010, known as the Premises Standards.

Notably the AS 1428 standards, like many Australian standards, are based on international standards and may not be directly applicable to the culturally specific requirements of an Indigenous community—this is an area in need of further investigation. The standards therefore need to be assessed and interpreted according to the specific requirements of the community in which they are being applied. In the communities of Yalata and Point Pearce in South Australia, for example, housing must meet the Minister's Specification SA 78A Housing on Designated Aboriginal Lands (Government of South Australia 2009), while in Victoria the *Livable housing design guidelines* (Livable Housing Australia 2012) is the guiding document.

Reflecting the requirements, guidelines and learnings in the documents discussed above, the collection and interpretation of data for the evaluations of housing and community infrastructure for this study adhered to the following processes.

#### 1. Visual inspection

The first stage of data collection included a site visit and visual inspection of the housing and community infrastructure available at each case study location.

#### 2. Photographic survey

Following an initial visual inspection, a more detailed photographic survey was carried out, which recorded the existing condition of dwellings and infrastructure, noting any modifications.

#### 3. Spot measurements and comparison against original proposed designs

During the visual inspection and photographic survey, specific details were captured through spot measurements, including, where relevant, laser measurements to capture accurate data. The measurements identified how modifications had been made in relation to proposed designs and in comparison with existing plans and detailed drawings.

#### 4. Housing discussions

Once the general condition of housing and infrastructure and modifications had been identified and documented, residents, if available at the time of the housing assessment, were asked a series of questions to document how the housing met their disability-related needs.

#### 5. Evaluation against standards and proposed guidelines

As a final step, the data collected was evaluated against the framework extracted from the NCC and other guides. This comparison identified limits of existing designs and incorporated modifications, and helped us formulate an understanding of needs that should be reflected in standards for future proposals.

##### *3.1.4 Data analysis*

Data collected from participant interviews and community and stakeholder meetings were subjected to a manual thematic content analysis to identify common themes and trends. This process involved the researchers choosing code words, phrases, segments and other portions of text to arrive at a number of themes. The themes and trends were then compared with those discussed in the Positioning Paper (wherever possible) to form a picture of the lived experiences of housing and community infrastructure for Indigenous people with disability. As much as possible, direct quotations from the interviews were used to preserve the voices of the participants involved in the study. Pseudonyms have been used throughout the report to ensure the anonymity of participants.

While the housing has been evaluated against a range of guides, including the NIHG and NIIG, the use of the NCC provides a nationally consistent, minimum standards benchmark for evaluating Indigenous housing in terms of disability provision for, and use by, Indigenous people with disability.

##### *3.1.5 Methodological limitations*

There is a tension between 'vision' versus 'capacity' of research executed within budgetary and time constraints, within a constantly evolving landscape of disability reform in Australia. The study was ambitious in attempting to gather first-hand housing and infrastructure experiences of Indigenous people with disability, and in assessing housing and infrastructure for its appropriateness to the needs of individuals in this group.

The researchers had a limited timeframe in which to gather data from stakeholders and participants. Indigenous people with disability and their carers/family members are part of a marginalised subset of the population and, in some instances, individuals were difficult to locate (especially in the case of people who were transient or homeless) due to the chaotic nature of their lives.

The research team had pre-existing links to the communities and approached the case studies with an understanding of local politics and the cultural context of each community. During the research period, a number of discrete events occurred in the communities which placed considerable stress on residents. The research team made the decision to retract from the fieldwork if and when such events occurred. The frequency of these events was far higher than anticipated and resulted in members of the team making more visits to communities than was planned. Similarly, due to other events, we were able only to interview 10 people with disability in Geelong and were forced to seek further information from carers.



There are limitations to the methodological approach used in this study. Accessing and eliciting information through a narrative inquiry approach does not provide the quantitative data and precision that many agencies seek. This research technique does, however, provide rich responses from people, which are useful in understanding Indigenous people's housing experiences and needs. The narrative inquiry approach also comes with a further limitation around whether individuals are able to identify their own housing needs. This is a particularly important limitation given that it is simply not possible for some people to aspire to housing which they have no experience of and to which they have not been exposed.

Houses assessed were identified by the communities and/or health workers as indicative of the type of housing available to residents experiencing disability. The houses assessed were not necessarily the houses occupied by people who were interviewed for the 'lived experience' component of this study. In the instances of Yalata and Point Pearce, individual houses chosen for inspection may not have been occupied by people with disability at the time of site visits. In some instances, residents were happy to have their house visited but did not wish to be involved in a lengthy interview or vice versa.

The method of assessing community infrastructure involved visual inspections and discussions with stakeholders, agencies and staff. Many failures of community infrastructure occur in extreme weather (e.g. road and path flooding) and the research team was reliant on local knowledge to document such events.

Despite the study's methodological limitations, this project provides rare glimpses into the largely undocumented lived experiences of housing and community infrastructure for Indigenous people with disability.

## 4 CASE STUDY: YALATA

### 4.1 Introduction

Yalata is a discrete remote Aboriginal community located 204 kilometres north-west of Ceduna on the far west coast of South Australia. Yalata's history and housing have been well documented in other works (see Brady 1999; Kugena, Sandimar et al. 1979; Mattingley and Hampton 1988; Yalata and Oak Valley Communities, with C. Mattingley 2009; Palmer and Brady 1991; Braddock, Wanganeen and Aboriginal Housing Board of South Australia 1980; Grant 1999; South Australian Housing Trust, Wangka Wilurrara Regional Council and Far West Aboriginal Progress Association 1996; WD Scott and Co. Pty Ltd 1972). The community consists predominately of descendants of southern Anangu, who lived to the north prior to their forcible removal to Yalata in 1952. Most residents speak a dialect of the Pitjantjatjara as their first language. While sources state the population of Yalata as Anangu, some in the community use the title 'Yalata people' to reflect intermarriages with people from other language groups (M. Smart, personal communication, 26 February 2015).

The 2011 ABS *Census of Population and Housing* ('the Census') recorded 293 people usually resident in Yalata. Of this group, 262 people identified as being of Aboriginal or Torres Strait Islander descent. The age profile of Yalata at the time of the Census indicated that 43 per cent of the population were aged under 25 years of age, with only three people recorded as over 65 years of age (ABS 2012d).

Data for the 2011 Census (ABS 2012e) captures the transient nature of the Yalata population, with 65 people counted as 'elsewhere' on Census night. Mobility is influenced by seasonal, health, cultural and social factors, sporting events and other factors. Many members of the community spend intermittent periods in Ceduna, Oak Valley, Tjuntjuntjara and other destinations (M. Smart, personal communication, 26 February 2015). People travel to Ceduna, in particular, to access alcohol (state legislation prohibits the possession, consumption, sale or supply of alcohol in Yalata). For discussions on the socio-spatial dimensions of alcohol misuse see Brady (2010). Mobility becomes a major health concern, as people:

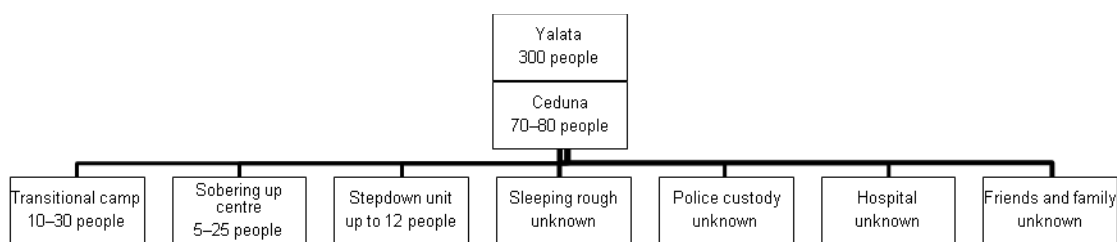
... sleep rough<sup>13</sup> in inappropriate conditions they increase their chances of road accidents...they disintegrate their family unit through disconnection from the community. (Smart, cited in Coroner of South Australia 2011: 52)

The Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation estimates that the Yalata population fluctuates around 300 people. The service suggests that at any given time approximately 70 to 80 Yalata residents may be staying in various places in Ceduna (see Figure 3).

---

<sup>13</sup> The term 'sleeping rough' is a colloquial term referring to the practice of sleeping in unoccupied spaces near townships (often for the purpose of drinking). Memmott (1990) explored the concept of rough sleeping, examining the rationale and benefits for Aboriginal people in the *Report on the social conditions of aboriginal campers in the Todd River and other public places in Alice Springs*. For discussion of Indigenous homelessness and the forms that it takes, see Memmott, Long et al. (2003). Note: for later sections of this report for AHURI, 'sleeping rough' differs from the concepts of 'camping out' or 'camping over'.

**Figure 3: Estimate of the number of people from Yalata, Oak Valley and Tjuntjuntjara in Ceduna and places of temporary residence**



Source: Ceduna Koonibba Aboriginal Health Service Aboriginal Corporation worker, personal communication, 26 February 2015.

#### 4.1.1 Health and disability

Poor health is one of the major issues facing the Yalata community. The findings of a relatively recent inquiry into the deaths of Aboriginal people sleeping rough by the Coroner of South Australia (2011) noted that excessive consumption of alcohol and alcoholism were viewed as key contributors. The inquiry found that people from Yalata who abused alcohol were prone to self-neglect, leading to diminished health outcomes and avoidable mortality (Coroner of South Australia 2011).

Misuse of alcohol contributes to significant injury through traumatic events such as car accidents and violence (Brady 2004), with these events often resulting in people acquiring an impairment or impairments, rendering them disabled (Brady, Byrne et al. 2003; Coroner of South Australia 2011). Alcohol consumption during pregnancy has the capacity to cause damage to the unborn child. In particular, Foetal Alcohol Spectrum Disorders, which describes a complex array of developmental and physical conditions associated with prenatal alcohol use, is of particular concern because of the lifetime impacts for children born with this condition and associated social and economic costs to families, communities and governments (Menzies School of Health Research 2014).

Despite a number of reports on the poor health of the Yalata population, the current literature does not indicate the prevalence of disability in the community or the types of impairment(s) among community members. At the 2011 Census, only four females, aged 35–54, out of the 161 people surveyed, recorded a need for assistance to perform core activities<sup>14</sup> (see Table 5), indicating a very low prevalence, or more so, reporting, of disability in the population. Interviews and workshops conducted for this study presented a different picture of disability in Yalata. While service providers and stakeholders were unable to provide a definitive number of people with disability (however defined), they estimated that 60–75 per cent of the population lived with some form of impairment and/or health condition that impacts their social or environmental functioning and inclusion (Community and stakeholder meeting, February 2015). In light of this, the proportion of people not stating their needs for assistance at the Census is notable and concerning.

As an indicator of the high prevalence of disability in the community, the local health service in Yalata, Tullawon Health Service Inc., stated that a diagnostic testing of children aged 0–5 years conducted in 2014 showed that 80 per cent of children had some form of developmental delay (Community and stakeholder meeting, December 2014).

<sup>14</sup> For definitions and examples of core activity needs/limitations as classified by the ABS, see Appendices 2 and 3.

**Table 5: Core activity need for assistance by age and sex, Yalata, 2011**

|                   | <b>Has need for assistance</b> | <b>Does not need assistance</b> | <b>Not stated</b> | <b>Total</b> |
|-------------------|--------------------------------|---------------------------------|-------------------|--------------|
| <i>Males</i>      |                                |                                 |                   |              |
| 0–19 years        | 0                              | 5                               | 40                | 45           |
| 20–34 years       | 0                              | 21                              | 20                | 41           |
| 35–54 years       | 0                              | 15                              | 22                | 37           |
| 55–74 years       | 0                              | 5                               | 3                 | 8            |
| 75 years and over | 0                              | 0                               | 0                 | 0            |
| Total             | 0                              | 46                              | 85                | 131          |
| <i>Females</i>    |                                |                                 |                   |              |
| 0–19 years        | 0                              | 18                              | 40                | 58           |
| 20–34 years       | 0                              | 27                              | 31                | 58           |
| 35–54 years       | 4                              | 13                              | 20                | 37           |
| 55–74 years       | 0                              | 5                               | 3                 | 8            |
| 75 years and over | 0                              | 0                               | 0                 | 0            |
| Total             | 4                              | 63                              | 94                | 161          |

Source: Adapted from ABS (2012d).

Community members and stakeholders held the view that psychosocial disability (i.e. disability related to cognitive or mental health conditions) was the most prevalent disability among the population. Many people were reported also to have chronic diseases (e.g. cardiovascular disease, diabetes and renal disease) (Community and stakeholder meetings, December 2014 and February 2015).

Stakeholders noted that neurological conditions were not typically reported. Screenings and health programs did not necessarily identify people with these impairments, nor did affected individuals necessarily meet criteria for support services (Community and stakeholder meeting, February 2015). Within the research, we found community members accepted chronic disease, poor health and some people's need for assistance to perform core activities as the norm rather than the exception. This may largely explain the underreporting of disability in the 2011 Census data.

In our discussions with residents, we found the term 'disability' was not well accepted and was applied by residents only to particular people in certain circumstances. Reliance on a wheelchair appeared to be the main marker of disability. For example, 'Margaret'<sup>15</sup> speaking of her husband's visual impairment, limited mobility and need for accessibility aids after suffering a number of strokes, said:

'Geoff' is not disabled; he isn't in a wheelchair, palya [ok]. He just needs those rails in the shower so he can hold himself up.

Similarly, 'Josie' speaking of a resident with a severe cognitive disability, said:

'Jenny' [has] got something wrong in her head (gesturing to her head). Not in wheelchair or anything.

<sup>15</sup> All names used in this report are pseudonyms.

Being reliant on a wheelchair appeared to be central to residents' constructions of disability. Residents also appeared to see a stigma attached to the term 'disability'.

## 4.2 Housing and community infrastructure in Yalata

The Yalata community comprises approximately 98 houses (including health and community staff housing), with 78 houses occupied at the time of fieldwork (December 2014). Housing in Yalata is administered by three separate bodies: Yalata Community Inc. (YCI), who manage five properties to accommodate their staff; Tullawon Health Service Inc., which has 17 staff houses; and Housing SA, which manages the remaining houses as community housing<sup>16</sup> for Aboriginal people with close family or cultural connections to Yalata community. Community housing is constructed and maintained by Housing SA in a service provision arrangement under the National Partnership Agreement on Remote Indigenous Housing (NPARIH). In addition to the housing stock available to the community, there is a separate development of eight independent living units managed by the Tullawon Health Service. These units are discussed further below. Figure 4 provides an aerial view of Yalata community.

**Figure 4: Aerial view of Yalata**



Source: Tullawon Health Service Inc. (2013). Police station in centre of frame and independent living units situated to the rear.

Housing in Yalata is regulated by the Minister's Specification SA 78A Housing on Designated Aboriginal Lands under the *Development Act 1993* (SA). SA 78A outlines:

... the requirements for increased levels of durability, sustainability and health and safety for housing (Class 1 buildings as defined in the Building Code of Australia), located on designated Aboriginal lands in Western South Australia, which are

<sup>16</sup> Housing on Aboriginal homelands or community land in South Australia is designated 'community housing' and technically belongs to the state. However, because the land on which it sits belongs to the Aboriginal Lands Trust, no monetary value can be placed on the dwellings. Community housing is supplied and managed under two separate arrangements: 1. Housing on Aboriginal homelands is supplied by the state and managed by the community, unless there is an arrangement under the NPARIH. 2. Under the NPARIH, the state has leasehold over the land, and supplies, manages and collects rents from leaseholders of community housing. A number of South Australian Aboriginal communities have arrangements under the NPARIH (O. Bennell, personal communication, 2 March 2016).

subject to harsh environmental conditions and limited access to maintenance facilities. These conditions necessitate requirements additional to those prescribed in the Building Code of Australia (BCA). (Government of South Australia 2009: 3)

#### 4.2.1 Housing design for disability

Residential buildings at Yalata (and across Australia) are not required by law to meet the specific requirements of AS 4299–1995 *Adaptable Housing or the Livable housing design guidelines* (Livable Housing Australia 2012) (see Chapter 2), as they are guidelines not legislation. The standard is used, however, by Housing SA as a guide for new housing construction in some instances, and is referenced in 'Sustainable Housing Principles: 2.3 SAHT Universal Housing Design Criteria' in the *Design guidelines for sustainable housing and liveable neighbourhoods* (see Renewal SA c.2014c: 7).

South Australian Housing Trust (SAHT) Universal Housing Design Criteria provide 'for both visitability, and adaptability at the time of construction together with general SAHT requirements for its clients'. They are designed to:

- Minimise the current high cost of converting existing houses to accommodation for persons with a disability.
- Enable the SAHT to modify houses at minimal cost to allow tenants in houses designed to this criteria to stay in their own homes if they become disabled.
- Enable access by visitors with a disability. (Renewal SA c.2014a: 5).

Renewal SA—as the agency responsible for providing 'housing, asset and policy services' to South Australia's state housing authority (Renewal SA c.2014a: 4)—note that while the revised design criteria include select features of adaptable housing as per AS 4299–1995, the design standard is now outdated and not mandatory (Renewal SA c.2014a: 5, 9).

The principal features of 2.3 SAHT Universal Housing Design Criteria include:

- Stepless entry and enhanced design of doorways.
- Wider circulation at doorways.
- Power points, fixtures, doors and circulation at universal heights with:
  1. Door hardware generally 900 millimetres to 1,100 millimetres above floor level.
  2. Wall power outlets 450 millimetres to 600 millimetres above floor level.
- Wider (1,500 millimetres) circulation between kitchen benches.
- Bathroom designed to accessibility criteria including:
  1. stepless shower
  2. toilet
  3. reinforced wall construction so that grab rails can be fitted later as an adaptation.
- Carport with widening at side and extended paving.
- 1,000mm wide external paving. (Renewal SA c.2014a: 5).

Guidelines for housing modifications exist also in Section 4.1 Housing Modifications (Renewal SA c.2014b).

Residents of community housing at Yalata (and other housing maintained by Housing SA) can apply for a range of a housing modifications to increase accessibility. These include (but are not limited to): magnetic door catch, hand held shower, door wedge, grab rails, lever taps, lever door furniture, clothes lines, special toilet pan, and 1,200-millimetre paving

(Government of South Australia c.2011: 4).<sup>17</sup> Discussions with Housing SA in December 2015 revealed that no requests had been made for housing modifications at Yalata for two years.

#### 4.2.2 Community housing stock

Community housing in Yalata was originally prefabricated (developed by Nomadic Enterprises in collaboration with the Standards Forum of the SA Aboriginal Housing Unit—see Grant 1999: 46). More recent housing is steel clad, with brickwork to a 900-millimetre dado line to protect the exterior of the buildings. As noted in the individual housing assessments below, the more newly constructed dwellings also have an ablution area divided into toilet, laundry and bathroom, and a floor level designed to prevent water 'from flowing from the wet area to adjacent rooms' (Government of South Australia 2009: 6). These houses have been constructed with either three or four bedrooms, with the kitchen, living and lounge areas designed as a common space. All entry and exit points to the housing are concreted. In certain dwellings, some areas under the verandah have not been concreted, to enable residents to sleep outside on sand.

There is a housing shortage in Yalata and houses are typically socially and spatially densely populated. Data for the 2011 Census (for people usually resident in the community) indicated that there were 69 occupied private dwellings in the community (housing 231 individuals), mostly separate dwellings, with at least 90 bedrooms available across all occupied private dwellings (see Table 6). Most dwellings had three bedrooms (see Table 7). At the time of the Census, 18 households indicated that six or more people were staying at the residence. This is an indicator of densely populated housing, as the Census data presented in Table 8 shows.

**Table 6: Count of occupied and unoccupied private dwellings and persons in occupied private dwellings, Yalata, 2011**

| Dwelling type                              | No. of dwellings |
|--|------------------|
| Occupied private dwellings:                |                  |
| Separate house                             | 50               |
| Other dwelling (caravan, cabin, houseboat) | 3                |
| Total occupied private dwellings           | 53               |
| Unoccupied private dwellings               | 16               |
| Total private dwellings                    | 69               |

Source: Adapted from ABS (2012d).

**Table 7: Dwellings by number of bedrooms, Yalata, 2011**

| Dwelling type  | One bedroom | Two bedrooms | Three bedrooms | Four bedrooms | Not stated | Total |
|----------------|-------------|--------------|----------------|---------------|------------|-------|
| Separate house | 3           | 9            | 22             | 0             | 17         | 51    |
| Other dwelling | 3           | 0            | 0              | 0             | 0          | 3     |
| Total          | 6           | 9            | 22             | 0             | 17         | 54    |

Source: Adapted from ABS (2012d).

<sup>17</sup> The Housing SA policy 'Housing Modifications for Persons with a Disability' does not, however, allow certain items to be installed. These include: additional mirrors; blinds (internal and external); chair lifts; disability aids; floor coverings (installation or removal); baths, hip baths or spa baths; pull-out shelves and wire baskets; toilet raisers; and a number of other items (Government of South Australia c.2011: 4).

**Table 8: Household composition by number of persons present on census night, Yalata, 2011**

| Number of persons | Family households | Non-family households | Total    |
|-------------------|-------------------|-----------------------|----------|
| One               | -                 | 11                    | 11       |
| Two               | 8                 | 0                     | 8        |
| Three             | 8                 | 0                     | 8        |
| Four              | 0                 | 4                     | 4        |
| Five              | <b>3</b>          | 0                     | <b>3</b> |
| Six or more       | 18                | 0                     | 18       |
| Total             | 37                | 15                    | 52       |

Source: ABS (2012d).

Notes: Non family households comprises lone person and groups households.

In order to procure additional housing for the community, YCI entered into a 40-year lease agreement with the Australian Government under the NPARIH in 2011. This 40-year housing precinct lease is the minimum tenure allowed under the conditions around such government investment in new housing and infrastructure. Under the arrangements, the South Australian Government has responsibility for the supply and maintenance of housing and infrastructure for the duration of the lease (DSS 2014: 57). After the lease agreement was signed, 20 additional houses were built and 10 dwellings renovated to address the housing shortage and improve the quality of existing housing stock (DSS 2011).

#### *4.2.3 Independent living units*

In 2011, Housing SA issued a tender for the design and construction of eight self-contained independent living units, a shared laundry and a shade structure for 'single disabled persons in Yalata' (Government of South Australia 2011). The \$1.125 million development was opened in 2013 and operates as a partnership between Disability SA<sup>18</sup>, Housing SA and YCI.

The eight units are a steel frame construction clad with steel sheeting<sup>19</sup> and insulated, and are clustered as four duplexes (see Figure 5). A separate laundry and a covered fire pit have been constructed in the centre of the development. A series of concrete paths connect the units to the shared laundry and fire pit, and railings have been erected at points to allow people with mobility-related disability to move around the site. The development operates in conjunction with the Tullawon Health Service's Day Centre, which assists elderly community members, and residents with disability or impairment(s) (Tullawon Health Service Inc. 2013) with daily requirements such as showering, washing clothes, meals, shopping and social outings.

<sup>18</sup> Disability SA is the SA government's agency for 'strategic planning, policy development, intake and resource allocation for the disability sector in South Australia' (DCSI 2017).

<sup>19</sup> The term steel sheeting has been used throughout the report, as in some instances the researchers could not determine whether such sheeting was corrugated because of the pitch of the roof.



**Figure 5: Duplex within the independent living unit development, Yalata**



Source: Grant 2015.

#### **4.2.4 Other accommodation**

Yalata community members frequently stay in Ceduna and other places for social, health or other reasons. Transitional, short-term and flexible accommodation options include:

- Wangka Wilurrara Transitional Accommodation Centre
  - accommodates up to 70 people, with an average occupancy of approximately 33 persons (Staff member, Wangka Wilurrara Transitional Accommodation Centre, personal communication, 26 February 2015)
  - offers two types of accommodation: single rooms (constructed in pairs, each with a central breezeway containing a fire pit); and temporary accommodation in the form of tents (wiltjas)
- Sobering-up centre, Ceduna hospital
  - accommodates up to 21 intoxicated people on an overnight basis
- Stepdown unit, Ceduna hospital
  - accommodates up to 12 people in Ceduna for medical reasons
- Seaview Village Flexible Aboriginal Aged Care
  - A purpose built hostel to accommodate aged Aboriginal people and Aboriginal people with disability at Thevenard, three kilometres east of Ceduna.

Workers with local service providers noted that many people from Yalata also spend time in hospital, sleeping rough and in police custody. Additionally, other community members were known to have moved permanently to Ceduna, Adelaide and elsewhere for health, employment or family reasons.

#### **4.2.5 Community infrastructure**

Yalata's community infrastructure includes a number of key facilities situated in the centre of the community. The community Administration Office, store, school, swimming pool, art centre, a large covered seating area, the playground, church, women's centre and TAFE facilities are all located within or near this hub. As a major community, Yalata has centralised water, energy and waste disposal systems.

There is one sealed road into Yalata. Roads surrounding the community are often in poor condition because of weather impacts and infrequent grading services. There is an airfield

for small aircraft near the community. Telephone and television services are available via satellite and mail is delivered by air five days a week via Ceduna. There is a permanent police presence, with a police station located on the north-west corner of the community. Tullawon Health Service Inc., the agency responsible for delivering health care, is housed in two buildings within the hub. A purpose-built clinic (health centre) and day centre are located on the eastern side of the hub. Tullawon's administration is housed in a separate building that is connected to the other buildings by a series of concrete paths. Training facilities, a men's centre and essential services (e.g. power generators, fire services, water storage) are located elsewhere in the community.

### **4.3 Assessments of housing and community infrastructure**

Four houses and one duplex within the independent living unit development in Yalata were included for assessment in this study (assessed February 2015). All of the houses were assessed in line with the criteria developed for the study. The houses visited were all steel frame construction with a concrete slab, exterior metal cladding and steel sheet roofing. Each had brickwork from the foundation to a vertical height of 900 millimetres to reduce damage to houses from environmental factors. The houses all had vinyl flooring in the living and bedroom areas, and tiles in the wet areas. All kitchens were fitted with 900-millimetre high stainless steel benches and 900-millimetre high freestanding electric stoves. All properties were located within 400 metres of the community hub. A separate assessment of community infrastructure was conducted (see Section 4.3.6).

#### **4.3.1 House one**

House one was a two-bedroom dwelling with an open-plan lounge, dining and kitchen area and total internal living areas of approximately 70 square metres. The front of the house was partially enclosed by a verandah (5m x 1m) and a 600-millimetre wide concrete path surrounded the house. Some accessibility modifications had been made to the house.

The internal floors were level and accessible from one space to another. However, there was a 25-millimetre timber step-up to access the laundry and toilet areas, which could pose an accessibility issue for mobility impaired residents. The wet area of the laundry and toilet was itself not raised, but the raised timber member across the door threshold limited wheelchair access; its removal would address the access problem. Front access to the property was via three stairs with risers of approximately 160–180 millimetres. Metal handrails had been installed on either side of the steps for support. The rear entrance to the house had a step with a 50-millimetre riser. No handrails had been installed at the rear entrance.

The residents of the property informed us that there had been issues with the completion of repairs and maintenance. In particular, there had been no hot water for approximately 12 months and the oven no longer worked. They also mentioned that the clothesline was not functioning and despite repeated requests had not been repaired since they moved into the property about a year earlier. The residents were also concerned about the area under the dwelling, which could constitute a refuge for snakes or other pests.

#### **4.3.2 House two**

House two was a three-bedroom house with an open-plan lounge, dining and kitchen area, and internal living areas measuring approximately 130 square metres. A 2.5–3.5-metre wide verandah with concrete base wrapped three sides of the house. No accessibility modifications had been made to the home.

The residents noted issues regarding the timely completion of basic repairs and poor quality construction. They noted that the hot water system caused the circuit breaker to trip, and had reported the fault but continued to operate the hot water system. The residents

commented that the air conditioner worked intermittently in hot weather and the house became very hot in extreme weather. Again, basic repairs and maintenance had not been conducted in a timely manner. Internally, there were gaps where the walls joined the ceiling, which the residents stated were breeding areas for insects and rodents.

#### *4.3.3 House three*

House three was a recently constructed two-bedroom dwelling with an open-plan lounge, dining and kitchen area, and internal living areas of approximately 90 square meters. The house was surrounded by a 3-metre wide concreted verandah with a 50-millimetre step-up from the verandah to the rear entrance of the house. The verandah had two semi-enclosed areas of roughly 10 square metres at either end. One of these areas had a 900-millimetre high windbreak and the other was screened with shade cloth. No accessibility modifications had been made to the home.

The residents of this property were not available to speak with us at the time of our assessments. From our observations, there were many people occupying the house, with the lounge and dining areas being used as multi-purpose areas. It appeared that the house was occupied by a large multi-generational family.

#### *4.3.4 House four*

House four was a two-bedroom property with an open-plan lounge and a total living area of approximately 80 square metres, excluding verandahs. There was a three-metre wide verandah with a concrete base on three sides of the house. The verandah was partially enclosed at one end.

The wet areas consisted of a separate bathroom, laundry and toilet, separated from the living areas by a 100-millimetre step-up. A split-system reverse-cycle air-conditioning unit was located in the living area to heat and cool the dwelling. No accessibility modifications had been made to the dwelling.

#### *4.3.5 Independent living unit*

The duplex assessed in the independent living unit complex was a one-room bedsit with bathroom, orientated north-south. As with other units in the complex, it was of steel frame construction on a concrete slab. It had steel sheet cladding and roofing and the exterior door had a security screen fitted. The two windows (living area and bathroom) were aluminium framed with security screens fitted. There was a two-metre wide verandah on the northern face of the unit, which was fully concreted and enclosed to a height of 900 millimetres as a windbreak. Including verandah space, the unit had approximately 30 square metres of living space, with around 23 square metres of this being internal living area.

None of the independent living units have cooking facilities and no exhaust fans were installed (see Section 4.4.4 for further discussion). A smoke alarm was fitted in the living area. The limited storage options in the small unit included a 900-millimetre high stainless-steel-sink cupboard with understorage and a wardrobe. The bathroom (3.6m x 2.25m) consisted of shower, toilet and hand basin, and was fitted with a sliding door. The bathroom floor was raised relative to the living area, with a ramp for accessibility. Grab rails were installed on one side of the shower and toilet. All areas of the unit had vinyl flooring, and a reverse-cycle air conditioner was installed in the living area.

A freestanding communal laundry had been constructed within the independent living unit development. Access to the laundry was by a concrete pathway from the units. The laundry building was covered with wire mesh and secured with a mesh door. During our visit, the laundry was locked and the machines non-functioning. It was revealed that residents could not independently use the laundry and had to get the facility unlocked by Tullawon Health

staff to use it. The laundry was being used to store equipment, laundry and other items, which presented a potential trip hazard.

The unit complex also included a covered outdoor meeting space with a metal frame and corrugated metal roof. The area was not observed in use during the fieldwork. It did not appear to provide the intended level of amenity and had limited protection from sun, glare and wind. In the course of the fieldwork, we observed that residents preferred to gather in more private or protected settings.

#### *4.3.6 Community infrastructure*

Yalata community was planned as a central hub with small residential allotments in a grid pattern around it, similar to many remote communities (Moran 2003). Most streets are named, sign-posted and sealed. Street signage, however, does not necessarily adhere to the local nomenclature. This can make it difficult for visitors to navigate the community and may pose a risk to residents by reducing emergency response times.

During the field visits, we noted an absence of adequate transport and pedestrian infrastructure (e.g. footpaths) and the mixing of vehicular and pedestrian traffic. It was thought that this might potentially deter pedestrian activity; a particular concern within the community as community members are very mobile (by foot). We also noted that there were few places to rest and that people tended to sit on fences or use their mobility frames as rest places when moving around the community. With no street guttering, water accumulates on streets during rain storms ('ponding'), especially on the eastern side of the community. Pedestrians have to pass through ponded areas to leave their properties, and vehicles splashing pedestrians with water was reported as a problem in discussions about infrastructure.

Poor infrastructure and accessibility for pedestrians has an impact on communities. Research by the AIHW notes that walkable neighbourhoods are important for preventing and addressing a range of health conditions, and for reducing obesity (AIHW 2011b).

Concreted pedestrian walkways exist only adjacent to Tullawon Health Clinic, Tullawon Day Centre (also referred to by locals as the Tullawon Day Centre for aged and disabled clients or simply the Day Centre), and the offices of YCI. A series of 600–700-millimetre wide concrete paths criss-cross the area, providing pedestrian access to these facilities (AS 1428.1 notes a 1 metre minimum width for paths). The walkways adjacent to the Clinic were in reasonable condition, but paths were in poor condition around other community buildings. Concrete paths were noted to have multiple cracks and uneven joins, and often showed signs of incomplete consolidation. Handrails (when installed) were noted to have sharp edges or were damaged.

Two separate concrete ramps allow pedestrian access to the Clinic, YCI offices and the Day Centre, which are located on higher ground. The Day Centre ramp was constructed with what appeared to be an accessible gradient (about 1:10) and had handrails; however, when using this ramp we found the gate to the day centre locked. The ramp leading to the YCI offices had a steep gradient (estimated to be 1:27–30), with handrails installed at a height of 900 millimetres. The path did not meet the 2010 Disability (Access to Premises—Buildings) Standards (or AS 1428.1), which require that a ramp has a maximum incline of 1:14. A wheelchair user noted that they were not able to use the ramp due to the steep gradient and also because water pooling on the ramp surface made it difficult to use during rains.

Most recent facilities constructed in the community (the school, primary health centre and swimming pool) meet the requirements laid down in the Disability (Access to Premises—Buildings) Standards 2010. However, the playground does not have paved access and does not include facilities such as a liberty swing. Older but vital facilities, such as the community store and YCI offices do not meet standards, as they do not have:

- doorways with minimum clear openings of 850 millimetres
- doors, architraves and skirtings painted in a contrasting colour to assist people with vision impairment
- reception counters that are accessible to a person in a wheelchair.

Large volumes of dust are generated within the community and present a health concern. The constrained layout of the community has led to the degeneration of vegetation by human traffic in the community and adjacent areas. Trees and shrubs have been planted over recent years and road blocks installed as part of a dust suppression program, as well as to provide shade and improve amenity. Reduction of dust should be an ongoing priority given the known relationship between dust and health outcomes in Aboriginal communities (see Pholeros 2002; Phibbs and Thompson 2011).

Transport is a critical issue for residents. Some service provider transport is available to residents to travel to Ceduna (often with caveats); however, many residents rely on private transport. Getting transport to and from Ceduna was raised as a matter of concern for many residents, who often find themselves stranded in Ceduna.

Analysis of community infrastructure at Yalata showed that poor quality construction, a lack of maintenance and harsh environmental conditions impact the daily experiences of people with disability, especially those with mobility impairments. During the study, we observed one person using a wheelchair (a four-wheel standard folding wheelchair) and seven people using walkers. A number of other people dependent on mobility devices (both wheelchairs and walkers) were regular short- and long-stay visitors. Each of these individuals traversed a broad terrain to access community facilities and local activities, and as a result mobility devices had a limited life span. Tullawon Health reported increased wear-and-tear on equipment due to the physical terrain, as unsealed roads and footpaths created additional stress on equipment (Staff member, personal communication, 15 June 2016). Towards the end of the study, a specialised heavy-duty wheelchair designed for remote terrain was supplied to one person, as their standard wheelchair was continually damaged due to the environmental conditions.

#### 4.3.7 Analysis of housing assessments

It is important to reiterate here that our analysis of housing and infrastructure, both at Yalata and the other case study sites, is considered against the requirements, guidelines, standards and recommendations as set out in the NIHG, NCC and AS 1428.1. Adherence to NCC provisions is given primary importance, with the requirement of 'dignified access' taken as the guiding principle for assessing the level of accessibility and adaptability of housing nationally. Housing in Yalata must also meet the requirements of the SA 78A Minister's Specification, as previously noted.

The general recommendations of the NIHG, and in *Housing for health* (Healthabitat 2013a), the *Livable housing design guidelines* (Livable Housing Australia 2012) and *Housing issues for people with disabilities* (The Arc 2015) also come into play. In saying this, it is important to note that the majority of the housing stock in Yalata was not designed for residents with physical impairment, and subsequently was not necessarily constructed with these guidelines in mind. Nonetheless, it is the purpose of this research to assess the capacity of existing housing stock to meet the current and anticipated future needs of residents, and it is within that framework that our analysis of housing at the case study sites is conducted.

While the houses at Yalata were generally compliant with NCC requirements with regard to disability access and 'dignified access', most of the houses assessed did not provide the basic requirement of an accessible internal corridor from the entrance of the dwelling to areas of normal use within the house (see Table 9). Only House Three met this basic requirement. Access to shower and bathroom facilities was particularly poor, with no house

assessed meeting NCC and NIHG accessibility provisions in this area, including the requirement for basic hardware such as lever taps. The houses did, however, generally meet other hardware requirements, such as the use of appropriate door handles and the location of switches and power outlets. In comparison, the independent living unit met all of these specific provisions, except for accessibility of the WC fixture itself.

**Table 9: Compliance with NCC recommendations of houses visited, Yalata**

| Item   | House 1 | House 2 | House 3 | House 4 | ILU <sup>1</sup> |
|--|---------|---------|---------|---------|------------------|
| Accessible internal pathway <sup>3,4,5</sup>       | N       | N       | Y       | N       | Y                |
| One accessible shower, WC & basin <sup>2,3,5</sup> | N       | N       | N       | N       | Y                |
| Switches and outlets <sup>2,4,5</sup>              | NFC     | NFC     | Y       | Y       | Y                |
| Door handles <sup>5</sup>                          | Y       | Y       | Y       | Y       | Y                |
| Lever taps <sup>5</sup>                            | N       | N       | N       | N       | Y                |
| Accessible WC type                                 | N       | N       | N       | N       | N                |

Notes: Y = yes; N = no; NFC = not fully compliant. WC = water closet/toilet. The term WC is used here in reference to the toilet fixture, as per common design terminology and to avoid confusion with 'toilet' referring to the room that the WC or toilet fixture is located within.

<sup>1</sup> Independent living unit. <sup>2</sup> Also stipulated in the NIHG (Healthabitat 2015). <sup>3</sup> Also stipulated in the *Livable housing design guidelines* (Livable Housing Australia 2012). <sup>4</sup> Also stipulated by The Arc (2015). <sup>5</sup> Also stipulated in *Housing for health* (Healthabitat 2013a).

As Table 10 highlights, the Yalata houses visited did not meet NIHG accessibility guidelines around appropriate external access, with no house providing access to a car park and only one having a paved path leading up to the entrance. Moreover, only one of the houses viewed was constructed with a wide doorway at the entrance and step-free access to the interior.

**Table 10: Compliance with NIHG guidelines of houses visited, Yalata**

| Item   | House 1 | House 2 | House 3 | House 4 | ILU <sup>1</sup> |
|--|---------|---------|---------|---------|------------------|
| Access to car park <sup>2</sup>                        | NA      | N       | N       | N       | Y                |
| Paved path to entrance                                 | Y       | N       | N       | N       | Y                |
| Step-free entrance                                     | N       | N       | Y       | N       | Y                |
| Wide doorways  | N       | N       | NFC     | N       | Y                |
| Wheelchair circulation, laundry & kitchen <sup>3</sup> | Y       | Y       | Y       | Y       | Y                |
| Access to clothes drying area <sup>3</sup>             | Y       | N       | Y       | Y       | Y                |

Notes: Y = yes; N = no; NFC = not fully compliant; NA = not applicable.

<sup>1</sup> Independent living unit. <sup>2</sup> Also stipulated in the *Livable housing design guidelines* (Livable Housing Australia 2012). <sup>3</sup> Also stipulated in *Housing for health* (Healthabitat 2013a).

The houses fared better against the NIHG guidelines in some other aspects of physical accessibility, with all providing adequate room to manoeuvre a wheelchair within the kitchen and laundry spaces, and most (three of the four) constructed with paved access to a clothes drying facility. The independent living units met all NIHG access-related guidelines for disability as stipulated in Table 10.

Data derived from the assessment of Yalata housing against the other guidelines and recommendations for Indigenous housing and housing for people with disability are presented in Table 11. This part of the assessment looked at specific provisions within the

dwelling visited for: kitchen areas, such as bench height and food storage; bathrooms, such as step-free shower access and availability of grab rails and hand-held showers; and external spaces, specifically type of ramp or stair access and general accessibility to the yard and property boundaries.

Against these criteria, the Yalata houses performed poorly, with none including the required kitchen or bathroom hardware. All of the Yalata houses assessed did, however, provide for step-free shower access, and food storage facilities were mostly acceptable. External access provisions were particularly poor, with no ramp facilities for any house visited and only one house having grab rails to help residents negotiate the steps. The independent living unit inspected met the external access requirements and had appropriate hardware in the bathroom. However, it lacked kitchen facilities and thus did not meet cooking and food storage requirements. (Section 4.4.4 provides further details around the amenity of the independent living units.)

**Table 11: Housing compliance with other guidelines and recommendations, Yalata**

| Item   | House 1 | House 2 | House 3 | House 4 | ILU <sup>1</sup> |
|--|---------|---------|---------|---------|------------------|
| Step-free shower <sup>2,3,4</sup>                | Y       | Y       | Y       | Y       | Y                |
| Stair with grab rail <sup>2</sup>                | Y       | N       | NA      | N       | NA               |
| Ramp access <sup>3</sup>                         | N       | N       | NA      | N       | Y                |
| Grab rails in shower & toilet <sup>3</sup>       | N       | N       | N       | N       | Y                |
| Lower kitchen benches <sup>3,4</sup>             | N       | N       | N       | N       | Y                |
| Roll-under stoves, benches, sinks <sup>3,4</sup> | N       | N       | N       | N       | N                |
| Yard and edge access <sup>4</sup>                | N       | N       | N       | N       | Y                |
| Quality of health hardware <sup>4</sup>          | U       | U       | U       | U       | U                |
| Food storage access <sup>4</sup>                 | NFC     | NFC     | NFC     | NFC     | NFC              |
| Auto-hush smoke alarm <sup>4</sup>               | N       | U       | U       | U       | U                |
| Hand-held shower                                 | N       | N       | N       | N       | Y                |
| Undercroft animal access <sup>5</sup>            | N       | NA      | NA      | NA      | NA               |
| Wet areas graded 50mm below <sup>5</sup>         | U       | Y       | U       | Y       | U                |
| Verandah 10m <sup>2</sup>   2,400mm <sup>5</sup> | NFC     | Y       | Y       | Y       | Y                |
| Concrete free of biofilm <sup>6</sup>            | U       | U       | U       | U       | N                |

Notes: Y = yes; N = no; NFC = not fully compliant; NA = not applicable; U = uncertain (not able to be ascertained through the fieldwork).

<sup>1</sup> Independent living unit. <sup>2</sup> Recommendation specified in *Livable housing design guidelines* (Livable Housing Australia 2012). <sup>3</sup> Recommendation specified in The Arc (2015). <sup>4</sup> Recommendation specified in Healthabitat (2013a). <sup>5</sup> Recommendation specified in SA 78A Minister's Specification (Government of South Australia 2009).

<sup>6</sup> Recommendation specified in Walls and Bridge (2011).

Finally, as housing on designated Aboriginal lands, the Yalata houses were checked against the Minister's Specification outlined in SA 78A (see Table 11). The dwellings examined did not perform well against the requirements for drainage of wet areas in SA 78A and at least one property did not comply with the requirements around undercroft access (to prevent vermin and animal access). The poor maintenance of toilet facilities in each of the four houses assessed raised concerns for the presence of biofilms (for a discussion of biofilms and remote Indigenous housing see Walls and Bridge 2011).

The housing assessments undertaken in Yalata revealed dwellings complied with some guidelines and recommendations, while failing to meet basic standards in other areas. While the sample size (four houses and one independent living unit) is relatively small, the dwellings visited are considered generally representative of the local housing stock. The analysis thus demonstrates that housing and related infrastructure provision in Yalata has some way to go in order to meet the existing and future disability-related needs both of community members and visitors.

#### **4.4 Lived experiences of housing and community infrastructure in Yalata**

In order to obtain the data needed for this study, members of the research team visited the Yalata Aboriginal community and the regional township of Ceduna, conducting interviews with key stakeholders, community members with disability and those caring for people with disability, and undertook site visits to examine housing and related infrastructure in the community.

Twenty interviews were conducted with people with disability (14) and their carers (6) in Yalata, to provide insights into the lived experiences of people with disability in the community. The criteria for inclusion in the interviews were that participants: were identified by local health workers as living with disability and/or caring for someone with disability; identified as being of Aboriginal descent; were currently or had previously lived in Yalata; and had current connections with Yalata. Interviews were conducted with community members in Yalata, Ceduna and Adelaide. All of the interviews were conducted in community or institutional settings, such as at the Tullawon Day Centre and Women's Centre, the YCI offices, or outside in common spaces at Yalata. At other locations we utilised the local health service facilities. All participants in the research were given the opportunity to have a carer, friend or support worker present during interviews. Data from all interviews was analysed using standard word processing tools.

Of the 14 community members with disability interviewed, 13 identified as needing 'assistance with everyday activities such as washing yourself, cooking, getting to or from places'.<sup>20</sup> Seven participants identified as living with disability and also providing care for another person or persons with disability (see Table 12). The age and sex profiles of the people interviewed (Table 12) shows that the prevalence of disability among younger members of the community is higher than generally seen in the non-Indigenous population. Only one interview participant was aged over 75—that person was also a carer.

Participants with disability recorded living with various impairments (see Table 13). Two participants stated that they lived with concurrent multiple impairments or health conditions. All but one participant reported having one or more serious health conditions (see Table 14) in addition to an impairment.

The majority of people interviewed who lived in Yalata at the time of survey, occupied community housing (Table 15). Most people reported moving between their own house (where they had one) and those of other family members. Mobility was a key feature of housing situation for interviewees, reflecting cultural norms as well as personal circumstance—including the need for assistance with core activities.

---

<sup>20</sup> Note: This question relates to the 'assistance with core activities' criteria used by the ABS.



**Table 12: Age and sex of study participants, Yalata**

|  | Female | Male | Total |
|--|--------|------|-------|
| <i>Aboriginal people with disability</i>           |        |      |       |
| 18–24 years  | 1      | 1    | 2     |
| 25–34 years  | 4      | 0    | 4     |
| 35–54 years  | 1      | 1    | 2     |
| 55–74 years  | 3      | 2    | 5     |
| 75 years and over                                  | 0      | 1    | 1     |
| Total  | 9      | 5    | 14    |
| <i>Carers of Aboriginal people with disability</i> |        |      |       |
| 18–24 years  | 0      | 0    | 0     |
| 25–34 years  | 1      | 2    | 3     |
| 35–54 years  | 2      | 1    | 3     |
| 55–74 years  | 0      | 0    | 0     |
| 75 years and over                                  | 0      | 0    | 0     |
| Total  | 3      | 3    | 6     |
| <i>People with disability who are also carers</i>  |        |      |       |
| 18–24 years  | 0      | 1    | 1     |
| 25–34 years  | 2      | 0    | 2     |
| 35–54 years  | 1      | 1    | 2     |
| 55–74 years  | 1      | 0    | 1     |
| 75 years and over                                  | 0      | 1    | 1     |
| Total  | 5      | 2    | 7     |

Note: Categories are not mutually exclusive.

**Table 13: Impairment types reported by study participants, Yalata**

| Impairment reported     | Number of participants reporting condition |
|-------------------------|--|
| Acquired brain injury   | 2  |
| Developmental delay     | 2  |
| Intellectual disability | 2  |
| Physical disability     | 2  |
| Psychosocial disability | 2  |
| Other                   | 7  |
| Unknown                 | 1  |

Notes: Type of impairment classified as described by participant and/or service provider. Multiple responses allowed.

**Table 14: Other health conditions reported by study participants, Yalata**

| Health condition         | Number of participants reporting condition |
|--------------------------|--|
| Heart disease            | 1  |
| Diabetes                 | 6  |
| Liver disease            | 1  |
| Respiratory disease      | 1  |
| Cerebrovascular diseases | 3  |
| Cancer                   | 1  |
| Other                    | 0  |

Notes: Other health conditions classified as described by participant and/or service provider. Multiple responses allowed.

**Table 15: Primary housing being used by study participants, Yalata**

| Type of housing and location | Number of participants |
|------------------------------|------------------------|
| Yalata                       |                        |
| Community housing            | 9                      |
| Independent living unit      | 2                      |
| Itinerant                    | 1                      |
| Ceduna                       |                        |
| Transitional accommodation   | 1                      |
| Public housing               | 5                      |
| Private rental               | 0                      |
| Home ownership               | 0                      |
| Aged care                    | 0                      |
| Itinerant                    | 1                      |
| Other                        |                        |
| Specialist accommodation     | 1                      |
| Total                        | 20                     |

#### 4.4.1 Mobility

Our interviews found that, in some instances, mobility was related to a person's experience of disability. A worker at a service provider in Yalata described the housing experiences of a young person with a psychosocial condition, noting their constant movement between houses:

'Thomas' has a severe cognitive disability and limited recognition of everyday life. While he is recorded as living in a community house with his mother as his carer, he is only there intermittently ... He spends most of the night and day roaming the community. His mother finds it difficult to handle his behaviour and keep him from roaming the community at night. He spends time at the homes of various family members until he exhibits extreme behaviour and they find it difficult to cope and exclude him.

'Thomas' identified that he stayed at the houses of other family members intermittently and slept outside when there was no alternative. He also stated that he travelled to Ceduna, where he stayed in transitional accommodation or slept rough. He stated that he goes to Ceduna 'to get his own bed', drink alcohol and socialise when there was 'no one to talk to' in Yalata.

Due to the challenging behaviours associated with his psychosocial condition, 'Thomas's' family found it difficult to take care of him. Tullawon Health Service workers noted that there were a number of families in similar situations. Some families were simply unable to look after family members because of their: disability-related needs; difficult or anti-social behaviour due to cognitive disorders or other neurological conditions; or alcohol or drug misuse issues (Health worker, personal communication, 26 February 2015). Health workers noted that accommodation with varying levels of support was essential if people were to be supported to remain in the community.

Intra-community mobility among people with disability (i.e. moving between houses within the community) also occurs for other reasons. People with disability and/or chronic health conditions are more likely to be allocated community housing. Within families, these houses may be reallocated to others to secure housing for younger family members. This practice was summarised by an older resident with 'chest and lung problems and asthma from the Maralinga explosion', limited mobility and hearing loss. 'Coral' explained:

I have a house but I don't live in it. My grandson does. He can't get a house. I live with my daughter and grannies [the Aboriginal English term for grandchildren] because my daughter cooks and looks after me.

Community members also reported that older residents often let younger members of the family reside in their houses (Community and stakeholder meeting, February 2015). People with disability routinely went to live with other family, rather than the (primary) carer residing with them. Such movement was common when a person's primary carer was absent from the community. Interviewees stated that if the housing they moved into was densely populated they would camp under the verandah or near the house. One interviewee said:

I camp outside. I like to feel the wind on my face. No room inside and outside is the best place to sleep like the old ways. [It is] Healthy and keeps me strong.

Passing properties on to younger family members may have negative impacts on the health and wellbeing of people with disability, especially where they move into socially and spatially dense conditions or are sleeping outside. The interviewee in the above example has since passed away.

Two participants interviewed were living in the independent living units. The residents of these units also reported a high degree of mobility between various houses within the community and occasionally camped out. People residing in the independent living units, however, did not reallocate their home to other family members. By and large this was because the units were overseen by the Tullawon Health Service Inc. (who maintained the units) and had qualities which made them undesirable to most community members, such as the lack of cooking facilities, poor internal/external connections, being located near the police station and being only single occupancy.

#### *4.4.2 Movement away from Yalata*

Five people interviewed were permanently living in Ceduna at the time of the study. These participants had moved to Ceduna for various reasons. A number had moved in order to access public housing as they were unable get housing in Yalata. Others had moved due to the complex nature of their impairment or condition, their age or to have ongoing access to specialised health services and supports.

Individuals in this group were not generally mobile. Only one person stated that they spent time at other places (visiting family in other towns), while two interviewees regularly spent time as patients in hospital. 'Jim', who was living with limited mobility, deafness and a complexity of health conditions, noted:

I have to stay home and stay out of the heat or I get sick ... I stay inside ... I need to be near the town as I've got no car and I get sick a lot.

Three people in this cohort felt that their ties to Yalata had decreased because they lived in Ceduna and were unable to attend community events at Yalata. 'Mary' said:

I was born at Tjuntjuntjara and have family at Yalata and in Western Australia. I can't go to many events. I don't get around so good. ... I need to stay sitting at home. ... I don't see a lot of family. Sometimes it makes me sad that I am not part of the community.

We also interviewed one person staying at Wangka Wilurrara Transitional Accommodation Centre, who was on the waiting list for public housing in Adelaide. They stated that they wanted to live in Yalata but were unable to so because they could not 'get a house'. This person had repeatedly moved between living with family in Adelaide and living with family in Yalata, where they had been the primary caregiver for their three children, two of whom had learning difficulties. They had recently lost custody of their children and believed this was related to their inability to access appropriate housing.

They took the kids when I didn't have a house. I want to look after [them]. ... Welfare tell me I have to get a house so I can get them back.

Another participant was a long-term resident of Kanggawodli, a residential setting in Adelaide for rural and remote Aboriginal people requiring specialist care. 'Roseanne' was living at the facility due to her disability. She was homesick and desperate to return to Yalata:

I miss family. I miss them a lot. ... I want to go home to Yalata.

#### 4.4.3 Community housing

Nine interview participants identified community housing as their primary form of housing (see Table 15). Of these residents, eight stated that they were 'satisfied' or 'highly satisfied' with their current housing situation, with the other participant being 'neither satisfied nor dissatisfied' with their housing (see Table 16). Interestingly, when questioned further, we found that two people did not actually live in their own houses, but camped at the houses of other family members. Two others noted that they lived with family members, but had a preference for having their own dwelling.

**Table 16: Level of satisfaction with community housing of study participants, Yalata**

| Level of satisfaction | Very dissatisfied | Dissatisfied | Neither satisfied nor dissatisfied | Satisfied | Very satisfied |
|-----------------------|-------------------|--------------|------------------------------------|-----------|----------------|
| Number reporting      | -                 | -            | 1                                  | 2         | 6              |

Discussions with people with disability in community housing in Yalata revealed a number of key issues:

- a shortage of housing, leading to overcrowding
- the importance of living with family for support (relevant to housing design)
- community housing was viewed as a shared commodity

- people with disability would circulate between houses where care by family members was available
- informal transfers of housing occurred between family members
- a lack of basic infrastructure and housing modifications
- the inability to secure possessions.

The practice of pooling resources in communities means that housing can be informally transferred from the lease holder to younger family members, resulting in people with disability or health issues and older family members living in inappropriate conditions (e.g. camping out).

Living in socially and spatially dense housing was not identified as an issue by the people interviewed (see Chapter 7 for further discussion of this finding). Eight of the nine people interviewed occupied a three-bedroom house and one a four-bedroom house (none of them occupied the same house as another interviewee). The lounge room was used as an additional bedroom in all nine houses and everyone interviewed was living in a household with family members. Two-thirds of people interviewed had six or more people living with them in their house (see Table 17).

**Table 17: Number of people occupying housing with study participant, Yalata**

| <b>Additional people in dwelling</b> | <b>Reported frequency</b> |
|--------------------------------------|---------------------------|
| Live alone                           | 0                         |
| One                                  | 0                         |
| Two                                  | 0                         |
| Three                                | 3                         |
| Four                                 | 0                         |
| Five                                 | 1                         |
| Six or more                          | 6                         |

One interviewee commented:

There are six people living in the house. There are always visitors—family. Seven more people [14 in total] most of the time.

Another noted that the number of people living in their house varied considerably:

There are 10 people living at my house. Sometimes more people stay ... Depends.

All people interviewed in community housing lived in households consisting of two or more generations. Crucially, all of the people interviewed *wanted* to live with family, despite living in socially and spatially dense circumstances. As one participant said:

I want to live here in Yalata with family. Other places [are] no good. Only place I want to live ... The house has four bedrooms and I sleep with the two little girls, granddaughters ... sometimes more people stay. Good to have family visiting.

Participants reported that living with family provided essential support:

I live with my daughter, grandchildren and great-grandchildren. They look after me, that is their job.

A number of people stated that outside organisations failed to recognise that many family members have a role in the care of Indigenous people with disability. This was reflected in comments by one participant, ‘Jeanette’, who said:

We all look after [name]. There isn’t just one carer. We are all her carer. That is Aboriginal way—the family looks after you ... They just pay the pension to one person ... They ask her when she goes to hospital who is her carer. She just says me. They don’t understand.

The extended role of multiple family members in the shared care of Indigenous people with disability needs to be recognised and integrated into remote Indigenous housing design, and into service delivery processes and structures.

Participants noted some disadvantages with regard to having numerous people living in their house. Such arrangements often entailed many responsibilities, and keeping possessions safe (including mobility aids) was reported to be difficult. This latter point was highlighted by one Yalata resident:

Sometimes they [his family] just take his wheelchair and use it. I’ve seen those kids playing with it. They use it to get shopping from store. Sometimes they leave it out there [gesturing]. That family should look after that, him, not leave him stuck without his wheelchair. He needs that.

Some community housing lacked infrastructure for basic living (see Table 18). Two participants did not have a bed or somewhere to sleep comfortably, and one participant camped out on a verandah. Two participants noted that they did not have facilities to be able to cook a meal. One of these people said their stove had been out of order for five months and they had been unable to cook in the house. Four people stated that washing and showering at home was not possible. Another added that their shower had not been working for some time. Three people reported that it ‘was too difficult’ to shower in their own homes as no modifications had been made. Most reported washing and showering at the Tullawon Health Service’s Day Centre. Everyone reported being able to access a toilet in their home.

**Table 18: Basic housing amenities in community housing, Yalata**

|     | Have facilities to sleep comfortably | Have facilities to sit comfortably | Have facilities to be able to prepare meals | Have facilities to be able to wash and shower | Toilet is accessible |
|-----|--------------------------------------|------------------------------------|---|---|----------------------|
| Yes | 7                                    | 9                                  | 7   | 5   | 9                    |
| No  | 2                                    | 0                                  | 2   | 4   | 0                    |

Only one person identified having housing modifications completed. ‘Daisy’ reported that ramps had been installed at the entrance of her house and grab rails installed in the shower. She noted that grab rails were required in the toilet but had not been installed. Two other people commented that they urgently required housing modifications. ‘Suzanne’ commented:

Workers have to put a ramp down [at the entrance to the house]. There is a step. Can’t walk down with the pusher.

‘Jeanette’ remarked:

They haven’t done anything to my house, no rails, no ramp. We need those to get in and out of the house but housing hasn’t put them in.

People interviewed also expressed the need for furniture to enable them to live comfortably. It was evident in our discussions that accessing suitable furniture was difficult due to capital

and transport costs. One person stated they needed a 'bigger bed', another 'a comfortable higher chair like [at] the Day Centre'.

Overcrowding, inappropriate housing design and the lack of basic amenities were recurrent themes in interviews with this group of community housing residents. It was also apparent that poor housing amenity in Yalata, including environmental and structural issues, was both a frustration and barrier to participation in community life.

#### *4.4.4 Independent living units*

Independent living units (see Figures 5 and 6) were developed to provide safe, secure, independent housing for community members with disability who were unable to live with family, did not have access to secure housing and were sleeping rough (Brock, cited in Tullawon Health Service Inc. 2012). The Independent living units operate in a way that is effectively supported accommodation (and similarly funded), with residents receiving support through Tullawon Health and, specifically, the Day Centre.

The units were sited adjacent to the police station on the premise that police would be able to 'keep an eye' on residents, enabling them to feel more secure (Tullawon Health Service staff member, personal communication, 26 February 2015). However, the units are located on land at the rear of the police station and are out of their direct line of sight. Additionally, the police station is staffed part time and there is no permanent police presence in the community (the officers live elsewhere).

During our fieldwork we did not observe any member of the community visiting the police station. When we asked community members if residents attend the station in person, three people stated that residents generally phoned for police assistance if needed, as being seen to go into the building could result in social stigma.

Stakeholders reported that during the first year of operation there were difficulties in getting people to occupy the units. Service providers reported that people tended to feel unsafe and isolated in the units. At one point, all units were unoccupied, as people had moved back to live with their families. In 2013, several of the units were reallocated to aged members of the community so that older community members could 'keep watch over other [generally younger] residents' (Tullawon Health Service Inc. 2012).

**Figure 6: Independent living units, Yalata**



Source: Grant (2015).

The socio-spatial and cultural preferences of Aboriginal housing and importance of family have been well documented (e.g. Memmott 1988; Memmott, Long et al. 2003; Ross 1987). Few Anangu would choose to live alone, and being alone is a frightening and alien experience (Reser 1989). Despite these known cultural norms, the independent living units were designed for single occupancy. They consist of a small room with a space for a single

bed and a chair, and an adjacent bathroom. One person interviewed lived in a unit with his wife. He stated that the single bed was 'not enough room' for them both. Stakeholders, health workers and residents all felt that the independent living units should be able to accommodate at least one other person as a carer and therefore should have been designed with two bedrooms (Community and stakeholder meeting, February 2015).

The type and choice of beds was also of concern. The elevated single bed provision disregarded the literature on housing design for Australian Indigenous peoples, which notes that Aboriginal people prefer to sleep near the ground to be 'close to country' and maintain feelings of wellbeing (Grant 2011). Health workers stated also that there was no room for a bariatric bed for residents who were obese.

The units have no kitchen and minimal facilities for food preparation. They are fitted with a small bench and sink, with no space for a table. This restricted the ability of residents to have visitors and is inconsistent with the notion of 'independent living units' intended to support people to live 'independently'. To eat at home, residents were forced to eat sitting on their bed. 'Geoffrey' stated:

We can't cook in our house. I would like to make tea [dinner] for me and my wife sometimes.

Another said that they would like to have family members visit and be able to prepare a meal for them occasionally:

I would like to make a meal for my daughter and granddaughter sometimes. Not too many family, just one or two.

The lack of provision to enable residents to cook and eat comfortably in their units meant that most residents ate weekday meals prepared at the Day Centre. Meals were delivered to the units on weekends and public holidays by Tullawon Health Services staff.

The layout and design of the independent living units posed other challenges for residents. For example, while the bathrooms had adequate space to allow for the transfer of a resident from a wheelchair to a shower chair or toilet, they were designed for right-hand transfer only. A health worker noted that one client could not be accommodated in a unit as they had little mobility on the right side of their body. Health workers also noted that more flexible options for support rails were required so that all units could be occupied. A consequence of these design limitations was that residents showered at the Day Centre, where assistance was available.

The poor design and lack of amenity meant that most people living in the units spent a good portion of each day at the Day Centre. The Day Centre plays a central role in the life of residents, offering: physical supports, in the way of assistance with showering and getting dressed; dietary support, in the way of daytime meals; and social support, in the way of a venue where older people and people with disability can safely interact.

The Day Centre also offers a place of refuge for people with disability (and older people) who may feel unsafe in the community. As one stakeholder lamented in the course of the research:

There is a pecking order in Yalata as I would imagine there is in all remote communities. People with a disability are right at the bottom. The only place they can feel really safe is here [the Day Centre]. They are seen as ready resources to be exploited. People are hounded to share whatever they have and in some instances whatever money they have is taken off them without their consent ... People take wheelchairs and use them to get their shopping and leave the person stranded in their house ... People with cognitive disabilities are especially at risk. They are



taunted and hounded to share whatever they have. It makes them even more anxious than they already are and on occasion it drives them over the edge.

The Day Centre is located approximately 400 metres from the independent living units and people with mobility impairments were observed to have difficulties negotiating the route. The distance between the two entities requires that care workers attending to people's needs drive to the units. The distance means that not only are workers unable to supervise residents with adequate frequency within the units, residents are unable to maintain continuous contact with workers. Co-locating the independent living units with the Day Centre would therefore have made functional sense.

Stakeholders aired concerns about the features of the units and stated that consultation on their design had been 'minimal' or 'non-existent' (Community and stakeholder meeting, February 2015). A walk around the development confirmed their concerns and the related implications for the safety of residents. Each unit, for example, had only one entry/exit point. An employee discussed their concern for a resident who:

... has a partner who beats her up when he is on the grog. We cannot ensure her safety. He comes and could easily break down the front door and where does she go? There is no place for her to escape ... It is just dangerous.

It was also concerning to find that there was no provision for duress alarms, either for the units or the residents. Consequently, there was no easy way for a resident to quickly contact anyone in an emergency. Residents also discussed their inability to view visitors from inside their units, airing concerns about safety. While each unit had a window, these were located out of view of the bed—the primary place to rest. The window also had a security screen which impeded long-range views.

Monitoring the external environment is an established cultural behaviour of desert people. One resident spoke of how she was fearful when inside her unit:

I can't see out. Don't know who come or who at the door ... Get scared.

While the units were fenced (see Figure 6), vehicular and pedestrian access was uncontrolled. One elderly male resident reported that 'cars drive around the units' and 'people come and knock on your door and ask for teabag all the time'. For some people this was not a concern, while for others it was terrifying.

Overall, the independent living units at Yalata are poorly designed. They fail to provide the amenity essential to enabling people with disability to pursue an independent lifestyle, and they have minimal features to ensure residents' comfort, safety and social participation.

#### **4.5 Preferred models of housing for people with disability: Yalata**

An important part of the fieldwork undertaken in Yalata, and the other case study locations, was eliciting the thoughts of research participants about preferred housing models for Indigenous people with disability. As noted earlier in this report and the Positioning Paper (Grant, Zillante et al. 2016), there is little information available in Australia identifying preferred housing models for this client group.

Participants and stakeholders offered the following suggestions regarding better housing for Indigenous people with disability in the community:

- Independent living units with 24-hour care, co-located with aged/disability services and providing residents with the full range of facilities within the units to enable them to live independently (e.g. cooking facilities, adequate sleeping spaces, room for a carer/visitors).
- A 24-hour care aged/disability facility with various levels of support (e.g. independent living units, nursing care and secure facilities with central facilities).

- Accessible units such as granny flats (accessory dwelling units) co-located with community housing for people with disability or their carer(s) would suit some people.
- Larger, more durable and accessible community housing, especially for people with psychosocial disability, allowing families to continue to reside together.

## 4.6 Summary

Despite the low incidence of disability and core activity need reported in official statistics for people in Yalata, it was evident from our research that the greater proportion of the population of Yalata lives with some form of impairment and/or health condition, which for many renders them disabled. Many community members live with cognitive and psychosocial conditions, and physical disability caused by the co-morbidities of chronic diseases or from traumatic events. Many conditions are not recognised by the community and individuals as a 'disability' (or disabling, as medically understood). In the fieldwork, we found people reluctant to attach the label of disability to themselves or others. The notion of disability was only attached freely to people who were wheelchair users.

Overwhelmingly, the research found that Yalata was the location where community members with disability wanted to remain. It was important for people to be 'on country' and be near family and kin. These factors were at the core of people's existence. When people had to move, or consider moving, to other locations, they were greatly affected by the reality or prospect of dislocation from their community.

Yalata people wanted to support people with disability within the community whenever they could, and people with disability saw family as responsible for their care. At the same time, people with disability were marginalised within Yalata and were often treated poorly. Commonly, people with disability were bullied and had their housing and supports appropriated by more able-bodied members of their families.

Many study participants spoke of the need for people with disability in Yalata to live with dignity and with 'no shame'.<sup>21</sup> This was generally not the case—we saw first-hand the physically and socially disabling circumstances under which many people lived. Yalata has a shortage of housing and the condition of dwellings was poor. Much of the housing lacked basic services such as a working stove, heating or hot water, with the housing provider reported as frequently failing to deliver basic repairs and maintenance. Such was the need for basic repairs and maintenance that people did not and could not think beyond securing housing and having basic services available in the house. Generally, people were unaware of housing modifications that could be undertaken to make the lives of people with disability easier.

The majority of the housing stock in Yalata was not designed for residents with physical disability and therefore did not aim to address issues of 'dignified access' as stipulated in the NCC. The housing assessed was found in the main not to comply with NCC universal access provisions, but did generally comply with other NCC requirements, as applicable to ambulant access.

The major failings were seen in a lack of barrier free access to both internal and external spaces (i.e. accessible corridor within dwelling, paved pathway to entrance, step-free entrance, access to car park) and a lack of basic hardware in wet areas within dwellings.

---

<sup>21</sup> 'Shame' is a powerful factor in Aboriginal society. The meaning of shame includes 'embarrassment in certain situations' (Leitner and Malcolm 2007: 169), often due to circumstance rather than as the direct result of one's actions. Vallance and Tchacos (2001: 9) add further context: '*Shame* has resonances of being singled out so that the individual is unduly the focus of attention, of the inexplicable, of deep feelings for which there are no words, a fear of trespassing across boundaries that may be sacred, a sense of being powerless and ineffectual. *Shame* is not something most can talk about, one suspects simply because it is so inexpressible.' (original emphasis).

The lack of basic amenities within dwellings means that future modifications for these properties will need to considerably alter the built fabric in order to meet accessibility and liveability requirements and guidelines. While it is not impossible to modify existing structures, the extent of modifications necessary will be significant.

Where specialised housing for people with disability was provided (e.g., the independent living units), it was done without meaningful consultation with stakeholders and little forethought. Every person we spoke with about the independent living units emphasised their inappropriate design and mentioned that opportunities were lost by the failure of the housing provider to consult with the community and consider the needs of residents in their design.

## 5 CASE STUDY: POINT PEARCE

### 5.1 Introduction

Point Pearce is a discrete rural Aboriginal community, part of the Narungga Nation on the Yorke Peninsula in South Australia. It is located 194 kilometres north-west of Adelaide.

Point Pearce is situated 70 kilometres south of the rural township of Kadina (population approximately 5,000), 55 kilometres south of Moonta (population 700), 21 kilometres south-west of Maitland (1,100 residents) and 10 kilometres north of Port Victoria (350 residents). Originally established in 1868 as a mission, Point Pearce was taken over by the State Government of South Australia in 1915 and became known as the Point Pearce Aboriginal Station. In 1972, the community and adjacent land were transferred to the ownership of the Point Pearce Community Council (Brock 1995). The history of Point Pearce has been documented by a number of authors (see Archibald 1915; Vallance and Hullick 1975; Wanganeen 1987; Mattingley and Hampton 1988; Bennett 1989; Brock and Kartinyeri 1989; Wood and Westell 1999).

At the time of the 2011 ABS Census, the population of Point Pearce<sup>22</sup> was recorded as 118 people, with 41 per cent of the population aged under 19 years and a median age of 25. Four people over the age of 75 were recorded as living in Point Pearce at the time of the Census (ABS 2012c).

#### 5.1.1 Health and disability

Discussions with stakeholders about health issues in the community revealed diabetes, drug and alcohol misuse, infections, cardiovascular disease and respiratory diseases as major health concerns (Community meeting, June 2015). These issues were flagged more than a decade ago (Fleming and O'Connell 1999). Despite evidence indicating a long history of poor health in the community (Taylor and McKenzie 2006), the 2011 Census recorded only three residents reporting a need for assistance with core activities—all females aged more than 85 years.

The Point Pearce Community Council noted that a number of younger residents were being assisted by Narungga Elder Care, which provides aged care services to the community and support to people with disabling conditions. They reported that levels of disability in the community were much higher than recorded by the Census. While unable to place an exact figure on the prevalence of disability, they felt that 75–80 per cent of community members were living with an impairment or chronic illness of some type, with many experiencing disability due to poor health (Community meeting, June 2015).

In our discussions with residents, we found that the concept of disability was partially accepted by participants who were in receipt of government payments for people with disability—with disability in this context understood generally in a medical diagnosis sense. At the same time, participants were keen to point out that living with disability, medically or social defined by them or others, did not detract from their other abilities. In particular, participants did not want the label of disability to impact their personal autonomy or lead to outside interference in their lives. For example, 'Michael' said:

I get a pension from Centrelink for my back. I can make my own decisions about my life. I can live by myself and don't need people coming and sniffing into my business.

---

<sup>22</sup> Data presented is for the Point Pearce SSC. The ABS (2016a) defines an SSC as: 'an ABS approximation of localities gazetted by the Geographical Place Name authority in each State and Territory.' These data do not always tally correctly, as the data are for a low count area and the ABS notes that such data may be impacted by confidentiality issues (ABS 2013a).

Many of the older members of the community felt that their reduced mobility, visual impairment or other disability was a normal part of the ageing process.

## 5.2 Housing and community infrastructure in Point Pearce

The community of Point Pearce (Figure 7) comprises 47 houses. As with Yalata, responsibility for the supply, maintenance and management of housing in Point Pearce rests with Housing SA, under a 40-year lease agreement entered into by the community with the federal and South Australian governments under the then NPARIH (Housing SA staff member, personal communication, 1 December 2015),. Under that agreement (now replaced by the National Partnership on Remote Housing (NPRH)), all housing in the community was to be upgraded (or demolished) to improve housing and living conditions, with most of this work to be completed by 2018. During the fieldwork for this study (carried out June and November 2015), stakeholders noted that three houses had been demolished, with two rebuilds completed. During the rebuilds, residents were housed in transportable homes brought into the community for that purpose (Community meeting, June 2015). Four transportable homes were moved into the community for this purpose in November 2012 (Callow 2012). How this program of activity for Point Pearce has changed with the replacement of the NPARIH by the NPRH (DPMC 2017) is unclear from the limited detail currently available around the new remote housing strategy.

**Figure 7: Aerial view, Point Pearce**



Source: photo supplied by Point Pearce Community Council (c. 2011).

Housing and community infrastructure in Point Pearce does not come under the SA 78A Minister's Specification, as it is not within the geographical boundaries set out in the legislation. Housing at Point Pearce does, in principle, however, need to meet 2.3 SAHT Universal Housing Design Criteria within Housing SA's *Design guidelines for sustainable housing and liveable neighbourhoods* (Renewal SA c.2014a).

### 5.2.1 Community housing

All housing stock in Point Pearce is community housing. The stock exists primarily of three-bedroom houses (30 properties) with a smaller number of properties comprising two, four and five bedrooms (three, six and two properties, respectively). The housing stock also includes two one-bedroom flats, two two-bedroom flats and four transportable homes. At the time of the fieldwork, two houses were not occupied and the leases of a further three houses were held by people who had been absent for periods of up to 12 months. Five houses were occupied by only one person. Discussions with Housing SA revealed that there was a waiting list of 10 people indicating interest in moving to Point Pearce, with 10 residents of the community also on the waiting list to move to Housing SA properties elsewhere (Housing SA staff member, personal communication, 1 December 2015).

Most housing in the community is similar to the low-density public housing stock common across rural areas of South Australia (see Figure 8). Data on household composition by number of persons present on Census night in 2011 reveals that the majority of households in Point Pearce had four or fewer occupants; however, one in five households had five or more people present on Census night (see Table 19).

**Figure 8: House with access ramps, Point Pearce**



Source: Grant (2015).

**Table 19: Household composition by number of persons present on Census night, Point Pearce, 2011**

| No. of persons present | Number of households |
|------------------------|----------------------|
| One                    | 15                   |
| Two                    | 6                    |
| Three                  | 3                    |
| Four                   | 6                    |
| Five                   | 5                    |
| Six or more            | 3                    |
| Total                  | 38                   |

Source: Adapted from ABS (2012c).

### *5.2.2 Supported accommodation*

Supported accommodation for Elders (at the Les Buskin Hostel) operated at Point Pearce from the late-1980s to the mid-1990s. Community sources stated that the hostel catered for males and females, and consisted of two common areas with single rooms situated around them (Community meeting, November 2015). The hostel was set up predominately to house older men originally from Point Pearce who otherwise might have been homeless. Many of the men had alcohol issues and required significant support. The men were able to continue to consume alcohol while living at the hostel. The facility operated without major incident (Community meeting, November 2015). With the passing of residents, demand for the accommodation diminished, funding was withdrawn and the hostel closed. The building was later repurposed to house the community health service.

### *5.2.3 Disability housing at Point Pearce*

The Point Pearce community does not have housing specifically for people with disability. As with Yalata, residential buildings at Point Pearce are not legally required to meet the specific requirements of AS 4299–1995 or the *Livable housing design guidelines* (Livable Housing Australia 2012). People living in community housing at Point Pearce are able to apply for a range of housing modifications to increase accessibility (Government of South Australia c.2011: 4). In discussions with Housing SA staff (November 2015) it was noted that, as part of the upgrade of all housing at Point Pearce, the installation of ramps to front entrances, and concrete paths (front and rear), is occurring. Any other modifications to homes associated with disability (primarily, physical disability) must be requested by the resident.

Prior to the announcement of upgrades to housing in 2012 and the placement of a Housing SA officer in the community, modifications were made in a very sporadic and piecemeal fashion. Accordingly, the houses inspected for this study showed little direct correlation between occupants' needs and the physical infrastructure available. That said, there were two cases where the resident or their relative were in a wheelchair and needed disability access infrastructure, and this had been provided. Additionally there was another case where an elderly resident had some modifications made to their home to allow for easier access to, and around, the residence.

### *5.2.4 Community infrastructure*

The township of Point Pearce is set out in a grid layout, with approximately 12 named, guttered and sealed streets. Community services (the school, primary health service and community office) are located on the western side of the community. The community also has a playground, church and cemetery. Residents are dependent on infrastructure located in other towns to service their other needs. As a major community, Point Pearce has centralised water, energy and waste disposal systems.

The community has a major access road that connects it to the neighbouring centres of Port Victoria and Maitland. Telephone and television services are available to individual houses, as well as at community facilities. The community centre is attached to health and school facilities, and is accessible by concreted walkways. The housing blocks are large and spread out at a considerable distance from each other, leaving area for wide roads and green nature strips.

## **5.3 Assessment of housing and community infrastructure**

### *5.3.1 Introduction*

Assessments of five houses were undertaken in Point Pearce in November 2015. All of the properties were occupied at the time of the site visits and located within a 1 kilometre radius of the Community Office. The houses were assessed in accordance with the criteria

developed for the study and were diverse in terms of their construction and interior fit-out. All of the houses had vinyl floor coverings in their living areas and tiling in the wet areas, and were heated and cooled by reverse-cycle air-conditioning. All dwellings had kitchens fitted with 900-millimetre high laminate benches with storage cupboards underneath and a 900-millimetre high freestanding electric stove.

### 5.3.2 *House one*

House one was a three-bedroom dwelling with combined lounge, dining and kitchen area that had undergone a major renovation in 2014. A separate bathroom, laundry and toilet were located under the main roof. The house had an internal living area of approximately 110 square metres and was constructed of light frame stud work with a 2.5-metre wide verandah with timber decking. Access to the front entrance of the dwelling was via a gated paved path.

A number of modifications had been made to the property: handrails had been installed adjacent to the three steps at the front entrance (risers of 160–180 millimetres); a single handrail was installed next to the five steps leading to the back entrance; grab rails had been installed in the shower, bath and toilet areas; and the path in the backyard had been paved. While the house had undergone accessibility modifications, the central passage was only 1,200 millimetres wide, which reduced the accessibility and visitability of the house for people with mobility-related disability, particularly for someone using a wheelchair.

### 5.3.3 *House two*

House two was a three-bedroom standard brick veneer dwelling with a tiled roof and open-plan lounge, dining and kitchen area. As with house one, access to the front entrance of the dwelling was via a gated paved path and the property also had a gated paved driveway. The house had a separate bathroom, laundry and toilet under the main roof and internal living areas amounted to approximately 120 square metres.

The bathroom in house two was larger than others observed in Point Pearce and elsewhere, and fitted with a hand basin, shower and bath. The toilet was in a separate room. There was a slight difference in the floor levels between the bathroom and toilet, with both of these areas stepped up from the other living areas. Accessibility in the dwelling was impacted by the small step-up to the bathroom, as well as the accumulation of refuse and other possessions. Large amounts of materials blocked the entrance to rooms and access along the central passage.

No obvious accessibility modifications had been made. The rear of the property was poorly maintained, with accumulated refuse that would hamper accessibility. Similarly, access to the front of the property was hindered by a considerable number of vehicles and car bodies. A poorly maintained above-ground pool was located in the rear yard—this appeared to be a health hazard due to poor maintenance and was not appropriately fenced. Discussions revealed the house was occupied by a single person with family living nearby. The resident noted that he had up to 11 people staying in the house at various times and he found it difficult to maintain the property.

### 5.3.4 *House three*

House three was a four-bedroom house with an open-plan lounge, dining and kitchen area, two bathrooms and a separate laundry (120 square metres of internal living areas). The house was of standard brick veneer construction, with a profiled metal sheeting roof and a 2-metre wide fully concreted verandah running across the rear of the house. Access to the dwelling was via a paved path to the front entrance and a paved driveway. The passageway in the home was 2.5-metres wide and wheelchair accessible.



A number of accessibility modifications had been completed. One bathroom had been modified to include grab rails in the shower and a hand held shower was installed. No grab rails had been installed in the adjacent toilet or bath. A concrete path and ramp had been installed at the front of the house.

An additional concrete path also surrounded the house and the rear door was wheelchair accessible. The exterior of the house was well maintained and the house was accessible for people with a range of mobility-related disabilities.

#### *5.3.5 House four*

House four was a one-bedroom property with open-plan lounge, dining and kitchen areas and approximately 40 square metres of internal living space. The dwelling had a bathroom (with toilet) and separate laundry under the main roof, with the laundry accessible via the rear verandah. The dwelling itself was constructed of a light frame stud work, and small verandahs were built at the front and rear entrances of the house.

A number of accessibility modifications had been made to the house. Grab rails had been installed adjacent to the shower and toilet, and a hand-held shower had been fitted. A floor strip had been installed between the bathroom and passage to allow for easier access. An access ramp, complete with handrail, had been installed at the front entrance. A grab rail was installed for the steps at the rear entrance and a paved pathway led from the rear entrance to the clothes line.

The sole resident of the house was an elderly man with a mobility-related disability. It was noted that he had issues in manoeuvring his walking aids in the passage. The rear access to the dwelling had a 50-millimetre riser, making access to the laundry and rear of the property difficult. The laundry was a separate room, accessible only via the rear verandah, and had been appropriated for storage. A range of debris accumulated in various areas of the property posed trip hazards and hampered accessibility.

#### *5.3.6 House five*

House five was a heritage-listed property converted into a three-bedroom house, with a combined living and dining area and separate kitchen. The living areas of the dwelling amounted to approximately 180 square metres. The house was constructed of partially rendered stone walls with brick quoins. A rear extension had been constructed of light frame stud work with cement sheeting.

The residence was fenced, with a surfaced path to the front entrance and a paved driveway. The front entrance had a 2.5-metre wide verandah with a concrete foundation. A separate bathroom, laundry and toilet were housed in the rear extension of the house.

Various accessibility modifications had been made to the home. A path had been laid to the clothesline in the rear yard. The entire building had also been surrounded by a concrete path, making the exterior accessible on all sides. A concrete ramp had been constructed at the front entrance. There were some issues with accessibility: there was a 25-millimetre floor level difference at the front entrance; the rear entrance, which provided access to an extension housing the laundry, bathroom and toilet, had a 25-millimetre lip in the floor. The passage through the house was also noted to be quite narrow, impacting accessibility for people with mobility impairments and emergency services (e.g. ambulance).

#### *5.3.7 Community infrastructure*

All public buildings in the town had concreted walkways leading up to them, and accessible doorways into the buildings with minimum clear openings of 850 millimetres. However, there were no paved pedestrian walkways along the streets and pedestrians requiring a sealed carriageway had to use the roads. Some residents reported that speeding was sometimes an issue in the town, which made reliance on roadways for pedestrian access highly

problematic. The playground facilities did not have paved access and did not include facilities such as a liberty swing.

While it was noted that the distance between housing blocks allowed for greater public space, this space is determined by the grid layout of the road and the nature strips exist in association with the roadways. This does not provide for clear delineation of the community space and further disconnects the residents from each other.

Transport is a critical issue for residents. Some public and service provider transport is available to residents to travel to other towns; however, the majority of residents rely on private transport.

Analysis of community infrastructure at Point Pearce shows that the general quality of development and maintenance is adequate, but the design and quality of public spaces do not allow for greater community integration. While the need for transport in the town has been considered in regard to car and vehicular access, such considerations have seemingly not extended to promoting safe and approachable pedestrian or disabled access—for example, with regard to roads and median strips as barriers rather than connectors of public spaces. In design terms, wide roads and median strips that become wide nature strips are considered as obstacles that discourage movement to and across, resulting in a greater degree of severance or disconnection between people and amenities. Better integration of cultural facilities in the design of community infrastructure would help to highlight and address these issues.

#### *5.3.8 Analysis and summary of housing assessments*

Consideration of the houses visited at Point Pearce against the NCC and other relevant recommendations and guidelines revealed a mixed picture of high-level compliance with some basic requirements and dwellings that did not meet other basic standards or requirements (see Table 20).

Overall, the houses examined were generally compliant with the NCC, performing particularly well in terms of the 'dignified access' requirement of providing an accessible internal pathway from the entrance to areas of normal use within the house. Four out of five of the houses assessed allowed barrier-free navigation of internal spaces. However, there was reduced compliance in terms of accessible shower and toilet facilities, with none of the houses providing a fully accessible wet area and only one meeting the basic hardware requirement of a lever tap. All of the houses surveyed provided for the recommended door hardware (door handles), but inclusion of accessible switches and power outlets was poor and only one house fully met this criterion.

**Table 20: Compliance with NCC recommendations of houses visited, Point Pearce**

| Item   | House 1 | House 2 | House 3 | House 4 | House 5 |
|--|---------|---------|---------|---------|---------|
| Accessible internal pathway <sup>2,3,4</sup>       | Y       | Y       | Y       | Y       | N       |
| One accessible shower, WC & basin <sup>1,2,4</sup> | N       | N       | N       | N       | N       |
| Switches and outlets <sup>1,3,4</sup>              | N       | N       | Y       | U       | U       |
| Door handles <sup>4</sup>                          | Y       | Y       | Y       | Y       | Y       |
| Lever taps <sup>4</sup>                            | N       | N       | Y       | N       | N       |
| Accessible WC type                                 | N       | N       | N       | N       | N       |

Notes: Y = yes; N = no; U = uncertain (not able to be ascertained through the fieldwork). WC = water closet/toilet. The term WC is used here in reference to the toilet fixture, as per common design terminology and to avoid confusion with 'toilet' referring to the room that the WC or toilet fixture is located within.

<sup>1</sup> Also stipulated in the NIHG (Healthabitat 2015). <sup>2</sup> Also stipulated in the *Livable housing design guidelines* (Livable Housing Australia 2012). <sup>3</sup> Also stipulated by The Arc (2015). <sup>4</sup> Also stipulated in *Housing for health* (Healthabitat 2013a).

As shown in Table 21, the Point Pearce houses visited performed reasonably well with regard to many of the accessibility requirements outlined in the NIHG. The structures provided adequate external access, with all dwellings serviced by a paved pathway to the main entrance. All but one dwelling had a step-free entrance. Four of the five houses provided appropriate access to a car park and an outdoor clothes drying facility. On the other hand, the houses performed poorly with regard to internal space for movement of wheelchairs, and three houses did not provide enough room for manoeuvring a wheelchair in the laundry and kitchen. The internal doorways in four of the five houses did not meet requirements for wheelchair access.

**Table 21: Compliance with NIHG guidelines of houses visited, Point Pearce**

| Item   | House 1 | House 2 | House 3 | House 4 | House 5 |
|--|---------|---------|---------|---------|---------|
| Access to car park <sup>1</sup>                        | Y       | Y       | Y       | Y       | Y       |
| Paved path to entrance                                 | Y       | Y       | Y       | Y       | Y       |
| Step-free entrance                                     | N       | Y       | Y       | Y       | Y       |
| Wide doorways  | N       | N       | Y       | N       | N       |
| Wheelchair circulation, laundry & kitchen <sup>2</sup> | N       | N       | Y       | N       | Y       |
| Access to clothes drying <sup>2</sup>                  | Y       | Y       | N       | Y       | Y       |

Notes: Y = yes; N = no; NA = not applicable.

<sup>1</sup> Also stipulated in the *Livable housing design guidelines* (Livable Housing Australia 2012). <sup>2</sup> Also stipulated in *Housing for health* (Healthabitat 2013a).

Compliance with other disability and access-related recommendations in key guiding documents around Indigenous housing and accessible housing for the houses visited are provided in Table 22. Here the houses performed poorly in terms of kitchen hardware, with no house providing wheelchair-appropriate bench heights or accessible food storage compartments. Hardware in the bathrooms was only slightly better, with two out of the five houses providing grab rails in showers and toilets, and hand-held shower facilities. Step-free shower access requirements were met in four out of the five properties. Similarly, only one house did not offer step-free access to the main entrance. Access to the yard areas and the boundaries of the properties was restricted in all cases.

**Table 22: Compliance with other guidelines and recommendations, Point Pearce**

| Item   | House 1 | House 2 | House 3 | House 4 | House 5 |
|--|---------|---------|---------|---------|---------|
| Step-free shower <sup>1,2,3</sup>                | N       | Y       | Y       | Y       | Y       |
| Stair with grab rail <sup>1</sup>                | Y       | NA      | NA      | Y       | NA      |
| Ramp access <sup>2</sup>                         | N       | NA      | NA      | Y       | NA      |
| Grab rails in shower & toilet <sup>2</sup>       | Y       | N       | U       | Y       | N       |
| Lower kitchen benches <sup>2,3</sup>             | N       | N       | N       | N       | N       |
| Roll-under stoves, benches, sinks <sup>2,3</sup> | N       | N       | N       | N       | N       |
| Yard and edge access <sup>3</sup>                | N       | N       | N       | N       | N       |
| Quality of health hardware <sup>3</sup>          | U       | U       | U       | U       | U       |
| Food storage access <sup>3</sup>                 | N       | N       | N       | N       | N       |
| Auto-hush smoke alarm <sup>3</sup>               | U       | U       | U       | U       | U       |
| Hand-held shower                                 | N       | N       | Y       | Y       | N       |

Notes: Y = yes; N = no; NA = not applicable; U = uncertain (not able to be ascertained through the fieldwork).

<sup>1</sup> Recommendation specified in *Livable housing design guidelines* (Livable Housing Australia 2012).

<sup>2</sup> Recommendation specified in *The Arc* (2015). <sup>3</sup> Recommendation specified in *Housing for health* (Healthabitat 2013a). <sup>4</sup> Recommendation specified in SA 78A Minister's Specification (Government of South Australia 2009).

## 5.4 Lived experiences of housing and community infrastructure in Point Pearce

To garner the required information around lived experiences of housing and community infrastructure for community members from Point Pearce, interviews were undertaken with key stakeholders and community members living with disability or caring for someone with disability. People with disability and carers were identified in consultation with workers from local service providers and interviewed in community facilities in Point Pearce, neighbouring towns or Adelaide, and in their workplaces in Point Pearce in the case of key stakeholders. Interviews around lived experiences were guided by the semi-structured interview schedule developed for the project.

In total, twenty community members living with disability or caring for someone with disability were interviewed: nine participants reported living with disability, 11 reported being a carer, and three reported living with a disability while also being a carer (see Table 23). Three people among the nine with disability reported requiring 'assistance with personal activities such as washing, cooking, shopping, getting to or from places'.

**Table 23: Age and sex of study participants, Point Pearce**

|  | Female | Male | Total |
|--|--------|------|-------|
| <i>Aboriginal people with disability</i>           |        |      |       |
| 18–24 years  | 0      | 0    | 0     |
| 25–34 years  | 0      | 0    | 0     |
| 35–54 years  | 4      | 3    | 7     |
| 55–74 years  | 1      | 1    | 2     |
| 75 years and over                                  | 0      | 0    | 0     |
| Total  | 5      | 4    | 9     |
| <i>Carers of Aboriginal people with disability</i> |        |      |       |
| 18–24 years  | 0      | 1    | 1     |
| 25–34 years  | 0      | 0    | 0     |
| 35–54 years  | 5      | 4    | 9     |
| 55–74 years  | 1      | 0    | 1     |
| 75 years and over                                  | 0      | 0    | 0     |
| Total  | 6      | 5    | 11    |
| <i>People with disability who are also carers</i>  |        |      |       |
| 18–24 years  | 0      | 0    | 0     |
| 25–34 years  | 0      | 0    | 0     |
| 35–54 years  | 1      | 2    | 3     |
| 55–74 years  | 0      | 0    | 0     |
| 75 years and over                                  | 0      | 0    | 0     |
| Total  | 1      | 2    | 3     |

Note: Categories are not mutually exclusive.

Study participants with disability lived with a range of impairments (see Table 24) and (often disabling) health conditions (see Table 25).

**Table 24: Impairment types reported by study participants, Point Pearce**

| Impairment reported     | Number of participants reporting condition |
|-------------------------|--|
| Acquired brain injury   | 0  |
| Developmental delay     | 1  |
| Intellectual disability | 0  |
| Physical disability     | 3  |
| Psychosocial disability | 3  |
| Other                   | 5  |
| Unknown                 | 4  |

Notes: Type of impairment classified as described by participant and/or service provider. Multiple responses allowed.

**Table 25: Other health conditions reported by study participants, Point Pearce**

| Health condition reported | Number of participants reporting condition |
|---------------------------|--|
| Heart disease             | 9  |
| Diabetes                  | 11   |
| Liver disease             | 0  |
| Respiratory disease       | 6  |
| Cerebrovascular diseases  | 3  |
| Cancer                    | 0  |
| Other                     | 7  |

Notes: Other health conditions classified as described by participant and/or service provider. Multiple responses allowed.

All of the participants interviewed for this case study lived in community housing in Point Pearce or occupied housing provided by Housing SA in other townships on the Yorke Peninsula.

#### *5.4.1 Mobility*

There is some mobility from Point Pearce to other rural towns and Adelaide, which is driven by a lack of employment, social and educational opportunities. 'Michael' summarised his own situation:

I live with my grandfather [in Point Pearce]. Mum and my sister live in town. There are no jobs in Point Pearce, no work at all, nothing. I want to stay here and live with my grandfather. He needs me to look after him, he is getting old and isn't too good. I am probably going to have to go live with my sister in Adelaide.

Some community housing in Point Pearce is unoccupied because the families/lease holders are living in Adelaide. However, people are reluctant to relinquish their links to traditional country and therefore their housing in Point Pearce. Some families continue to pay rent to keep a largely unoccupied house in the community, while other families maintain links through family members in the community and in Adelaide. There is constant movement of younger members of the community between Point Pearce and Adelaide, and the population of Point Pearce increases significantly during school and Christmas holidays. 'Margaret' commented:

I have a house in Adelaide and my partner lives here. I come up on the weekends with the kids and when the kids are off school.

We were advised that some families seek a transfer to public housing in the neighbouring towns of Kadina, Moonta, Maitland and Port Vincent as their children get older, primarily as the Point Pearce school caters only for early education. 'Jane' explained that she and her husband moved to a nearby town when their children were young:

My husband didn't want to move from Point Pearce but I wanted the boys to go to [name] Primary so we got a house in [location]. It is lovely and quiet by the beach—beautiful views ... I love it there. ... It was good for the kids, they both went to [name1] School and then to [name2] School ... It is a lot quieter [than Point Pearce] .... Especially back then when there was lots of fighting and drinking ... It is good to have shops and you walk and get things you need.

Other community members have had to relocate their family members due to the nature of their disability. 'Jennifer' was forced to place her brother (living with physical and cognitive

disability) in supported accommodation in Adelaide, as there were no supported facilities nearby:

He is a drinker and was in a car accident ... It was a year or so before he could talk properly again and he still doesn't walk that well ... I got him to come and live with me. Mum is passed on ... You have to look after your family ... It was really hard ... I would be trying to settle him down and he would break a door or put his fist through the wall or window or bang his head. He wasn't trying to hurt anyone. The family would try and settle him down ... He goes out. He still likes to go and drink ... One time we found him, one time, 10 miles away. Everyone had been driving around looking for him and there he was, walking up the road. Really late too, everyone was scared ... He is living in Adelaide. I wish he was living with me.

Escaping family conflict and community dysfunction were also mentioned as reasons for relocation. Being away from conflict was important to many people, especially those with psychosocial issues. 'Jane' said:

I have grief issues ... I don't want to be in the middle of fights all the time. Family fights ... I love my house at [place]. I look out at the sea and I feel calm.

#### 5.4.2 *Returning to Point Pearce*

Some people returned to Point Pearce because of disability, ill health, to access housing or for a lifestyle change. 'James' had returned to live in Point Pearce, as he had complex health needs and wanted to escape an itinerant lifestyle where alcohol played a significant role.

I moved back to Point Pearce a few years ago because I could get a house here. I had to get away from Adelaide ... I'm too old to keep drinking.

Other people returned to the community as Point Pearce was simply 'home':

Point Pearce is always home. We all want to come home. ('Janet', Point Pearce)

Older members of the community have had to relocate to rural towns on the Yorke Peninsula to access health, aged or disability care services. Discussions with Housing SA confirmed that community members had relocated to houses in Kadina, Moonta, Maitland and other towns on the Yorke Peninsula for this reason. 'Troy' mentioned that while older or unwell people might live away from the community, they also wanted to 'come home to die'. There therefore needs to be accommodation for people for this purpose. 'Troy' said:

People need a place to come home to if they are going to die. No one wants to be lonely and die away from Point Pearce. They want to come home and they need to come home. There needs to be somewhere for them to stay and be peaceful.

Interviews for the Point Pearce case study revealed that the overwhelming majority of participants (19 of 20) were 'satisfied' or 'very satisfied' with their housing (see Table 26). Such satisfaction in part reflected their satisfaction with their housing, but also their attachment to Point Pearce as a place to live. People with disability noted that they had access to basic services within their homes, a situation we did not find at either Yalata or Geelong (see Table 27).

**Table 26: Level of satisfaction with housing of study participants, Point Pearce**

| Level of satisfaction | Very dissatisfied | Dissatisfied | Neither satisfied nor dissatisfied | Satisfied | Very satisfied |
|-----------------------|-------------------|--------------|------------------------------------|-----------|----------------|
| Number reporting      | -                 | -            | 1                                  | 2         | 17             |

**Table 27: Basic housing amenities, all housing types, Point Pearce**

|     | Have facilities to sleep comfortably | Have facilities to sit comfortably | Have facilities to be able to prepare meals | Have facilities to be able to wash and shower | Toilet is accessible |
|-----|--------------------------------------|------------------------------------|---|---|----------------------|
| Yes | 9                                    | 9                                  | 9   | 9   | 9                    |
| No  | 0                                    | 0                                  | 0   | 0   | 0                    |

Participants did not report concerns with 'overcrowding' as described in housing research. Half of the participants either lived alone or with one or two other people (see Table 28). Only one participant reported living with five other people.

**Table 28: Number of people occupying housing with study participant, Point Pearce**

| Additional people in dwelling | Reported frequency |
|-------------------------------|--------------------|
| Live alone                    | 6                  |
| One                           | 1                  |
| Two                           | 3                  |
| Three                         | 5                  |
| Four                          | 4                  |
| Five                          | 1                  |
| Six or more                   | 0                  |

### 5.4.3 Specific housing concerns

A number of specific housing concerns were raised in our discussions with participants. These fell under the themes:

- housing affordability
- consultation on upgrades to community housing and housing design
- accessibility.

#### **Housing affordability**

In 2012, the Point Pearce Council and Housing SA agreed on a community housing rental scheme. As part of this arrangement, rental amounts are set according to the number of bedrooms within a house. We found this arrangement was challenging for single people occupying housing, as the majority of housing stock comprises three-bedroom dwellings. Many of the single people interviewed spoke of financial difficulties because of rent setting arrangements. 'James', who occupies a house with multiple bedrooms, noted that he paid approximately 40 per cent of his income on rent and found life financially challenging:

Sometimes it breaks your pocket. You go without meals and other things if you want to do things ... I have an analogue TV, you know a big one. I want a plasma so I can watch TV. I don't have the cash. I don't have the money for anything. It kills ... It costs \$20 to go to Maitland, \$60 to go to Kadina to go shopping and you have to go there ... After they take the rent and all the other money out of my pay there isn't anything left. The rent isn't right ... No money for anything ... No chairs or things like that. Can't afford things like that. Nothing in my house. It kills.

Other community members who were living in three- and four-bedroom houses felt rental amounts should be calculated against the number of people living in the house rather than



the number of bedrooms. 'Tom' had lived in his three-bedroom house for a number of decades:

I pay [\$] rent because mine is a three-bedroom house. There is only me living here—the kids have moved to Adelaide. They [Housing SA] should just work out a rate for how many people live in the house.

The manner in which rents are calculated affects people with disability in particular, as they are frequently in receipt of fixed pensions or income support. Whether current rent setting practices in places like Point Pearce places them into rental stress is an area in need of further urgent investigation.

### **Recent upgrades to community housing**

Housing SA commenced upgrades of its housing stock in Point Pearce under the NPARIH in 2012. Discussion with Housing SA reveals that these upgrades have included: interior and exterior painting; replacement of bathrooms and kitchens; replacement of floor coverings; fencing; laying concrete paths and driveways; and some additional works as required.

Upgrades to the local housing stock were intended to bring housing up to a standard comparable with other South Australian public housing stock (Point Pearce Community Council member, personal communication, 1 December 2015). The works have not been without controversy and people interviewed raised concerns about the consultation processes, as well as the type of works being undertaken and the quality of workmanship and materials.

Some residents wanted more input into the management and maintenance of community housing overall and, in particular, their home. 'Nettie's' house was about to be renovated. She said:

I am not sure exactly what they are going to do with my house. I think they are going to do up the kitchen and the bathroom and put new lino down. I don't know what they are going to do. Someone should let me know.

People were also concerned about modifications which were only undertaken if the resident had a disability and requested them. 'Nettie's' house was yet to have modifications completed:

I would like to have new taps put in, those ones that are easy to turn off and on. I have arthritis in my arms and hands. I don't think they can put those in because it all has to be the same ...

An Elder ('Tom'), whose house had been upgraded, including the kitchen and bathrooms, noted:

They didn't ask me what I wanted done. They took out the rails in the bathroom that had been put in for [his deceased wife]. They probably should have left them in because I might need them soon and we have family visit who are older and it would be good to have them. They put new lino down in the kitchen. You can't clean it properly and it gets slippery when you spill something. They should talk to us more about what we want. I could have told them what I wanted.

### **Accessibility**

Participants also discussed the internal accessibility within their housing in terms of safety and emergency responses. 'Tom' recalled an incident where his wife was transported to hospital and was taken by stretcher from the house:

The ambos couldn't get up the hall and she shouldn't walk so there were a lot of calls and we had to wait while another ambulance had to come with a chair with wheels that fitted up the hallway.

'Nettie' mentioned a similar incident:

'Trish' [a relative] was in the lounge and had collapsed. The ambulance came but could not get the stretcher up to the front door because there was no path. Then they couldn't get the stretcher down the hall to where Trish was.

Issues with the internal accessibility of dwellings in Point Pearce bring to the fore the importance of housing design.

## **5.5 Preferred models of housing for people with disability: Point Pearce**

Participants were asked their thoughts on housing models for Aboriginal people with disability. Overwhelmingly, interviewees felt that people should be able to live independently, especially as they age. 'Margaret' captured the sentiments of many:

[People need] just a house. I suppose I have got that in my head because I don't want anyone looking after me. I have got to be able to get up and go and visit people and I don't want people telling me what to do. I want to be able to go and see people. We need to be able to talk and see each other ... People need to come to the house. They can come and take people shopping and take us to Kadina and Moonta ...

No one suggested supported accommodation, although there had been a supported accommodation facility previously in the community. Conversely, some community members were opposed to institutional settings. 'James', for example, commented:

The worst place to be is in a hospital or in a home. Put people in there and they feel like they are locked up. They need to be able to communicate and share our stories.

It was evident from discussions about preferred models of housing that housing must enable connection to country and community, as well as meeting functional, support, safety and affordability needs.

## **5.6 Summary**

The number of people in Point Pearce living with some form of health condition or disability is much higher than that recorded in the Census or other data. We found people accepted chronic disease, ill health and limited functioning as a norm rather than an exception.

Overwhelmingly, this research found that Point Pearce was the location where community members with disability wanted to live: it was important for people to be 'on country' (Yorke Peninsula) and to be 'home' (generally articulated as Point Pearce). Some participants, however, did not wish to live in Point Pearce due to family and community dysfunction, and lived nearby. Many of this group visited Point Pearce regularly.

Limited employment and educational opportunities in Point Pearce meant that people often had to move to Adelaide, returning during holiday periods. This caused the population to fluctuate. People also wanted others to be able 'to come home' and live permanently should they be incapacitated. Thus, housing in Point Pearce needs to meet the needs of permanent residents, and also needs to be 'visitable'.

While most of the community housing stock in Point Pearce consists of dwellings with three or more bedrooms, many residents live alone. We found that some residents had a steady stream of visitors, necessitating the multiple bedroom provision. However, others, particularly those with psychosocial disability, wished to live alone and had little need for

spare bedrooms. Rents for Housing SA properties were calculated against the number of bedrooms in a dwelling, regardless of the number of occupants in a house. This was reported as an affordability issue for residents forced to pay for unoccupied rooms. The lack of smaller dwellings removed the opportunity to reduce rental and living costs for smaller households.

Study participants did not want people with disability to be forced to move if their need for assistance with core activities increased. A number of people indicated that there needed to be greater support for people to remain living independently in their own homes. It was suggested that placing granny flats at the homes of family members would provide people with disability with greater dignity and independence than living in supported accommodation such as group housing, nursing homes and other institutional settings.

Recent upgrades intended to bring the housing up to a standard comparable with other public housing stock have become steeped in controversy. Participants expressed concerns about the lack of consultation with and input by the community, and were suspicious of the housing provider. Residents, including those with disabling impairments, wanted more input into and consultation on the management and maintenance of community housing—in particular, of their own homes.

People with disability were concerned about the safety and accessibility of their houses and discussed the need for a timely program for housing modifications. Some were concerned also about the physical design of their properties—many of the houses in Point Pearce are designed with narrow passageways, and modifications cannot address the issue of poor design.

It was apparent from the research that modifications to some houses in Point Pearce would assist a number of residents to live independently. People with disability and their carers appeared to lack knowledge of the types of modifications available and the process necessary to effect the changes. They also appeared to lack knowledge of adaptive technologies and other aids.

## 6 CASE STUDY: GEELONG

### 6.1 Introduction

Geelong is located within the Kulin Nation<sup>23</sup> in Victoria, 72 kilometres south-west of Melbourne. The City of Greater Geelong is the second largest city in Victoria in terms of population, covers a total area of some 1,247 square kilometres, and includes some 60 suburbs (Vaughan 2014: 9). The Greater Geelong area is classified as a low growth inner regional area (Biddle and Markham 2013). It is located within the Barwon South West region of Victoria, which includes the neighbouring municipalities of Colac Otway Shire, Surf Coast Shire and the Borough of Queenscliffe.

At the time of the 2011 ABS Census, the City of Greater Geelong had a population of 210,876 people (ABS 2012b), with around 65 per cent of residents living in the Geelong urban area (Vaughan 2014: 9). Some 1,787 Indigenous residents were enumerated within the population, accounting for 0.8 per cent of the total population. Notably, between 2006 and 2011 the number of Indigenous people living in the City of Greater Geelong increased by 357 persons (25%).<sup>24</sup>

In contrast to the age profile of the total population, the age structure of the Indigenous population of Geelong is characterised by a steady decline in population as the population ages. Only 3 per cent of the Indigenous population is aged 65 years and over (60 individuals), compared with 16.8 per cent of the total population (ABS 2012b). As with the Indigenous populations in Yalata and Point Pearce, and reflecting national trends, a significant proportion of the Indigenous population is in the younger age cohorts: in Geelong almost two in five Indigenous people are aged 0–14 (38%) and nearly one in every five is aged 15–24 (ABS 2012b).

#### 6.1.1 Health and disability

As with the two other case study locations, there is a paucity of information regarding the prevalence and types of disability within the Indigenous population in the Greater Geelong region. Data from the 2011 Census provides some baseline information regarding core activity needs among this population (see Table 29). Barney's 2015 study of a cohort of 133 Indigenous community members with disability in the Barwon region found that psychosocial and physical disabilities were the most frequently reported types of disability region-wide (see Figure 9).

---

<sup>23</sup> The original inhabitants of Greater Geelong are the Wathaurong people (alternative spelling Wadawurrung, Watha Wurrung, Wadha Wurrung, Wadouro, Wathwurrung). There is little recorded European documentation of the history of the Wathaurong due to the processes of colonisation (The University of Melbourne 2003).

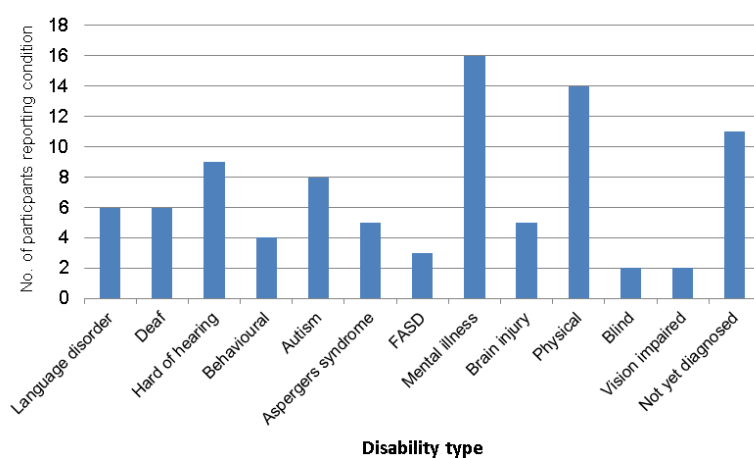
<sup>24</sup> The increase may be partly attributed to an increase in the number of people self-identifying as being of Indigenous descent. See ABS (2013b) for further explanation of this topic.

**Table 29: Core activity need for assistance by age and sex, City of Greater Geelong, 2011**

|                   | Has need for assistance | Does not need assistance | Not stated | Total |
|-------------------|-------------------------|--------------------------|------------|-------|
| <i>Males</i>      |                         |                          |            |       |
| 0–4 years         | 0                       | 96                       | 8          | 104   |
| 5–14 years        | 16                      | 206                      | 3          | 225   |
| 15–19 years       | 6                       | 95                       | 4          | 105   |
| 20–24 years       | 3                       | 59                       | 11         | 73    |
| 25–34 years       | 8                       | 83                       | 21         | 112   |
| 35–44 years       | 5                       | 62                       | 17         | 84    |
| 45–54 years       | 5                       | 58                       | 12         | 75    |
| 55–64 years       | 6                       | 49                       | 5          | 60    |
| 65 years and over | 4                       | 19                       | 3          | 26    |
| Total             | 53                      | 727                      | 84         | 864   |
| <i>Females</i>    |                         |                          |            |       |
| 0–4 years         | 0                       | 88                       | 10         | 98    |
| 5–14 years        | 10                      | 235                      | 5          | 250   |
| 15–19 years       | 3                       | 87                       | 0          | 90    |
| 20–24 years       | 6                       | 57                       | 5          | 68    |
| 25–34 years       | 3                       | 120                      | 0          | 123   |
| 35–44 years       | 4                       | 103                      | 0          | 107   |
| 45–54 years       | 9                       | 77                       | 4          | 90    |
| 55–64 years       | 4                       | 53                       | 7          | 64    |
| 65 years and over | 7                       | 25                       | 3          | 35    |
| Total             | 46                      | 845                      | 34         | 925   |

Source: ABS (2012b).

**Figure 9: Disability types reported by Indigenous people, Barwon South West Region, Victoria, 2015**



Notes: FASD = Foetal Alcohol Spectrum Disorders. The American Psychiatric Association's current *Diagnostic and Statistical Manual of Mental Disorders (DSM-5)* (2013) no longer includes a separate diagnostic category for Aspergers syndrome, with the syndrome now considered under the umbrella term 'autism spectrum disorder'.

Source: Barney (2015: 8).

## 6.2 Housing and community infrastructure in Geelong

As a large regional city, all housing tenure options are available within the City of Greater Geelong for Indigenous people with disability. Options to live within a shared supported accommodation facility and disability- and age-specific independent living units are available, with these accommodation options operated by a number of non-government organisations (NGOs). In-home and out-of-home respite services for people with disability and their carers can also be sourced in many instances. Study participants in Geelong lived in public housing, private rental properties or owned their own home. None had taken up other accommodation options of the types mentioned above.

### 6.2.1 Public housing

The Victorian DHHS is responsible for the supply and maintenance of public housing and some other types of housing support in Victoria. The DHHS administers:

... long-term housing assistance in the form of public or community housing, private rental assistance and home ownership and renovation assistance. The Department also funds crisis and emergency accommodation for those at risk of or experiencing homelessness. (DHHS 2015: 7)

A wide range of public housing stock options are provided across the region, including: separate houses; semi-detached houses; medium-density housing; low-rise flats; and public housing 'movable units' (DHS 2015).<sup>25</sup>

The DHHS also provides public housing for people on low incomes and individualised supports to enable people with disability to live in the community (DHHS 2015: 35). Additionally, the DHHS works with a number of NGOs to develop community housing for people on low incomes or with special needs including, in many cases, disability-related need. The NGOs are registered and regulated by the Victorian State Government. Aboriginal Housing Victoria is one organisation meeting the housing needs of Indigenous people across Victoria. Across the Barwon region the organisation manages 146 houses (Aboriginal Housing Victoria 2015a: 14).

The Wathaurong Aboriginal Cooperative also owns 21 properties in the Geelong region, including, 11 three-bedroom houses, two four-bedroom houses, one five-bedroom house, four one-bedroom units and two two-bedroom units, with one property demolished in 2014. Nineteen were leased at the time of this research (Wathaurong Aboriginal Cooperative 2014: 8).

### 6.2.2 Community infrastructure

The City of Greater Geelong is responsible for a broad range of community services and infrastructure such as footpaths, street guttering, nature strips, street furniture, lighting, signage and roads. A well maintained road and public transport network (bus and regional rail) provides access to health, education and recreational facilities and the central business district. A fault reporting mechanism exists to record and remedy non-functioning infrastructure. All residents, including the Aboriginal community, have access to centralised water, energy and waste disposal systems within the urban periphery. The City of Geelong also has a sophisticated telecommunications network with both telephone and television services available to individual households.

---

<sup>25</sup> Movable units are self-contained units that are intended to be set up on the property of a friend or relative. This model of housing was devised to enable older people and people with a disability or need for support to live independently (DHS 2015).

## 6.3 Assessments of housing

Seven houses were visited and assessed in Greater Geelong. The properties were across all tenure types, including Aboriginal housing and properties available through the mainstream housing market. Assessments of housing were made in accordance with the criteria developed for the research.

### 6.3.1 *House one*

House one (privately owned home) was a three-bedroom dwelling with a combined lounge and dining room and a separate kitchen area. The internal living area measured approximately 130 square metres. The house was located on a separate block with the frontage facing a sealed street. The front path and driveway were not paved.

The house was brick veneer construction with a concrete driveway sloped up to the dwelling from the road, terminating under a sheltered carport adjacent to the front entrance. A raised deck/platform had been constructed at the entrance to allow access to the house for the resident, who was reliant on an electric wheelchair. The entrance platform was accessed by a straight ramp with a rubberised grip floor finish and steel railing. The entrance platform was tiled to allow for manoeuvrability of a wheelchair. The platform could also be accessed from the carport area through two risers, which had handrails installed on either end.

The central passage in the dwelling was 2.5-metres wide and led into a large kitchen at the rear. Flooring was level and the kitchen cabinets had been modified for the user. The doors to the kitchen and dining and living areas had been removed to allow for easier access throughout all the public areas of the house.

The home had been renovated to incorporate the separate toilet and wash areas into a large single room. The toilet was accessible through a widened flush doorway (1,200mm wide). A hand-held shower, lever taps, grab rails in both the shower and toilet, and a lowered vanity unit had been fitted.

The main bedroom in the unit had sufficient storage for disability aids and adequately accommodated the resident's electronically assisted bed. The house was fitted with sensor lights and other gadgets to aid the resident.

Modifications to the property suited the needs of the resident. The modifications had been researched and sourced by the resident and her family, who appeared well informed about housing modifications and technologies.

### 6.3.2 *House two*

House two (private rental) was a two-bedroom brick veneer unit occupied by a wheelchair user. The unit comprised a combined lounge, dining and kitchen area, with separate bathroom, toilet and laundry. The unit was located within a single-storey development of 10 attached units facing a common driveway. House two was the unit furthest from the road, with internal living space amounting to approximately 75 square metres.

A number of accessibility modifications had been made to the unit. These included changes to front door access (now via a raised wooden deck, but also accessible from the carport via three wooden steps). Another modification involved the construction of a ramp from the rear of the carport to the front door. While the ramp allowed wheelchair access to the house, there was a limited turning circle and gaps in the timber deck hampered usability. Both the steps and the ramp had a timber railing for user support. The rear of the property was also fitted with a timber ramp, with an overall rise of 1 metre. However, because of the limited turning circle, we were informed this ramp is not used, and the resident manoeuvres their wheelchair around the carport to access the rear yard.

Floor coverings in the unit allowed easy access, with strips installed where floor coverings changed. The bathroom had grab rails fitted in the shower and adjacent to the toilet. The kitchen had standard 900-millimetre high fittings with overhead cupboards. The latter could not be accessed by the resident. Ceiling mounted hoists had been installed in the living/dining room, in the bedroom and over the bath. The hoists were raised as a concern by the carer, who informed us that the ceiling suspension brackets were aged and did not meet current standards.

### *6.3.3 House three*

House three (public housing) was a three-bedroom brick veneer detached house with an open-plan lounge, dining and kitchen area, and separate bathroom. The internal living areas totalled approximately 150 square metres and the property was occupied by two residents, one of whom used a wheelchair.

There were a number of concrete paths in the garden to enable wheelchair accessibility. The residents noted that they were able to enter and leave the house with relative ease. The front entrance had an outward-opening security door, while the side entrance was fitted with a sliding security door.

The interior of this house was in a considerable state of disrepair. Floor coverings had not been fitted to most rooms and the floor was bare concrete. The kitchen and passage had some fragments of former vinyl floor covering. There was also some unserviceable carpet on the floor in one bedroom and the bathroom had a vinyl floor covering. The varying floor surface and material were not conducive to accessibility needs.

A renovation of the kitchen had been attempted at some stage. A 750-millimetre high stainless steel bench, cupboards and an electric stove had been partially installed. A hand-held shower, grab rails for the shower and toilet, lever taps, raised seating for the toilet, and a fixed shower chair had been installed in the bathroom. Some work had been completed around the installation of a wider accessible sliding door into the bathroom and toilet.

The reasons behind the incomplete renovation of the house were unclear. The residents reported that the contractor simply stopped turning up after a while (they assumed after the contractor received payment). It appeared that the kitchen renovation to allow wheelchair access had commenced and work had then ceased abruptly, leaving the residents to live in a building site. Building debris and supplies clogged spaces and blocked access to every room. The entire living area and part of the passage were being used for storage and were inaccessible, thus denying emergency egress to/for the residents. When we spoke with the residents, their frustration at this situation was evident. They appeared unable to resolve the situation. They were not hopeful about getting the requisite assistance to complete the works and were very dissatisfied and unhappy regarding the state of their home.

### *6.3.4 House four*

House four (public housing) was a timber frame, three-bedroom detached house with a separate lounge, dining/kitchen area and bathroom. The toilet and laundry were located at the rear of the property and accessed via three steps. Pedestrian access to the house was via a concrete path to the front entrance, where there were three steps, each with a 50-millimetre riser. Vehicular access was via an unpaved driveway. The internal living areas amounted to approximately 95 square metres.

Floor coverings in the house varied: carpet was fitted in the kitchen/dining, living room and bedrooms, with vinyl laid in the wet areas. The kitchen was fitted with 900-millimetre high cupboards, bench and stove. A number of modifications had been made to increase accessibility. These included handrails at the front and rear entrances, and grab rails in the toilet and shower.



The single resident was elderly, mobility impaired and reliant on a walking frame. She had lived in the house for over 30 years and few renovations had been done during that period. The resident was unable to leave the house, as she could not negotiate the stairs at the front or rear entrances. She was deeply concerned for her safety in the case of an emergency.

Access to the laundry and toilet was also a concern. The passage to these rooms had been fitted with handrails and the elderly resident manoeuvred a precarious route along these to access the toilet. She was unable to easily manoeuvre her walking frame once in the 4 square metres bathroom. Floor coverings had peeled back, floors had bowed and there were many trip hazards. We were also told that the house was draughty and cold in winter. In an effort to keep the house warm in winter, the resident had put rugs on all the floors and in the process created numerous trip hazards. All of the internal doors had sagged and opened inwards, reducing the usable and accessible floor space in each room. The resident was unable to operate the taps in the bathroom and kitchen with ease. In short, this house was desperately in need of renovation, but as a frail older person the resident was unclear of the procedure to request the necessary modifications.

### *6.3.5 House five*

House five (public housing) was a 50 square metres one-bedroom unit with an open-plan lounge, dining and kitchen area, and a separate bathroom, toilet and laundry. The unit was within a single-storey development of four facing a common driveway. It was located in the middle of the complex.

Carpet was fitted in the living room and bedrooms, and tiling laid in the kitchen and bathroom. The kitchen was fitted with 900-millimetre high cupboard units, benches and freestanding stove. No accessibility modifications had been made.

The resident found the limited living space a major problem and there were issues regarding accessibility. Both the front and rear entrances had 50-millimetre steps and a 100-millimetre tiled threshold into the shower cubicle presented a trip hazard.

### *6.3.6 House six*

House six (public housing) was a two-bedroom brick veneer unit with an open-plan lounge, dining and kitchen area, and separate bathroom, laundry and toilet. The unit was located in the middle of a block of six single-storey units. The total internal living area was approximately 80 square metres.

Floor coverings in the house varied, with carpet in the living and bedroom areas, tiles in the wet areas and vinyl in the kitchen. The kitchen was fitted with standard 900-millimetre high cupboards and an electric stove.

Access to the front entrance of the unit was determined to be reasonable during the site visit, with a concrete driveway leading up to each of the units. However, at each entrance to house six there was a 100-millimetre step. Only the rear entrance had a handrail installed. Inside the unit there was a slight change in level between the bathroom and other rooms. No handrails or grab rails were fitted in the bathroom, and access to the bathroom was blocked by a clothes drier placed in the house to allow the resident a useable method to dry her clothes. A grab rail had been installed in the toilet.

The resident was an elderly person with mobility impairments and complex chronic health issues. We were informed that her recent release from hospital was delayed for several weeks as basic housing modifications requested and required had not been actioned. The process was hampered by bureaucracy and, in the end, no housing modifications were made—rather, the elderly woman was simply provided with a range of mobility aids. It was

apparent from this site visit that the design and features of the house did not match the needs of the resident.

#### 6.3.7 *House seven*

House seven (public housing) was a one-bedroom, brick veneer unit of approximately 45 square metres with tiled roof. It was designed with an open-plan lounge, dining and kitchen area, and separate bathroom/toilet and laundry. The residence was the rear unit of a complex of four, with the front of the complex facing a sealed street. A concrete path led to the unit from the street. The resident had limited mobility in both legs.

The dwelling had carpet fitted in the living and bedroom areas, with tiles laid in the bathroom and toilet, and vinyl floor coverings in the kitchen and laundry. The kitchen was fitted with 900-millimetre high fixed cupboard units with laminate bench top, freestanding electric stove and a ceiling-mounted exhaust fan. Pedestrian access to the unit was via a narrow 500-millimetre wide concrete path leading up to the front entrance, which had one riser, with a handrail adjacent to the door. There was another 30-millimetre threshold at the door frame to enter the unit. The rear entrance had two steps leading to a narrow shared space used for drying clothes. The resident had blocked the rear entrance to gain more internal space, leaving only one emergency egress.

The resident had lived in the unit for nine years. He had made a number of behavioural changes and choices to be able to live independently in the unit. Due to mobility issues, the resident was unable to use the kitchen benches and had resorted to using the dining table instead. A hand-held shower and handrails were installed in the shower. Aids, including a toilet raiser and shower seat, were also present in the bathroom. Discussions with the resident revealed that inadequate kitchen lighting and no smoke detector in the living area were matters of concern, as was the small living space for someone with limited mobility.

#### 6.3.8 *Community infrastructure*

The scope of this report does not allow a comprehensive review of community infrastructure within the entire region of the City of Greater Geelong. However, it should be noted that Aboriginal residents have access to both mainstream and Aboriginal specific services. Access to, and development of, community services and (some) infrastructure for Aboriginal people in the community generally is supported by the City of Greater Geelong through actions under the *Karreenga Aboriginal Action Plan* (City of Greater Geelong 2014) and the ongoing activities of the Wathaurong Aboriginal Cooperative. The Wathaurong Aboriginal Cooperative is a key agency within the community. Its website states that it aims to provide:

... members and Aboriginal families living or in transit in the service delivery area of Wathaurong's traditional boundaries with assistance, an increased and improved access to a range of culturally appropriate health, housing, education, employment and cultural services ....

The City of Geelong promotes the development of community infrastructure that facilitates access by people with disability and encourages developers to take an integrated approach to designing new infrastructure which adheres to Disability Standards for Accessible Public Transport 2002 (Cwlth) and the Disability (Access to Premises—Buildings) Standards 2010 (City of Greater Geelong 2010). The infrastructure guidelines developed by the City of Greater Geelong are innovative and produce a solid framework for the development of an inclusive community.

Our interviews with Aboriginal people with disability found that they were generally happy with the community infrastructure available to them and noted no specific cause for concern. People were able to easily access services and transport networks.

### 6.3.9 Analysis and summary of housing assessments

The houses visited in Geelong were generally compliant with the NCC (see Table 30), with six of the seven houses assessed allowing for barrier-free navigation of internal spaces. Similar levels of compliance with the NCC were not recorded for accessible shower and toilet facilities, however, with none of the houses providing a fully accessible wet area and only three providing the basic hardware requirement of a lever tap. While not all switches and power outlets were located with strict adherence to the accessibility guidelines, the general distribution was observed to allow for relatively easy access for a wheelchair user.

As the housing stock in Geelong was generally much older than that in Yalata and Point Pearce, the dwellings did not meet recommendations and standards around appropriate hardware such as door handles. Only one of the seven houses had door handles appropriate for disabled access.

**Table 30: Compliance with NCC recommendations of houses visited, Greater Geelong**

| Item   | House 1 | House 2 | House 3 | House 4 | House 5 | House 6 | House 7 |
|--|---------|---------|---------|---------|---------|---------|---------|
| Accessible internal pathway <sup>2,3,4</sup>       | Y       | Y       | Y       | N       | Y       | Y       | Y       |
| One accessible shower, WC & basin <sup>1,2,4</sup> | N       | N       | N       | N       | N       | N       | N       |
| Switches and outlets <sup>1,3,4</sup>              | NFC     | N       | NFC     | NFC     | NFC     | NFC     | U       |
| Door handles <sup>4</sup>                          | N       | N       | Y       | N       | N       | N       | N       |
| Lever taps <sup>4</sup>                            | Y       | N       | Y       | Y       | N       | N       | N       |
| Accessible WC type                                 | N       | N       | U       | N       | N       | N       | N       |

Notes: Y = yes; N = no; NFC = not fully compliant; U = uncertain (not able to be ascertained through the fieldwork). WC = water closet/toilet. The term WC is used here in reference to the toilet fixture, as per common design terminology and to avoid confusion with 'toilet' referring to the room that the WC or toilet fixture is located within.

<sup>1</sup> Also stipulated in the NIHG (Healthabitat 2015). <sup>2</sup> Also stipulated in the Livable housing design guidelines (Livable Housing Australia 2012). <sup>3</sup> Also stipulated by The Arc (2015). <sup>4</sup> Also stipulated in (Healthabitat 2013a).

The Geelong houses were relatively good with respect to NIHG recommendations (see Table 31) in providing external access to facilities, with all houses providing a paved pathway to the entrance and all but one providing appropriate access to a car park. When considering access into dwellings from the front entry, the houses did not fare well, with only three properties having a step-free entrance to the house. There was a similar gap in provision in respect to access to an outdoor clothes drying facility. Only one house provided barrier-free access to the drying facilities, while the access pathway in another house was only partially complete, and in the other houses was absent.

It was clear from our site visits in Geelong that many of the challenges related to accessibility were a function of the age and design of the dwellings. This accounted for inadequate doorway width and inadequate space for wheelchair circulation in the laundry and kitchen in all but two of the houses.

The Geelong houses performed poorly with regard to the other accessibility requirements (see Table 32) in terms of the presence of kitchen hardware, with only one property providing wheelchair-accessible benches and food storage. The provision of hardware in bathrooms was only slightly better, with three of the seven houses providing grab rails in showers and toilets, or hand-held shower facilities.

**Table 31: Compliance with NIHG recommendations of houses visited, Greater Geelong**

| Item   | House 1 | House 2 | House 3 | House 4 | House 5 | House 6 | House 7 |
|--|---------|---------|---------|---------|---------|---------|---------|
| Access to car park <sup>1</sup>                        | Y       | Y       | Y       | N       | Y       | Y       | Y       |
| Paved path to entrance                                 | Y       | Y       | Y       | Y       | Y       | Y       | Y       |
| Step-free entrance                                     | Y       | Y       | Y       | N       | N       | N       | N       |
| Wide doorways  | N       | N       | N       | N       | N       | N       | N       |
| Wheelchair circulation, laundry & kitchen <sup>2</sup> | N       | N       | Y       | N       | N       | NFC     | N       |
| Access to clothes drying <sup>2</sup>                  | U       | N       | Y       | N       | NFC     | N       | N       |

Notes: Y = yes; N = no; NFC = not fully compliant; U = uncertain (not able to be ascertained through the fieldwork).

<sup>1</sup> Also stipulated in the *Livable housing design guidelines* (Livable Housing Australia 2012). <sup>2</sup> Also stipulated in *Housing for health* (Healthabitat 2013a).

**Table 32: Compliance with other guidelines and recommendations, Greater Geelong**

| Item   | House 1 | House 2 | House 3 | House 4 | House 5 | House 6 | House 7 |
|--|---------|---------|---------|---------|---------|---------|---------|
| Step-free shower <sup>2,3,4</sup>                | Y       | N       | Y       | N       | N       | N       | N       |
| Stair with grab rail <sup>2</sup>                | Y       | NFC     | NA      | Y       | NA      | N       | Y       |
| Ramp access <sup>3</sup>                         | Y       | NFC     | NA      | N       | NA      | N       | N       |
| Grab rails in shower & toilet <sup>3</sup>       | Y       | N       | Y       | Y       | N       | N       | N       |
| Lower kitchen benches <sup>3,4</sup>             | N       | N       | Y       | N       | N       | N       | N       |
| Roll-under stoves, benches, sinks <sup>3,4</sup> | N       | N       | U       | N       | N       | N       | N       |
| Yard and edge access <sup>4</sup>                | N       | N       | N       | N       | Y       | N       | N       |
| Quality of health hardware <sup>4</sup>          | U       | U       | U       | U       | U       | U       | U       |
| Food storage access <sup>4</sup>                 | N       | N       | ?       | NFC     | N       | N       | NFC     |
| Auto-hush smoke alarm <sup>4</sup>               | U       | U       | U       | U       | U       | U       | U       |
| Hand-held shower                                 | Y       | N       | Y       | N       | N       | N       | Y       |

Notes: Y = yes; N = no; NFC = not fully compliant; NA = not applicable; U = uncertain (not able to be ascertained through the fieldwork).

<sup>1</sup> Independent living unit. <sup>2</sup> Recommendation specified in *Livable housing design guidelines* (Livable Housing Australia 2012). <sup>3</sup> Recommendation specified in The Arc (2015). <sup>4</sup> Recommendation specified in Healthabitat (2013a). <sup>5</sup> Recommendation specified in SA 78A Minister's Specification (Government of South Australia 2009).

<sup>6</sup> Recommendation specified in Walls and Bridge (2011).

Of particular concern in the Geelong assessments was the lack of accessible showers in five houses. In addition, grab rails in the shower or toilet were only present in three properties. The lack of facilities to enable access to spaces around dwellings was also of concern.

The Geelong houses presented significant deficiencies in terms of access-related recommendations and standards, with this causing particular challenges for people with mobility-related disability. The age of the housing stock was clearly a major factor, raising concerns about the efficiency and effectiveness of modifications—where residents were

aware of and able to procure these—and strategies in place to ensure liveable housing for frail, aged and disabled members of the Victorian Aboriginal community.

## 6.4 Lived experiences of housing and community infrastructure in Greater Geelong

As with the other case study locations, key stakeholders in the housing, disability, social services and Aboriginal-specific services sectors in Geelong, along with Indigenous people with disability and people caring for an Indigenous person with disability, were interviewed to understand lived experiences of housing and community infrastructure in the region. Thirteen interviews were conducted in the Greater Geelong region: 10 with Aboriginal people with disability and three with carers of an Aboriginal person with disability (see Table 33). Two of the individuals with disability were homeless (as documented from discussions with workers), giving voice to an important issue locally. People with disability were interviewed in community facilities that were mutually convenient for the participant and researchers. Interviews were guided by the semi-structured interview scheduled. Participants in the research were identified by local services, who assessed their suitability for the project based on the services' interactions with the individuals.

**Table 33: Age and sex of study participants, Geelong**

|  | Female | Male | Total |
|--|--------|------|-------|
| <i>Aboriginal people with disability</i>           |        |      |       |
| 18–24 years  | 0      | 0    | 0     |
| 25–34 years  | 1      | 0    | 1     |
| 35–54 years  | 1      | 3    | 5     |
| 55–74 years  | 3      | 2    | 6     |
| 75 years and over                                  | 0      | 0    | 0     |
| Total  | 5      | 5    | 10    |
| <i>Carers of Aboriginal people with disability</i> |        |      |       |
| 18–24 years  | 0      | 0    | 0     |
| 25–34 years  | 0      | 0    | 0     |
| 35–54 years  | 3      | 0    | 3     |
| 55–74 years  | 0      | 0    | 0     |
| 75 years and over                                  | 0      | 0    | 0     |
| Total  | 3      | 0    | 3     |

A number of the participants in the Geelong case study reported the presence of multiple disabling impairments (see Table 34) and health conditions (see Table 35). Mirroring the findings of Barney's 2015 study of disability among Indigenous people, mentioned earlier, physical and psychosocial disability were the most common conditions indicated.

**Table 34: Impairment types reported by study participants, Greater Geelong**

| <b>Impairment reported</b> | <b>Number of participants reporting condition</b> |
|----------------------------|---|
| Acquired brain injury      | 1   |
| Developmental delay        | 0   |
| Intellectual disability    | 2   |
| Physical disability        | 7   |
| Psychosocial disability    | 5   |
| Blindness                  | 1   |
| Other                      | 0   |
| Unknown                    | 0   |

Notes: Type of impairment classified as described by participant and/or service provider. Multiple responses allowed.

**Table 35: Other health conditions reported by study participants, Greater Geelong**

| <b>Health condition reported</b> | <b>Number of participants reporting condition</b> |
|----------------------------------|---|
| Heart disease                    | 1   |
| Diabetes                         | 2   |
| Liver disease                    | 0   |
| Respiratory disease              | 1   |
| Cerebrovascular diseases         | 2   |
| Cancer                           | 4   |
| Other                            | 1   |

Notes: Other health conditions classified as described by participant and/or service provider. Multiple responses allowed.

Unlike participants in the Yalata and Point Pearce case studies, and reflecting the more urbanised and larger catchment area covered here, participants in the Greater Geelong study lived in a range of housing tenures. Of the 13 participants, most (10) were renters: eight rented in public housing and two lived in private rental accommodation. Two further participants were homeless, and the remaining participant owned their own home.

Reflecting the age of participants and the vehicle for their recruitment into the research, most participants in Geelong lived alone or with one other person (see Table 36).

**Table 36: Number of people occupying housing with study participant, Greater Geelong**

| <b>Additional people in dwelling</b> | <b>Reported frequency</b> |
|--------------------------------------|---------------------------|
| Live alone                           | 5                         |
| One                                  | 6                         |
| Two                                  | 2                         |

Participants in Geelong expressed mixed responses in terms of residential satisfaction (see Table 37). The underlying causes for this are drawn out in the remainder of this section, centred on the themes of:

- basic amenities
- home modifications
- type and timeliness and maintenance of public housing
- choice of housing
- safety and affordability.

**Table 37: Level of satisfaction with housing of study participants, Geelong**

| Level of satisfaction | Very dissatisfied | Dissatisfied | Neither satisfied nor dissatisfied | Satisfied | Very satisfied |
|-----------------------|-------------------|--------------|------------------------------------|-----------|----------------|
| Number reporting      | 3                 | 1            | 3                                  | 3         | 3              |

Before moving to the thematic discussion around lived experiences of housing, it is pertinent to note that, in contrast to the Yalata and Point Pearce case studies, intra-state mobility was not a common theme arising from discussions with the Geelong case study participants. Only one interviewee reporting needing to go to Melbourne to access (health) services and this was an irregular occurrence. The remaining participants noted that they were able to access the required services locally.

Additionally, Geelong is home to a diverse Indigenous community. Attachment and sense of belonging varies greatly according to cultural affinities, family and kin connections and experiences. Unlike Point Pearce and Yalata, few people we spoke with stated that Geelong was the ‘only’ place they could live. Many residents said it was a preferable location as their family and social networks were nearby, or because they had lived their whole lives in the region.

#### 6.4.1 Basic amenities

Most participants (11) had access to basic facilities or amenities in their homes (see Table 38). That said, one person’s ability to access basic facilities was compromised by the nature of their disabling impairment and, specifically, their as yet unmet need for home modifications. Two other people had few or no amenities, as they were homeless. Another person was unable to use the kitchen in their privately owned house as modifications had not been completed to meet their needs (discussed later).

**Table 38: Basic housing amenities, all housing types, Greater Geelong**

|     | Have facilities to sleep comfortably | Have facilities to sit comfortably | Have facilities to be able to prepare meals | Have facilities to be able to wash and shower | Toilet is accessible |
|-----|--------------------------------------|------------------------------------|---|---|----------------------|
| Yes | 10                                   | 10                                 | 9   | 10  | 9                    |
| No  | 3                                    | 3                                  | 4   | 3   | 3                    |

#### 6.4.2 Housing repairs and maintenance

Repairs and maintenance was an area raised by many participants (seven) as impacting strongly on their lived experiences of disability and housing. All were public housing tenants. The lack of timely repairs and maintenance to homes negated people’s capacity to live independently. Home and Community Care (HACC) workers discussed the situation of one woman in some detail:

‘Rosalie’ has lived in the same house for 30 years. It is one of the original houses and hasn’t had any renovations ... [It’s in] original condition with a toilet out the back. She has a vascular dementia and is 77. We don’t want to move her and she doesn’t

want to move. They [Victorian Department of Human Services] don't seem to understand the importance of home to our people. 'Rosalie' will deteriorate very fast if she is moved and she doesn't want to move. Every time we attempt to discuss modifying and renovating her house, they [DHS] just say that they will wait until she is relocated into supported accommodation or is offered a place in [a retirement village].

The taps don't work and drip. We found 'Rosalie' was using a hammer trying to bang the taps to stop them dripping. She said 'I've got to pay for the water'. She had been using a hammer to bang them off and on. We reported it to the Office of Housing but they didn't do any maintenance. We kept reporting and every time I rang they [said they] couldn't locate the applications or something else. I eventually got an OT [occupational therapist] and they were finally fixed but it took a year.

The hot water service had rusted and the water coming out of the taps was discoloured and unclean. We contacted them [DHS] and they said that they couldn't replace the hot water service because it was still working. We kept contacting them and they wouldn't budge. They expected her to live with dirty water. Eventually they agreed to replace the hot water system when the hospital wrote a letter refusing to release her. Rosalie had to be kept in hospital while the hot water service was replaced ... It was needless.

The lack of timeliness in the completion of essential repairs and maintenance in public housing was a common theme. One tenant, 'Terry', said:

It is difficult to get them [Victorian Department of Human Services] to do anything. I rang and rang about a leaking tap. No one ever came to fix it. Eventually I got my brother to have a look. I've been waiting for new carpet for five years. That is pretty simple. Nothing flash. It hasn't happened.

Enacting repairs and maintenance for Indigenous people with disability living in public housing in Geelong appears problematic. The failure to conduct repairs and maintenance results in housing conditions that are detrimental to the health and quality of life of some residents.

People in the private rental market, on the other hand, appeared more satisfied about the condition and maintenance of their homes. Two of the people interviewed had been living in separate privately rented houses for extended periods: 'Richard' for nine years; 'Linda' for eight. Both were happy with the quality of service and house maintenance they received. 'Richard' said:

The landlord won't do anything special but he fixes most things. I just give him a ring and they come and fix it.

'Linda', however, found inspections of her private rental an intrusion of privacy and felt she 'need[ed] to keep the house looking neat in case they [the landlord or agent] come'. She was, however, satisfied that she had a reasonable relationship with her agent, and the inspections gave her an opportunity to facilitate repairs and maintenance:

She [the real estate agent] comes and does the inspection every three months ... We ask her then if anything needs fixing. They get most things done pretty quickly.

### *6.4.3 Housing choice*

As noted in the beginning of this report and in the Positioning Paper (Grant, Zillante et al. 2016), strong and bi-directional links exist between housing and health. Having some level of personal agency in terms of housing options and location is critical in this relationship. Stakeholders in Geelong repeatedly emphasised the shortage of affordable housing in the region and the inability of their clients to access housing in the first instance (Stakeholder



meetings, December 2014 and December 2015). Interviewees noted that it was difficult to get a transfer to more appropriate public housing, and not being able to do this was seen as detrimental to the health of some people with disability, especially where the housing no longer met their disability-related physical or emotional needs (Stakeholder meeting, December 2015). An HACC worker noted:

‘Suzanne’ is living in a three-bedroom house and having a lot of trauma issues [related to a traumatic incident in her immediate neighbourhood]. She already has mental health issues and is reminded every day of the trauma. ... she just wants to transfer to another house so she is not continually reminded. She just can’t get a transfer. It is difficult ... it is impossible to get urgency placed on housing.

#### *6.4.4 Home modifications*

Home modifications was a topic of considerable interest during fieldwork discussions in Geelong. Both stakeholders and people with disability who were renting—either publicly or privately—noted difficulty in understanding the types of modifications available and needed, as well as lines of responsibility around organising them. Some interviewees felt that the reliance on the client, their carer or a tenant to request modifications was problematic and required a level of system knowledge some people did not possess. Through the course of this research, we uncovered a number of cases where carers or people with disability found the home modifications process onerous and frustrating, and where landlords did not complete essential modifications in a timely manner or to the satisfaction of residents.

The case of ‘Rosalie’ was illustrative. ‘Rosalie’ was effectively trapped in her home, as ramps had not been installed at the front or rear entrances. An HACC worker noted:

The only time ‘Rosalie’ leaves the house is when she gets picked up for planned activities three times a month or when one of her sons goes and takes her out, which is not very often. She would love to go outside but is too scared. There are stairs at the back and three steps at the front and she is in a four-wheeled frame. She is effectively trapped inside.

‘Tanya’, who had a degenerative condition and was reliant on a wheelchair, was frustrated at the time it had taken to get modifications completed:

I have a ramp at the front of the house and I had to wait nearly a year for that to be put in. I am still waiting for a ramp for the back. By the time they put [in] these things I need to let me live alone, I will be worn out and be living somewhere else.

Similarly, ‘Bronnie’, a carer for a disabled daughter, was very unhappy with the amount of time it had taken to have essential aids installed:

It has been 20 years that I have been asking for modifications, with very little response. I need a ceiling hoist to get my daughter out of bed and we only have a portable one. It is difficult to move it around. We can’t get it into the bathroom. I have been asking and asking for them to put new equipment in—no response.

‘Phillip’ was living in a privately rented flat and had self-funded the installation of a ramp and grab rails in the bathroom. He explained the process:

I got money through [a not-for profit organisation] to pay for the ramp and the rails in the bathroom. The landlord was OK with that. As long as he doesn’t have to pay it is OK. I had to pay them back. It was expensive and it took a while to pay back. It was a struggle.

While it was financially challenging to pay for the modifications, ‘Phillip’ was pleased to be at least partially in control of the process:

The OT [occupational therapist] came out and had a look around and organised to have the rails and the ramps put in. I knew all along what was being done and was there when they did the work. They were going to put the rail in one place but I changed that.

‘Peter’, a carer for his sister ‘Debbie’, stated that the modifications done did not resolve intrinsic issues. He suggested that the initial design of houses needed to be considered more carefully:

We have an entrance ramp, and lino laid better and the doorways widened for the wheelchair but we still have problems. The hall isn’t wide enough and we can’t get in or around the wheelchair.

The quality and type of home modifications and the timeliness of their approval and completion were high priorities for a number of participants. Notably among the Geelong participants, all had some knowledge of the type of modifications which could improve their quality of life and enable them to live independently—a situation not shared by participants at the Yalata and Point Pearce case study locations.

#### *6.4.5 Safety*

The issue of safety was raised by six participants, with each discussing the availability of personal alert systems. Personal alert systems are available and used widely in the aged and disability sectors. They assist people to live independently by providing a mechanism for summoning help in an emergency. The systems typically rely on people wearing or carrying a personal alarm (generally in the form of a lanyard with a device with a push button mechanism), as well as having an alarm system incorporated in their telephone (again a push button), which when triggered connects wirelessly or directly to a monitoring station, alerting family members, emergency services or others.

Personal alerts were identified by participants as integral to them living safely in their home. However, only two participants had alarms installed, as the systems they had investigated in the past required a fixed telephone to function, which was beyond the financial means of many people in this study.

‘Richard’, who lived alone with a mobility-related disability, discussed this:

I don’t have an alarm system. It would be good to have one. I asked about getting one but you need a phone in the house. I can’t afford that ... I have a mobile and that is prepaid so I just have to rely on that ... I guess I will just lie there if I take a fall and wait for someone to find me.

Linda, who lived with a physical disability and chronic illness, said:

They need to do something about those buzzers. I need one—I get scared when I am home by myself. I want to live by myself.

#### *6.4.6 Homelessness*

The issue of homelessness came up repeatedly in our discussions with stakeholders (Stakeholder meetings, December 2014 and December 2015). Informants felt that the shortage of affordable housing, a lack of local social housing options, and the inability of Indigenous people to access the private rental market were resulting in increasing numbers of Indigenous people experiencing homelessness in the Geelong region. A tenancy officer with a local service provider noted:

We have acute and chronic housing shortages at every entry point to the housing market. There is no emergency housing and no long-term housing. We are at breaking point. Aboriginal people cannot get private rentals because they don’t have

the references or a housing history. I have provided a tent to one man who came into the office because I had one at home. The situation is dire.

The issue of delivery of services to anyone homeless and disabled is difficult because many services are home based. Hence, without a house, people cannot access relevant services. A worker outlined the circumstances of one woman, illustrating the complexity of personal circumstances in which people may find themselves:

‘Josie’ is pregnant and sleeping in a car with her partner. She was in emergency accommodation at a women’s shelter but asked to leave and was removed from the emergency housing list when she let her partner in to stay at the shelter. That happens a lot ... There aren’t a lot of options for her. There isn’t any public housing available. Just none. There is a huge shortage. ‘Josie’ has complex health issues, including physical health needs, some prior drug use issues, and a serious mental illness, all while suffering from trauma. Private rentals aren’t an option—they need money up front and references. The caravan parks want a \$200 bond up front. They say they won’t bill for electricity and then charge. There is no lease, so people don’t have any choice. They just have to pay. The boarding houses are unsafe. Mainly men stay at them and they are often just out of prison or are drug users and they are not a safe place for women or families. They have little security, just locks on the doors but there are common areas full of men with mental health issues. It is often safer to sleep in a car, so that is what ‘Josie’ does. ‘Josie’ and her partner hang out [during the day] at [a] day centre [where] they can get supplies and have a shower.

Another tenancy worker told us of ‘Cassandra’s’ situation:

‘Cassandra’ is in her early fifties and homeless. She has emphysema, mental health issues and a psychiatric disorder. She won’t go to a women’s refuge ... so goes between houses couch surfing, moving regularly. Staying at other people’s houses has on occasion put her at risk. On staying in one house, ‘Cassandra’ said, ‘It was a bad place. I didn’t want to be there, but I didn’t have anywhere else to go’. She was sleeping in her car because she didn’t want to bother anyone. We can’t deliver services to her because she doesn’t have a house. The house is the starting point for services.

Assisting Indigenous people with disability who are homeless is complex and fraught with challenges. Stakeholders told of the difficulties they faced assisting this group: firstly, in terms of locating people (an issue that we encountered when we attempted to locate people for interviews); and, secondly, in providing services. More attention is needed to address the needs of this group.

## **6.5 Preferred models of housing for people with disability: Geelong**

Participants were asked about their preferred housing models. In contrast to Yalata, all Geelong respondents expressed the need for people with disability to be supported to live independently. Comments from participants included:

I would hate to live away from my home and family.

I only want to live in my own house. I don’t care how bad my condition gets. I want to have my own place.

People need their own house with easy and good access. No steps and a handrail at the front door. All houses should have that ... Independent living is really important and there needs to be room for family. Home is family and family is home. Home should be a safe place.

Stakeholders stated that they knew of few Indigenous people with disability who lived in specialist housing (e.g. respite or supported accommodation) and it was their experience that Aboriginal people in the Geelong region were hesitant to access mainstream accommodation and support services (Community meeting, December 2014). Personal alert systems were highly favoured by stakeholders and seen as important in enabling independent living.

## **6.6 Summary**

Stakeholders in the Geelong region emphasised that the number of Indigenous people with disability in Geelong was much higher than that recorded in the ABS Census or other data. Psychosocial and physical disabilities were the most frequently reported or described by stakeholders and participants.

Geelong was the first case study site where we were able to speak with adults who were directly engaged as participants in the NDIS (NDIS participants in South Australia are currently children). The NDIS, as an entity, had a considerable presence in the city. We found that participants in our study were knowledgeable about disability, their own needs and the capacity to get these met under the NDIS. We also found that people were conversant with available home modifications and adaptive technologies.

Geelong has a diversity of housing options available to people with disability. Options exist for people to live within shared supported accommodation facilities and disability and age-specific independent living units. Interviews with service providers, carers and people living with disability suggest that few Aboriginal people choose to take up these options. It was clear from this research that the preferred path for Aboriginal people with disability in Geelong was to be supported to live in their own homes.

Many of the people interviewed lived in public housing and many had experienced housing difficulties because of challenges around repairs and maintenance or having housing modifications completed. The inability of housing providers to instigate and complete housing modifications in a timely manner also can and does put pressure on other government services and needs to be examined in detail.

People living in private rentals stated that repairs, maintenance and modifications were generally completed, and felt they had some control in that process. This was dependent, however, on their relationship with their landlord (which could be a private home owner or a property agent).

There is a significant shortage of every form of housing in Geelong, resulting in homelessness. Homelessness is a factor in service delivery for people with disability, as specific disability services can only be delivered to a person who is housed.

A number of participants noted that personal alert systems would improve their quality of life and safety but were outside their financial means. Packages under the NDIS need to include devices and technologies which are enabling and assist people to be safe and maintain their independence.

## 7 DISCUSSION AND CONCLUSIONS

This study on the *Lived experiences of housing and community infrastructure among Indigenous people with disability* has investigated the nexus between housing, related infrastructure and disability for Indigenous people, looking at three case study sites in Australia: Yalata and Point Pearce in South Australia, and the City of Greater Geelong in Victoria. The case study sites were selected both for their inclusion in the first wave of the NDIS rollout and because of their general representativeness of the experience for Indigenous people with disability of housing in a remote, rural and urban setting, respectively. This Final Report builds on research conducted for the Positioning Paper by Grant, Zillante et al. (2016), which highlighted that:

- There is still much to learn and understand around housing and disability among Indigenous Australians.
- Housing is a key social determinant of health, especially for Indigenous people with disability.
- Indigenous people experience higher rates of disability than non-Indigenous Australians, and the scant literature available around the nexus between housing and disability for Indigenous Australians emphasises that this group—especially in rural and remote Australia—experience multiple disadvantages and numerous barriers in terms of service access and delivery, with whole-of-life implications.
- The NDIS is a ground breaking policy reform that provides a transformational opportunity for those eligible for services under the scheme, and provides a vehicle for influencing governments, the community, and mainstream and specialist services to recognise and meet the needs of Indigenous people with disability.
- There is much to gain from illuminating the housing, community infrastructure and disability nexus for Indigenous Australians, specifically in terms of improving health, wellbeing and social inclusion outcomes for this group.

The research sought to investigate three broad areas impacting the experience of Indigenous people with disability:

- The ability of Indigenous Australians living with disability to access appropriate housing.
- The condition and location of housing, and the availability and suitability of housing modifications.
- The availability and suitability of community infrastructure.

Interviews with Indigenous people with disability, carers and service providers were conducted in the three case study sites in 2014 and 2015 to address seven key research questions:

1. What are the housing experiences of Indigenous people with disability in the case study locations?
2. What are the types of housing and housing modifications, and the condition of housing, available for Indigenous people with disability in each of the case study areas?
3. How do Indigenous people respond to the housing options available to them?
4. How does the housing available measure up against current guidelines around housing (e.g. the NIHG and the *Livable housing design guidelines*), relevant provisions in the NCC, and relevant federal and state legislation?
5. What community infrastructure is present in the case study locations to support Indigenous people living with disability?

6. How does the community infrastructure measure up against the available guidelines (i.e. the NIIG) and legislation?
7. Are there more appropriate housing and community infrastructure models for Indigenous people with disability?

The research found that the living circumstances of Indigenous people with disability were frequently inconsistent with the United Nations (2006) *Convention on the Rights of Persons with Disabilities*, to which the Australian Government is a signatory. Key tenets under Article 19 of the convention require that parties:

... recognize the equal right of all persons with disabilities to live in the community, with choices equal to others, and shall take effective and appropriate measures to facilitate full enjoyment by persons with disabilities of this right and their full inclusion and participation in the community ...

and ensure that:

- a. Persons with disabilities 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.
- b. Persons with disabilities have access to a range of in-home, residential and other community support services, including personal assistance necessary to support living and inclusion in the community, and to prevent isolation or segregation from the community.
- c. Community services and facilities for the general population are available on an equal basis to persons with disabilities and are responsive to their needs.

Contrary to these tenets, our study encountered people separated from family and country as a result of their disability; people who lacked basic amenities such as somewhere to cook or sleep; people who were trapped in their houses because of the failure of an agency to either complete or promote appropriate house modifications; and people whose housing circumstance did not and could not meet their health or disability needs.

Other people were homeless and cycled through a series of different (and often dangerous) housing circumstances due to the nature of their disability or impairment. Some of the people we spoke with are now deceased; at least one young person has been imprisoned; and yet another young person has been institutionalised in an aged care facility hundreds of kilometres from their family and country.

In this final chapter, we discuss the policy and practice relevance of findings from the three case studies, presenting recommendations for improving the situation with regard to housing provision for Indigenous people with disability in Australia.

## **7.1 Health and disability**

### **7.1.1 Prevalence of disability**

Poor health and disability are major issues facing the Indigenous population in Australia. The current literature does not adequately indicate the prevalence or types of impairment and disability present among the Aboriginal population. Census data does not capture reliably the prevalence of disability in communities or the unmet need for assistance with the simplest of daily tasks.

In this section, we compare our findings from the three case study locations with data from the Census and other literature to provide a clearer picture of the situation on the ground for Indigenous people and cast some light on deficits which might be addressed in future data collections.

The 2011 ABS Census captured four indigenous people reporting a need for assistance to perform core activities in Yalata (1.3% of the total Yalata population); three Indigenous people reporting the need for such assistance in Point Pearce (3.5% of the total Point Pearce population); and 46 Indigenous people reporting the need for assistance with core activities in the City of Greater Geelong (5.0% of the total Geelong population).

Interviews and workshops conducted for the study present a different picture of the prevalence of disability at all three locations. Definitive numbers were not able to be provided but estimates suggest that between 60–75 per cent of the Yalata population lived with some form of disability and around 75–80 per cent of community members in Point Pearce lived with a chronic illness of some type that impacted their ability to complete core tasks. Service providers in the City of Greater Geelong suggested that the actual number of Indigenous people with disability in that region was much higher than that indicated in the Census data, but could not give a clear estimate of the overall rate of disability. The NPDCC (2009), Productivity Commission (2011b) and AIHW (2011) have all previously questioned the accuracy of the current data on the prevalence of disability within the Indigenous population. The method of recording numbers of people with disability and their need for assistance with core activities needs to be reviewed by the ABS in order to collect more accurate and reliable data.

### *7.1.2 Types of disabilities*

The types of disabling impairments reported at the three case study locations differed minimally. Community members and stakeholders at Yalata held the view that psychosocial disabilities, such as cognitive disability and mental health conditions, were most prevalent among the population. Most people in Yalata also lived with chronic diseases, specifically: diabetes, cardiovascular disease and renal disease. At Point Pearce, the most commonly reported disabling conditions related to chronic diseases: diabetes, cardiovascular disease and renal disease. At Geelong, psychosocial disorders and physical disability were most commonly reported.

Our site visits and discussions concurred with these viewpoints. We observed that many people who reported experiencing disability did so because they faced a complexity of impairments as well as health conditions (co-morbidities), including loss of hearing and vision, chronic diseases and unreported (and likely undiagnosed) conditions such as psychosocial impairments (many linked with grief and trauma).

### *7.1.3 Indigenous constructs of disability*

This research illustrates the complexities around constructs of disability, especially in the Indigenous context—points voiced previously by the First Peoples Disability Network Australia (2016) against the backdrop of the rollout of the NDIS.

Definitions of 'disability' vary significantly between government bodies in Australia. The 'type' of impairment(s) or functional difference(s), a person's need for assistance with core activities and the degree of (assessed) permanence are commonly used to determine whether a person 'lives' with disability or not in a positivist bureaucratic framework. Such factors often determine eligibility criteria for access to particular services. These (and many) definitions of disability emphasise the medical (rather than social) model of disability.

The legislation for the NDIS to a large extent also seemingly follows such medical understandings of 'disability', as well as emphasising a degree of permanence that is not required to access some other services. Here it is evident that more clarity around 'disability' and its impact is needed, including how culture interfaces with and impacts disability. It is also evident that the NDIS still needs to resolve the manner in which it includes and meets the needs of people with certain conditions in the scheme, including people with disability because of cognitive and psychosocial impairment.

Constructs of the concept of disability and impairment varied between study locations. At the remote locality (Yalata), the concept of disability was not readily accepted or understood by participants, although there is a term in Pitjantjatjara to describe 'disability'. The term 'disability' in English was applied by residents only to people reliant on a wheelchair. Other conditions, such as mental illness, vision impairment, limited mobility due to chronic diseases, ageing or frailty, were seen as attributes belonging to the individual and thus to be accepted as the norm (albeit, in some instances, requiring the individual to access certain services). This finding concurs with research in the Northern Territory by Motivation Australia (2013: 3) which concluded that:

Perhaps the largest barrier that Yolŋu people with disability face is access to culturally and linguistically appropriate information leading to understanding about their disability, impairment or health condition.

We found that people at Yalata also lacked access to culturally appropriate information about disability and chronic health conditions, and the services and supports available. We also found that community members had poor understanding of disability and the needs of people impacted by disability, impairment(s) or poor health. Some people with disability at Yalata reported that they were bullied by other community members, and we were told that people with disability were placed at the bottom of the social order. This finding has not been noted in other research. Disability in the remote context impacted the quality of peoples' lives and their capacity to access, sustain and maintain a range of resources—including housing.

The people we spoke with at Yalata were also uncomfortable with the label 'disability'. Fundamentally, they were concerned about the possible interference that being identified as 'disabled' might bring to their personal lives. This is hardly surprising given the interference and loss of personal control that Aboriginal people have experienced historically. Many people at Yalata continue to see the delivery of government services as an unwelcome interference. This point was reinforced in our conversation with an Elder:

I am tired. I am sick of talking to that mob and that mob—Health, Centrelink, Housing, Government, Welfare—always coming and talking. They come to the house and knock on the door. They look over my shoulder at the front door—peering like [he squints]—looking into my house. Then they just leave. Always talking and talking and talking. I am tired of dealing with all those people. Just too many people—too many people to get anything done. I am tired—just want to live somewhere where people don't bother us.

At the rural locality (Point Pearce), some people willingly talked about their impairment(s) and equated these with being 'disabled', mostly in a more medical than social disability context. People living with chronic diseases, however, viewed themselves as 'ill' rather than using the term 'disabled', even when further discussion with them about the impact of their condition(s) clearly showed disability in a social context. Again, the research by Motivation Australia (2013: 4) drew similar observations:

It was observed that people with acute and sometimes chronic conditions are referred to as 'sick', however people with physical disabilities were generally 'not sick'.

Living with chronic diseases at Point Pearce was seen by residents as the norm rather than the exception. Across the board, it was important to many of the people we spoke with that they were perceived as capable so that they did not lose personal autonomy. People at Point Pearce were also concerned about interference from government agencies should they identify/be identified as living with a disability.



The opinions of the people interviewed in the City of Greater Geelong contrasted with the two other locations. Within this urban setting, where the NDIS was garnering considerable public attention, people used the term 'disability' without prejudice and appeared to have a good understanding regarding the social and medical concepts of disability, and the needs (including their own) of people with disability. The fact that the NDIS, or rather the NDIA, is headquartered in Geelong may have had some bearing in this regard, alongside the work of other services and organisations assisting Aboriginal people within the community.

## **7.2 Housing**

### *7.2.1 Location of housing*

At Yalata and Point Pearce, two discrete Aboriginal communities, residents living with disability discussed the importance of living 'on country' and being near family and kin.

At Yalata, we found that people with disability often had to move away from the community to access housing, health services or supported living arrangements. Generally this was done reluctantly. When people were required to move to other locations, even to the closest town, they were greatly saddened by their dislocation. Yalata people wanted to keep people with disability within the community whenever they could, and people with disability saw family as responsible for their care. At the same time, however, people with disability were often treated poorly.

Most people with disability in Point Pearce also strongly emphasised their desire to remain in their community—to remain 'on country'. That said, in Point Pearce there were some people who did not wish to live in the community itself, preferring to live in nearby towns where services were better and where they could avoid family and community dysfunction. Many in this group reported visiting or needing to visit Point Pearce regularly, however, to maintain familial and spiritual links to place.

There was an important variation between Yalata, as a remote discrete community, and Point Pearce, as a rural discrete community, in terms of disability and access to support. While people with disability in Yalata often needed to go and live in other locations to access services (including housing, health and support services), a number of people living in Point Pearce had come back to the community because of their disability. Point Pearce was seen as a place of refuge, where people could access housing and services. This was despite the lack of supported accommodation options which, conversely, resulted in people who required more intensive support needing to move elsewhere.

Both Yalata and Point Pearce have fluctuating populations. Consequently, the houses often need to accommodate large numbers of extended family. Given the poor health of the Aboriginal community generally, it may be reasonable to assume that a portion of visitors will also have impairments or health conditions impacting on their social participation and, in some cases, disabling them. Accordingly, the suitability of housing in both locations needs to be considered in terms of the needs of permanent residents and visitors.

Finally, it was clear that for all three communities, and especially Yalata and Point Pearce, the positioning of homes relative to other services, facilities and infrastructure was a key factor in determining good housing, wellbeing and inclusion outcomes for many, if not most, Indigenous people with disability.

Four recommendations relating to housing provision stand out from the research:

- All new housing must incorporate the principles of universal design.
- All existing housing must be renovated as required to facilitate and improve accessibility, wellbeing and health outcomes for residents and enable residents to maintain their independence.

- Community infrastructure must enable the participation of people with disability in community life.
- Careful consideration must be given to the location of new dwellings in communities with respect to accessibility of services, supports, community and safety for a vulnerable resident population.

### 7.2.2 Access to housing

The housing stock in all three locations was clearly under considerable pressure. Major housing shortages were reported in Yalata and Point Pearce, where only a small stock of housing was available for residents. The housing shortages in both communities have led to different outcomes for Indigenous people with disability at each location.

In Yalata, demand for housing far outstrips supply. Getting access to housing is difficult and most houses are occupied by three generations of the same family. This results in people living in socially and spatially dense circumstances. In our discussions with residents, no one attached the label of ‘overcrowding’ to this situation or constructed it as a situation to which they were averse. The impacts of ‘crowding’ for people with disability, however, were apparent, with some ‘camping out’ at the houses of relatives. Due to the housing shortage, older people with disability were allowing younger members of the family to appropriate their housing and then going to live—and often ‘camp out’—with other relatives, including to access necessary care and support.

Others, in particular people living with complex health issues *and* disabilities, moved away from the community to access more appropriate housing. This was the case for people from Yalata and some people from Point Pearce. For many this move had been beneficial and improved their living circumstance; however, it came with the significant cost of feelings of dislocation from community, as discussed earlier.

The social impacts of building further housing at Yalata are unknown. Given that there are housing shortages in other discrete communities, it is not known if this would result in an influx of people from elsewhere. These debates are hypothetical—a cap has been put on the number of community housing properties that can be built and the South Australian Government has indicated to the community that no further housing will be constructed in the foreseeable future.

In Greater Geelong, there were shortages of affordable housing across all tenure types. The situation in regard to emergency housing was dire. Short-term housing options were available on occasion but not suited to many people’s needs. Demand for long-term public housing far outstripped supply. Indigenous people with psychosocial disability appeared to be the most impacted by the housing shortage. In Geelong, a number of people living with psychosocial disability were homeless and had few prospects of securing appropriate long-term accommodation. The net result of this homelessness was that some services were unable to be delivered to individuals with disability, as many support services were delivered as in-home services. It is clear that improving access to the housing market for all Indigenous people must be a priority if this situation is to be addressed.

Here, two recommendations stand out:

- It is imperative that the housing available in remote Indigenous communities meets the needs of community members with disability, reducing the number of people forced to move away to access appropriate housing and services, and significantly diminishing distress that community members experience when away from home, family and country.
- The impacts of overcrowding on the health and safety of Indigenous people with disability needs to be further investigated.

### *7.2.3 The condition of Indigenous housing*

Indigenous housing in remote communities has long been plagued by poor standards and conditions. A number of areas of concern with housing have been identified (see, e.g. Aboriginal Disability Network NSW 2007; Fien, Charlesworth et al. 2007; 2008; Long, Memmott et al. 2007; Memmott, Long et al. 2003; Memmott, Long et al. 2006; Memmott, Birdsall-Jones et al. 2012; Motivation Australia 2013; Pholeros and Phibbs 2012; Walls and Bridge 2011; Walls, Millikan et al. 2013; Ware 2013). These areas include:

- insufficient housing
- inadequate and poor design
- houses not suited to the location
- inappropriate materials used for construction
- overcrowding
- poor hygiene standards
- low levels of essential services
- lack of training in the use of equipment supplied with the houses, resulting in a lack of responsibility for and poor maintenance of the houses
- lack of white goods and furniture.

The community housing in Yalata shared many of these attributes and lacked basic infrastructure to allow people to care for themselves. While some of these issues are beyond the scope of this research, they clearly contributed greatly to the lived experiences of disability for study participants. Most of the residents we interviewed in Yalata discussed the need for people with disability to live with dignity; a situation which we found was generally not the case. Many properties within the community lacked basic facilities, such a working stove, heating or hot water, and basic repairs and maintenance had not been undertaken in a timely manner. In contrast, the general condition of the independent living units was very good, primarily as the local health service supervised and maintained the accommodation. However, the lack of cooking facilities in these properties, poor bathroom design, small living spaces and access issues associated with the laundry facilities forced residents to be highly reliant on the local day centre and was a source of frustration for all stakeholders.

The condition of housing in Point Pearce was generally good and, in all instances, we found people had access to basic infrastructure such as cooking facilities, hot water and a working toilet. Much of the housing had been renovated in the last two years to bring it up to the standard of public housing in other parts of South Australia.

People living with disability in the Geelong region lived in a variety of circumstances. We were told of people who were homeless and people living in sub-standard public housing, due mainly to a lack of repairs and maintenance. In private rentals the condition of housing was higher, primarily because the people we spoke to had good working relationships with their landlords/agents and were able to negotiate repairs and maintenance.

### *7.2.4 Housing modifications*

At Yalata, people generally were unaware of the types and range of modifications that could make housing more accessible and daily living easier. In addition, in many instances the viability of completing modifications could be compromised by the condition of housing and the lack of basic services. Many people with disability in the community were accessing basic services at the Day Centre.

At Point Pearce, modifications for accessibility were being completed as part of the program of upgrades to housing within that community, while in the Geelong study participants were largely aware of the types of modifications and adaptive technologies available that could make their housing situations more tenable. In Geelong, getting housing providers to complete modifications to houses in a timely manner was, however, difficult. In some instances, the delays in completing home modifications resulted in people spending extended (and unnecessary) periods in hospital, with significant cost implications for government and taxpayers.

In discussing disability-related housing modifications, it is important to emphasise that a vigorous debate continues around an appropriate standard for housing accessibility. Housing policy and building codes in Australia do not always adequately meet the needs of people with disability and can sometimes be misinterpreted. Accordingly, accessible design measures should be mandated and made clearer in order to avoid the non-inclusive and discriminatory housing design practices of past eras.

There is variable and uneven legal coverage of access issues within Australia. Self-regulation through voluntary codes of practice remains the prime mechanism through which issues around housing quality, accessibility and disability are addressed. The application of the *Livable housing design guidelines* (Livable Housing Australia 2012) is voluntary and, as such, domestic builders generally may not regard providing accessible housing as important. Supplying housing designed for accessibility generally adds capital costs to new works budgets; hence, unless accessibility features are mandated, uptake is likely to remain low and patchy, making retrospective housing modifications the only recourse for improving access. Given these points, facilitating access to information about housing modifications and their life-impacting benefits, and criteria and processes for ensuring that houses are accessible (with associated funding), is thus central to providing housing appropriate to the needs of people with disability.

Residential builders often see people with disability as a subset within a broader client group. For Indigenous populations, this is not the case. The prevalence of disability within the Indigenous population is so high that housing suppliers need to take accessibility into account in the supply phase of all Indigenous housing. In discrete communities, in particular, it is highly likely that an Indigenous person with a life-impacting impairment or health condition (often rendering them disabled) will reside in any given house for its lifespan.

In the mainstream housing market, it is also the case that there are currently few enforceable standards around the basic amenity of rental properties, allowing for properties to be leased that may pose a threat to a resident's health and safety. Minimum access and environmental standards for rental properties need to be legislated so that people with disability, impairments and certain health conditions can maintain good health and hygiene, properly heat and cool their homes, and be safe from household hazards. Additional research is needed and warranted in this area, to determine workable minimum standards so that actions around this are properly and fairly enacted and the policy vacuum around this area is addressed.

One method for ensuring that people with disability can secure accessible housing is by legislating accessibility standards through the NCC for new building works. The NCC is a national technical document that sets the minimum standards, enacted by states and territories (with variations), for all new building works in Australia. The design of *all* public and social housing for accessibility is justified given the mobility of the Indigenous population, the frequent use of dwellings to accommodate a range of people with similarly diverse mobility and access needs for variable periods of time over their life course, and a broader ageing Australian population. It seems evident that investing modest funds in adapting housing for Indigenous people with disability is likely to have substantial individual,

household and community-wide benefits. Accordingly, we put forward the following policy recommendations.

- Legislate that all new housing should be designed for accessibility for people with disability, with the *Livable housing design guidelines* 'silver' standard offering a benchmark here.
- Revise the NCC to mandate accessibility requirements for people with disability, allowing for a national standard to be achieved that can cut across state level variations and policies, and create a new basic minimum guideline.
- Revise the NCC to consider how housing design and access provisions can meet the needs of people with hearing loss, vision impairment and cognitive disabilities.
- Ensure all home modifications are assessed and completed in a timely manner.
- Mandate a systematic inspection process to operate alongside the NCC, to ensure compliance for new builds.

### **7.3 The design of housing for Indigenous people with disability**

Within the literature that exists in this space, there is an emerging consensus that housing design for remote communities needs to align more closely with residents' social, spatial and cultural needs. This includes ensuring that internal spaces within dwellings are flexibly designed (Fien, Charlesworth et al. 2008; Milligan, Phillips et al. 2011). As key commentators in this space, Memmott, Birdsall-Jones et al. (2012: 3–4) observed:

Housing stock is usually designed for smaller nuclear families and is inadequate to house large, extended and complex family structures typical of Indigenous communities. Housing design should focus on the number of people housed, aligning with socio-spatial patterns of sleeping arrangements, and consider the large numbers of people likely to inhabit one house. Provision of more bathrooms and larger kitchen facilities, outdoor living and sleeping spaces and flexible internal spatial arrangements would produce a better cultural fit and reduce both stress and household wear and tear.

There are a multitude of conundrums regarding the design of housing for remote Indigenous communities which have yet to be adequately resolved. In the interim, many Indigenous people, including Indigenous people with disability, continue to reside in substandard conditions. The following sections touch on a number of these conundrums.

#### **7.3.1 Incoherence in design**

During this research we noted a great deal of incoherence in the design of housing when design was considered in the context of current disability standards. For example, one house in Point Pearce had a modified front entrance with a ramp and handrail, which led to a narrow corridor that compromised resident accessibility. Another house had a narrow doorway, which did not allow a wheelchair, into a large accessible bathroom. The net result was to render each house inaccessible for people using wheelchairs. In many cases, the properties we viewed had been modified for one or more elements of disability access, and it was evident that modifications were installed as a series of individual components rather than for overall accessibility, functionality and usability.

#### **7.3.2 The design of specialist accommodation**

In this study we looked in detail at the independent living units at Yalata as one form of specialist accommodation. This development was designed to accommodate people with disability who were unable to live with their families. While the units were in generally good condition, the inappropriate design of the dwellings—for a range of cultural, social and functional reasons—highlights the failure of authorities to consult the community on the

design and to consider the needs of potential residents. The lack of appropriate cooking facilities and functional, easy-to-access laundry facilities within the unit development means that these purpose-built 'independent living' units have failed their mandate and paradoxically severely constrain the rights of tenants and their ability to live independently and with dignity. Chapter 4 highlights salient design issues. The following points must be reiterated here.

- Specialist facilities for Indigenous people with disability must be designed and built in consultation with the local community and stakeholders.
- Specialist facilities should be co-located with relevant services and supports where these exist (e.g. disability/aged care) to allow for efficient service delivery.

### 7.3.3 *Indigenous people with cognitive and/or psychosocial disability*

Issues surrounding access to appropriate housing for Indigenous people with cognitive disability and psychosocial disability are touched on in this research. Accessing and maintaining housing was extremely difficult for people in this particular subset of the population in both Yalata and Geelong. As other research has shown, people with cognitive impairments and/or psychosocial disability generally find it difficult to effectively plan, concentrate and communicate with others. These challenges are often compounded by grief and trauma issues, and drug and alcohol misuse.

As we found in Yalata, some Indigenous people with cognitive and psychosocial disability exhibit inappropriate and anti-social behaviours which lead to contact with the criminal justice system and imprisonment. On this issue, it was clear from our research that the community was keen for people with cognitive and psychosocial disability to remain in the community, but that specialist accommodation must be available and designed for this group—recognising that some people living with certain types of disabilities simply cannot live independently.

Residents and stakeholders expressed concern that the needs of people with cognitive and/or psychosocial disability were not being met. They noted the need for 24-hour secure, supported accommodation. In contrast to findings and discussion in the literature, which suggests that young people should not be accommodated in aged care homes in instances where supported accommodation is available and used, accommodating young people with the elderly was seen as optimum by many we spoke with in the non-metropolitan communities. In practice, though, in respect to the literature, elderly people had been placed in several independent living units to provide a stabilising influence for the young people. This practice of housing younger people with the elderly *is likely only to be appropriate* in remote communities where there exist close kinship networks. More research is required around this issue.

At Point Pearce, some people with cognitive disability and psychosocial disability had returned to the community to live after finding it difficult to access and maintain housing in other locations. Most of the people we spoke with lived alone and were able to live independently and peacefully. People in need of supported accommodation (especially the frail and elderly) had in some instances accessed such accommodation (i.e. aged care facilities) in nearby towns. There was one instance of a man experiencing disability due to a psychosocial condition and alcohol issues who had to move to Adelaide to access supported accommodation.

At Geelong, Indigenous people living with cognitive and/or psychosocial disability were likely to be represented in the homeless population. The net result of being homeless was that these people were unable to access disability services. This is a complex social issue that requires further in-depth consideration and unpacking.

On this issue, the following is clear.

- More attention needs to be paid to the robustness and durability of housing constructed in remote communities, particularly for community members with psychosocial disability.

Recent research by Wright, Zeeman et al. (2016) provides a starting point for understanding, consideration and further research around this area. Importantly, their research notes 'that the design and (re)development of inclusive housing ought to consider the physical, social, natural, symbolic, and care environments in relation to the intrinsic design, location and neighbourhood housing domains. They present what they term 'a housing design and development (HDD) framework', a practical tool and conversation starting point (including in the context of the NDIS) providing 'a visual representation and contemporary environmental conceptual framework' that highlights the interactional dynamics between domains and environments for people with complex disability (in their specific case people with complex physical and cognitive disability) and the importance of working towards elements within this framework for promote access, liveability, wellness and quality of life (see also Zeeman, Whitty et al. 2016).

## **7.4 Indigenous people with disability, housing and the NDIS**

The NDIS is currently being implemented to ensure eligible Australians living with disability have access to whole-of-life supports focused on meeting their life goals and aspirations (NDIS 2015d). The NDIS is a significant social reform process aimed at providing all Australians with disability, who are eligible for support under the NDIS, with choice and control over their lives. As noted in Chapter 2, which reports on the progress of NDIS implementation, the Parliamentary Joint Standing Committee on the National Disability Insurance Scheme (2014: xvi) stated that one of the barriers to the implementation of the NDIS was the availability of suitable housing:

... the *availability of suitable housing* for people with disability was a significant theme in evidence from the trial sites. Witnesses expressed a wide range of housing concerns including young people living in residential aged care homes and the deinstitutionalisation of state-run large residential centres. It is important to note that suitable housing for people with disability is a significant issue that pre-dates the introduction of the NDIS. The introduction of the Scheme is an opportunity for this issue to be addressed. These matters, and the broader problem of the limited stock of housing for people with disability, require policy leadership at the national level and should be the focus of the Council of Australian Governments Disability Reform Council.

The ability of Indigenous people with disability to access housing and basic infrastructure to meet their needs was obviously problematic in two of the communities we visited. While it is clearly more difficult to deliver some services in more remote locations, it is evident that new ways of thinking about service needs and service delivery could overcome some of these challenges. Governments need to consider a range of opportunities, including, for example, paying family members to provide care for relatives. This type of approach should be possible within a system of individualised person-centred support such as the NDIS. It will, however, call for genuine consultation with individuals with disability and their family/carers, as well as careful management, review and understanding and awareness of cultural issues, cultural norms and codes, including mobility.

The Indigenous people with disability and their advocates involved in this study noted that the preferred model for housing was to be housed in their own homes and communities wherever possible. The need for specialist supported 24-hour care housing in communities with high needs was also noted.

There are opportunities within the framework of the NDIS and its current planned rollout to identify current housing deficits on an individual basis and for people with disability to gain a level of choice and control over their housing circumstances that is not currently available

(Wiesel and Habibis 2015). To this end, the following recommendations should be considered within the NDIS rollout.

- People with disability (and their carers/families) should be supported to negotiate their individual disability-related requirements with housing providers through NDIS structures.
- The negotiation of individual packages under the NDIS should include a housing assessment by a person with appropriate qualifications.
- Within the negotiation of an individual's NDIS package, the quality and appropriateness of housing should be assessed against the individual's needs.
- Housing assessments focused on access, suitability and condition should be included for organisations that receive funding under the NDIS to manage housing, to ensure compliance with relevant codes and standards and also to ensure that people with disability have access to appropriate accommodation to support their life goals, social and economic participation and health and wellbeing.
- There is a capacity in the NDIS rollout process to educate people regarding housing options, modifications and technologies to allow people to live more independently. The opportunity to educate people should be planned into any future regional rollout of the NDIS.
- People with disability and their carers should be provided with information on the variety of housing modifications available, to allow them to make informed decisions about housing modifications which may improve their quality of life and wellbeing.
- Within the negotiation of an individual's NDIS package, the timely and appropriate completion of housing modifications should be negotiated with the relevant person or agency, such as the housing provider or landlord.
- Where modifications are provided, the work needs to be conducted systematically and completed to the resident's and stakeholder's satisfaction.
- Within the negotiation of an individual's NDIS package, the access of people to essential adaptive technologies (e.g. personal security alerts) that enable them to live independently should be considered.

Additionally, it is evident that the structures around the NDIS may provide an important opportunity and vehicle for undertaking the following research.

- Research investigating why Aboriginal people with disability in some regions are hesitant to access mainstream supported accommodation services. This research should explore:
  1. the barriers to Indigenous people accessing these options
  2. how mainstream supported accommodation options might better meet the needs of Indigenous people with disability
  3. whether 'Indigenous specific' supported housing options need to be made available for Indigenous people with disability.
- Research investigating issues for Indigenous people with disability renting privately, including examination of minimum standards for private rental housing and the application of relevant legislative and regulatory provisions.

## **7.5 Key research recommendations**

A number of other recommendations are evident from or supported by this research. Such recommendations are best considered in three broad areas: as general recommendations for housing and the housing sector (including for the housing market and the building and



construction industry, and in terms of regulation and design standards); as recommendations for community infrastructure, which supports housing and inclusion outcomes for Indigenous people with disability in their communities; and as higher-level policy recommendations (outlined in Section 7.6).

#### *7.5.1 General recommendations for housing and the housing sector*

- All houses should aim for universal access and provide basic access infrastructure for people with disability. The current recommended 5 per cent ‘dignified access’ requirement under the NCC does not adequately account for the higher prevalence of disability among the Indigenous population.
- At least two entrances/exits to dwellings should comply with wheelchair access requirements to provide for emergency egress.
- At least one toilet, washbasin and shower in each dwelling should have requisite infrastructure for use by people with disability. (The standards relating to this need to be updated; see policy recommendations below.)
- Switches, power outlets and fire alarms should be designed to provide for easy access by people with disability. (The standards relating to this need to be updated; see policy recommendation below.)
- The security needs of people with disability living in remote Indigenous communities need to be considered in housing design, and adequate security measures need to be provided, including for all doors and windows and in terms of environmental design, including passive and static security elements.
- Ample in-built storage should be provided in dwellings to account for use of such facilities by multiple residents and visitors. A portion of in-built storage in dwellings should comply with requirements for wheelchair access.
- Housing should provide appropriate ventilation and insulation, and be responsive to local environmental conditions.
- Residents should be informed about the different types of modifications available and how these will meet their individual needs.
- Where modifications are provided, these should be implemented in a timely way and to the resident’s satisfaction, and be maintained through regular and systematic inspection.
- Regular cleaning and maintenance can be ensured by providing training to residents in use of products and cleaning systems, including laundry facilities. This will help provide employment in the short term and help to develop a self-sustaining community in the longer term.
- Where possible, Indigenous labour from the community should be employed to assist with construction, maintenance and modification processes, allowing for employment and appropriate transfer of knowledge for future construction and maintenance.
- To ensure easy and timely builds, and minimise transition impacts around house modifications, new prefabricated materials and construction systems should be considered for use in remote Aboriginal communities.

#### *7.5.2 Recommendations for community infrastructure*

- Community-level facilities should be developed in consultation with the local community.
- Disability housing should be co-located with, or adjacent to, the local community centre, particularly in discrete Indigenous communities.
- Community facilities should understand and reflect the local landscape and the needs of community members relating to outdoor living and community activities.

- Disabled access should be ensured from the road/carport to the front door of dwellings, as well as to other facilities within the residential environs, such as shared external laundry facilities.
- In planning for and designing community infrastructure, specialist facilities and housing, consideration needs to be given to the types of terrain people need to traverse to access services and participate in community activities (i.e. the broader built environment).

## 7.6 Policy recommendations

This research is timely. The rollout of the NDIS has focused attention on disability nationally and provides a much needed framework for eligible participants to access necessary life-long supports. It additionally provides the opportunity for a further alignment of standards in the building and construction industry with Article 19 of the *Convention on the Rights of Persons with Disabilities* and guidelines on accessible housing design (see Chapters 2 and 3 of this report for a discussion of relevant guidelines and recommendations). Four key overarching policy recommendations have resulted from our research.

- A new NCC classification instated, to be identified as 'Housing for Indigenous people'. This will allow for a national standard to be achieved that could cut across state-level variations around Indigenous housing and create a basic minimum guideline. The new classification could be administered by a relevant state government body such as South Australia's Development Assessment Commission.
- A separate section in AS 1428 to deal with the access needs of Aboriginal housing. The definition of disability and its implications on access should be extended to include hearing and vision impairments, as well as cognitive disabilities. Further research should be conducted to establish what the access standards for cognitive disorders might be.
- An Indigenous person with appropriate experience and/or qualifications appointed to the Australian Building Codes Board (ABCB).
- A systematic inspection process for all new builds to ensure compliance with all new policy requirements.

It is clear from our research findings that the challenges facing Indigenous people with disability with respect to housing design, amenity and community infrastructure will not lessen without these higher-level policy recommendations being formally adopted and enforced by relevant stakeholders, including governments, government agencies, the housing industry and Indigenous communities.

While the policy recommendation for a new classification in the Australian building code might seem excessive, we propose that a robust regulatory framework is necessary to alter current building practice in the design and construction industry. It is anticipated that over time, the industry will adapt to the new standards, recognising opportunities for innovation and leadership. In the context of an ageing population and a shortage of appropriate affordable housing nationally for people with disability, we contend that such reform is long overdue and inevitable.

## REFERENCES

- Aboriginal Disability Network NSW (2007) *Telling it like it is: a report on community consultations with Aboriginal people with disability and their associates throughout NSW, 2004–2005*, Aboriginal Disability Network of NSW.
- Aboriginal Housing Victoria (2015a) *Annual report 2014–2015*, accessed 2 October 2015, <http://ahvic.org.au/cms/uploads/docs/2014-15-annual-report.pdf>.
- Alakeson, V. (2010) 'International developments in self-directed care', *Issues in International Health Policy*, Issue Briefs, Commonwealth Fund pub. 1370, vol. 78: 1–11.
- American Psychiatric Association (Eds) (2013) *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5), fifth edition, APA Publishing, US.
- Anastasiou, D. and Kauffman, J. (2013) 'The social model of disability: dichotomy between impairment and disability', *Journal of Medicine and Philosophy*, vol. 38, no. 4: 441–459.
- Anglicare Australia (2015) *Anglicare Australia rental affordability snapshot*, Anglicare, Canberra.
- Archibald, T. (1915) *Yorke's Peninsula Aboriginal Mission, Incorporated. A brief record of its history and operations*, Hussey and Gillingham, Adelaide.
- Australian Building Codes Board [ABCB] (2015a) *National Construction Code Series 2015, Volume One, Building Code of Australia: Class 2 to Class 9 Buildings*, Australian Building Codes Board, Canberra.
- (2015b) *National Construction Code Series 2015, Volume Two, Building Code of Australia: Class 1 and Class 10 Buildings*, Australian Building Codes Board, Canberra.
- (2016) *What is the National Construction Code (NCC)?*, accessed 4 December 2016, <https://www.abcb.gov.au/-/media/Files/Resources/Education.../whatistheNCC2016.pdf>.
- Australian Bureau of Statistics [ABS] (2002) *1370.0—Measuring Australia's progress, 2002*, ABS, accessed 24 June 2016, <http://www.abs.gov.au/ausstats/abs@.nsf/0/8C4F20431A880A31CA256BDC00122406?opendocument>.
- (2009) *Explanatory notes, National Aboriginal and Torres Strait Islander Social Survey, 2008*, cat. no. 4714.0, ABS, Canberra.
- (2011) *The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples, 2010*, cat. no. 4704.0, ABS, Canberra.
- (2012a) *2011 Census of Population and Housing: Aboriginal and Torres Strait Islander peoples (Indigenous) profile—Australia (0)*, cat. no. 2002.0, ABS, Canberra.
- (2012b) *2011 Census of Population and Housing: Aboriginal and Torres Strait Islander peoples (Indigenous) profile, Greater Geelong (C) (LGA22750)*, cat. no. 2002.0, ABS, Canberra.
- (2012c) *2011 Census of Population and Housing basic community profile—Point Pearce (SSC40579)*, cat. no. 2002.0, ABS, Canberra.
- (2012d) *2011 Census of Population and Housing basic community profile—Yalata (SSC40837)*, cat. no. 2001.0, ABS, Canberra.
- (2012e) *2011 Place of enumeration profile—Yalata (SSC40837)*, cat. no. 2004.0, ABS, Canberra.

- (2012f) *Census of Population and Housing—details of undercount, 2011*, cat. no. 2940.0, ABS, accessed 27 September 2015, <http://www.abs.gov.au/ausstats/abs@.nsf/Latestproducts/2940.0Main%20Features42011?opendocument&&tabname=Summary&prodno=2940.0&issue=2011&num=&view=>.
  - (2013a) *2011 Census quickstats, all people—usual residents—low count area, Point Pearce*, Code SSC40579 (SSC), accessed 24 February 2016, [http://www.censusdata.abs.gov.au/census\\_services/getproduct/census/2011/quickstat/SSC40579?opendocument&navpos=220](http://www.censusdata.abs.gov.au/census_services/getproduct/census/2011/quickstat/SSC40579?opendocument&navpos=220).
  - (2013b) *Census of Population and Housing: understanding the increase in Aboriginal and Torres Strait Islander counts, 2006–2011*, cat. no. 2077.0, ABS, accessed 30 November 2016, <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/2077.0Main+Features12006-2011?OpenDocument>.
  - (2013c) *Disability, ageing and carers, Australia: summary of findings, 2012*, cat. no. 4430.0, ABS, accessed 13 February 2016, <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/3A5561E876CDAC73CA257C210011AB9B?opendocument>.
  - (2013d) *Disability, Ageing and Carers, Australia: summary of findings, 2012, Appendix 1 Limitations and Restrictions*, cat. no. 4430.0, ABS, accessed 27 September 2015, <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Previousproducts/4430.0Appendix802012?opendocument&tabname=Notes&prodno=4430.0&issue=2012&num=&view=>.
  - (2013e) *Disability, Ageing and Carers, Australia: summary of findings, 2012, Glossary*, cat. no. 4430.0, ABS, accessed 27 September 2015, <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Previousproducts/4430.0Glossary602012?opendocument&tabname=Notes&prodno=4430.0&issue=2012&num=&view=>.
  - (2014) *Aboriginal and Torres Strait Islander People with a Disability, 2012*, cat. no. 4433.0.55.005, ABS, accessed 17 November 2016, <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Lookup/4433.0.55.005Main+Features12012?OpenDocument>.
  - (2016a) 'Australian statistical geography standard (ASGS)', *Census Dictionary, 2016*, cat. no. 2901.0, ABS, accessed 10 October 2016, <http://www.abs.gov.au/ausstats/abs@.nsf/Lookup/2901.0Chapter23002016>.
  - (2016b) *4714.0 National Aboriginal and Torres Strait Islander Social Survey, Australia, 2014–15*, cat. no. 4714.0, ABS, Canberra.
- Australian Bureau of Statistics [ABS] and Australian Institute of Health and Welfare [AIHW] (2008) *The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples*, cat. no. IHW 21, AIHW, accessed 24 June 2016, <http://www.aihw.gov.au/publication-detail/?id=6442468085>.
- Australian Housing and Urban Research Institute (AHURI) (2014), *National Housing Research Program: research agenda 2014*, AHURI, Melbourne, accessed 6 October 2016, [http://www.ahuri.edu.au/data/assets/pdf\\_file/0019/5860/AHURI\\_Research\\_Agenda\\_2014.pdf](http://www.ahuri.edu.au/data/assets/pdf_file/0019/5860/AHURI_Research_Agenda_2014.pdf).
- Australian Indigenous HealthInfoNet (2008) *Review of the impact of housing and health-related infrastructure on Indigenous health*, accessed 2 October 2015, <http://www.healthinfonet.ecu.edu.au/determinants/physical-environment/reviews/our-review>.
- Australian Institute of Health and Welfare [AIHW] (2003a) *Disability prevalence and trends, Disability Series*, cat. no. DIS 34, AIHW, Canberra.

- (2003b) *ICF Australian User Guide*, Version 1.0, Disability Series, cat. no. DIS 33, AIHW, Canberra.
- (2006) *Disability rates among Aboriginal and Torres Strait Islander people—updating the Indigenous factor in disability services performance indicator denominators*, Welfare Working Paper Series no. 50, cat. no. DIS 45, AIHW, Canberra.
- (2011a) *Aboriginal and Torres Strait Islander people with disability: wellbeing, participation and support*, cat. no. IHW 45, AIHW, Canberra.
- (2011b) *Health and the environment: a compilation of evidence*, cat. no. PHE 136, AIHW, Canberra, accessed 30 January 2016, <http://www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=10737418532>.
- (2015) *The health and welfare of Australia's Aboriginal and Torres Strait Islander peoples 2015*, cat. no. IHW 147, AIHW, Canberra.
- Australian National Audit Office [ANAO] (2010) *Indigenous housing initiatives: fixing houses for Better Health Program*, Department of Families, Housing, Community Services and Indigenous Affairs, ANAO Audit Report No. 21 2010–11, ANAO, Canberra.
- Australian Network for Universal Housing Design [ANUHD] and Rights and Inclusion Australia [RIA] (2015) *Report on the progress of the national dialogue on universal housing design, 2010–2014*, accessed 2 October 2015, [www.apo.org.au/files/Resource/report\\_on\\_nduhd2015\\_0.pdf](http://www.apo.org.au/files/Resource/report_on_nduhd2015_0.pdf).
- (2016) *Proposal for Standards Development Project to review AS4299–1995 Adaptable Housing to align with the 2010–2020 National Disability Strategy (Livable Housing Design)*, accessed 15 March 2016, <http://www.anuhd.org/wp-content/uploads/2016/ANUHD-RIA-SA-Proposal.pdf>.
- Baker E., Mason, K., Bentley, R. and Mallett, S. (2014) 'Exploring the bi-directional relationship between health and housing in Australia', *Urban Policy and Research*, vol. 32, no. 1: 71–84.
- Barnes, C. (1991) *Disabled People in Britain and Discrimination*, Hurst and Co., London.
- Barney, J. (2015) 'Getting it Right' project report, National Disability Insurance Agency C.I.C.D. Grant, 30 September 2015, Deaf Indigenous Community Consultancy Pty Ltd, accessed 2 October 2015, [www.statedisabilityplan.vic.gov.au/download\\_file/145/0](http://www.statedisabilityplan.vic.gov.au/download_file/145/0).
- Beer, A., Baker, E., Mallett, S., Batterham, D., Pate, A. and Lester, L. (2012) *Addressing homelessness amongst persons with a disability: identifying and enacting best practice*, National Homelessness Research Projects, Project no. 1-EFBLTW, accessed 2 October 2015, [https://www.melbourneinstitute.com/downloads/hilda/Bibliography/Other\\_Publications/2012/Beer\\_etal\\_Homelessness-and-Disability-FINAL-REPORT-2-2.pdf](https://www.melbourneinstitute.com/downloads/hilda/Bibliography/Other_Publications/2012/Beer_etal_Homelessness-and-Disability-FINAL-REPORT-2-2.pdf).
- Beer, A. and Faulkner, D. (2009a) *21st century housing careers and Australia's housing future*, AHURI Final Report No. 128, Australian Housing and Urban Research Institute, Melbourne, <https://www.ahuri.edu.au/research/final-reports/128>.
- Beer, A. and Faulkner, D. (2009b) *The housing careers of people with a disability and carers of people with a disability*, AHURI Research Report No. 107, Australian Housing and Urban Research Institute, Melbourne, <http://www.ahuri.edu.au/research/research-papers/the-housing-careers-of-people-with-a-disability-and-carers-of-people-with-a-disability>.

- Beer, A., Faulkner, D. and Gabriel, M. (2006) *21st century housing careers and Australia's future: literature review*, AHURI Research Paper, Australian Housing and Urban Research Institute Limited, Melbourne, [https://www.ahuri.edu.au/\\_data/assets/pdf\\_file/0020/2684/NRV2\\_Research\\_Paper\\_1.pdf](https://www.ahuri.edu.au/_data/assets/pdf_file/0020/2684/NRV2_Research_Paper_1.pdf).
- Bennett, S. (1989) *Aborigines and Political Power*, Allen and Unwin, Sydney.
- Bentley, R., Baker, E. and Mason, K. (2012) 'Cumulative exposure to poor housing affordability and its association with mental health in men and women', *Journal of Epidemiology and Community Health*, vol. 66, no. 9: 761–766.
- Bentley, R., Baker, E., Mason, K., Subramanian, S. and Kavanagh, A. (2011) 'Association between housing affordability and mental health: a longitudinal analysis of a nationally representative household survey in Australia', *American Journal of Epidemiology*, vol. 174, no. 7: 753–760.
- Biddle, N., Al-Yaman, F., Gourley, M., Gray, M., Bray, J.R., Brady, B., Pham, L., Williams, E. and Montaigne, M. (2014) *Indigenous Australians and the National Disability Insurance Scheme*, Research Monograph No. 34, Centre for Aboriginal Economic Policy Research, Canberra.
- Biddle, N. and Markham, F. (2013) *CAEPR Indigenous Population Project: 2011 Census Papers, Paper no. 12: Regional Centres*, Centre for Aboriginal Economic Policy Research, ANU, Canberra.
- Bohanna, I., Stephens, A., Wargent, R., Catherall, J., Timms, C., Graham, D. and Clough, A. (2013) *Assessment of acquired brain injury in Aboriginal and Torres Strait Islander Australians: guidance for DisabilityCare Australia*, accessed 4 October 2015, [http://www.braininjuryaustralia.org.au/docs/PDF\\_Project\\_Report\\_9Jul13\\_FINALx.pdf](http://www.braininjuryaustralia.org.au/docs/PDF_Project_Report_9Jul13_FINALx.pdf).
- Bonyhady, B. (2013) *The National Disability Insurance Scheme, supporting participants to gain appropriate housing with quality support*, accessed 23 September 2015, [www.nds.org.au/asset/view\\_document/979322646](http://www.nds.org.au/asset/view_document/979322646).
- (2014a) 'National Disability Insurance Scheme: tides of change: the NDIS and its journey to transform disability support', *New Paradigm: The Australian Journal on Psychosocial Rehabilitation*, Summer 2014: 6–7.
- (2014b) 'The NDIS: a call to action', *Parity*, vol. 27, no. 5: 8–9.
- Bostock, L. (2007) 'Telling it like it is: a report on community consultations with Aboriginal people with disability and their associates throughout NSW, 2004–2005', *Inquiry into Overcoming Indigenous Disadvantage*, No. 2, Aboriginal Disability Network of New South Wales, Sydney, accessed 29 September 2015, <http://www.carersaustralia.com.au/storage/tellingit.pdf>.
- Bourke, E. (2014) 'The housing needs of NDIS participants', *Parity*, vol. 27, no. 5: 10.
- Boylorn, R. (2008) 'Lived Experience', in L. Given (ed.), *The Sage Encyclopaedia of Qualitative Research Methods*, accessed 1 November 2015, <https://srmo.sagepub.com/view/sage-encyc-qualitative-research-methods/n250.xml>.
- Braddock, M., Wanganeen, M. and Aboriginal Housing Board of South Australia (1980) *South Australian Far West regional study: Yalata, preliminary report on housing needs*, Aboriginal Housing Board of South Australia Inc., Adelaide.
- Brady, M. (1999) 'The politics of space and mobility: controlling the Ooldea/Yalata Aborigines 1952–1982', *Aboriginal History*, vol. 23: 1–14.



- Brady, M. (2004) *Regulating social problems: the pokies, the Productivity Commission and an Aboriginal community*, Centre for Aboriginal Economic Policy Research Discussion Paper No. 269/2004, ANU, accessed 4 October 2015, [http://caepr.anu.edu.au/sites/default/files/Publications/DP/2004\\_DP269.pdf](http://caepr.anu.edu.au/sites/default/files/Publications/DP/2004_DP269.pdf).
- Brady, M. (2010) 'On and off-premise drinking choices among Indigenous Australians: the influence of socio-spatial factors', *Drug and Alcohol Review*, vol. 29, no. 4: 446–451.
- Brady, M., Byrne J. and Henderson, G. (2003) "Which bloke would stand up for Yalata?": the struggle of an Aboriginal community to control the availability of alcohol', *Australian Aboriginal Studies*, 2003/2: 62–71.
- Bridge, C., Phibbs, P., Gohar, N. and Chaudhary, K. (2007) *Evidence based research: identifying barriers to home modifications*, The Home Modification Information Clearinghouse Project, University of Sydney, accessed 4 October 2015, <http://www.homemods.info/Download.ashx?File=6f732f373bfdd8ce4ac3637e136470ef>.
- Brock, P. (1995) 'Pastoral stations and reserves in South and Central Australia, 1850s–1950s', *Labour History*, vol. 69: 102–114.
- Brock, P. and Kartinyeri, D. (1989) 'Poonindie: the rise and destruction of an Aboriginal agricultural community', Government Printer and the Aboriginal Heritage Branch, Department of Environment and Planning, Adelaide.
- Burns, C. (2006) *Wheelchair Project report: a study into wheelchair options for Aboriginal people with disabilities in rural and remote communities*, Independent Living Centre of Western Australia, Perth.
- Callow, S (2012) 'Transportable roll into Point Pearce', *Yorke Peninsula Country Times*, 27 November 2012, viewed 21 February 2017, <http://ypct.com.au/index.php/opinion/item/782-transportables-roll-into-point-pearce>.
- Carling, P. (1993) 'Housing and supports for persons with mental illness: emerging approaches to research and practice', *Psychiatric Services*, vol. 44, no. 5: 439–449.
- Carson B., Dunbar T., Chenhall, R. and Bailie, R. (2007) *Social Determinants of Indigenous Health*, Allen and Unwin, Sydney.
- Central Australian Aboriginal Congress (2011), 'Rebuilding family life in Alice Springs and Central Australia: the social and community dimensions of change for our people', CAAC Paper, accessed 14 February 2017, [www.caac.org.au/uploads/pdfs/Rebuilding-Families-Congress-Paper.pdf](http://www.caac.org.au/uploads/pdfs/Rebuilding-Families-Congress-Paper.pdf).
- Centre for Appropriate Technology [CAT] (2014) 'Development of the *National Indigenous Infrastructure Guide*', accessed 10 October 2015, <http://www.cat.org.au/development-of-the-national-indigenous-infrastructure-guide/>.
- Centre for Housing, Urban and Regional Planning (2012) 'Housing and disability: forgotten issues in public health research and policy workshop', program notes, Population Health Congress 2012, 10 September 2012, Adelaide, accessed 13 December 2014, <http://www.adelaide.edu.au/churp/presentations/PopulationHealthCongressSeptember2012.pdf>.
- Children and Young People with Disability Australia (2015) 'Rights and legislation', accessed 14 July 2015, [http://www.cda.org.au/rights\\_and\\_legislation](http://www.cda.org.au/rights_and_legislation).
- City of Greater Geelong (2010) *Sustainable communities: infrastructure development guidelines*, City of Greater Geelong, Geelong.

- (2014) *Karreenga Aboriginal Action Plan 2014–2017*, City of Greater Geelong, Geelong.
- Clandinin, D. J. and Rosiek, J. (2006) 'Mapping a landscape of narrative inquiry: borderland spaces and tensions', in D. Clandinin (ed.), *Handbook of Narrative Inquiry: Mapping a Methodology*, Sage, California: 35–75.
- Coroner of South Australia (2011) *Sleeping Rough Inquest. Finding of inquest into deaths of Kunmanara Kugena, Kunmanara Windlass, Kunmanara Peters, Kunmanara Kugena, Kunmanara Gibson and Kunmanara Minning*, Coroner's Court of South Australia, Adelaide.
- Council of Australian Governments [COAG] (2008a) *National Partnership Agreement on Remote Indigenous Housing*, COAG, accessed 8 October 2015, [http://www.federalfinancialrelations.gov.au/content/npa/housing/remote\\_indigenous\\_housing/national\\_partnership.pdf](http://www.federalfinancialrelations.gov.au/content/npa/housing/remote_indigenous_housing/national_partnership.pdf). 2010 revised version available at <http://www.federalfinancialrelations.gov.au/content/npa/housing.aspx>.
- (2008b) *National Partnership Agreement on Social Housing (expired)*, COAG, accessed 22 November 2016, [http://www.curtin.edu.au/research/jcipp/local/docs/National\\_Partnership\\_Agreement\\_on\\_Social\\_Housing.pdf](http://www.curtin.edu.au/research/jcipp/local/docs/National_Partnership_Agreement_on_Social_Housing.pdf).
- (2011) *National Disability Strategy 2010–2020*, COAG, accessed 6 October 2016, <https://www.dss.gov.au/our-responsibilities/disability-and-carers/publications-articles/policy-research/national-disability-strategy-2010-2020>.
- (2012) *COAG Consultation Regulation Impact Statement: National Disability Insurance Scheme*, COAG, Canberra, accessed 14 July 2015, <https://www.coag.gov.au/sites/default/files/National%20Disability%20Insurance%20Scheme%20-%20Consultation%20Regulation%20Impact%20Statement.pdf>.
- Crowther, E. and Collister, L. (2014) 'NDIS: risks to vision, mission, and the way we work', *New Paradigm: The Australian Journal on Psychosocial Rehabilitation*, Summer 2014: 23–26.
- Dalton, T. and Ong, R. (2007) 'Welfare to work in Australia: disability income support, housing affordability and employment incentives', *European Journal of Housing Policy*, vol. 7, no. 3: 275–297.
- Department for Communities and Social Inclusion [DSCI] (2017) Disability SA, viewed 21 February 2017, <http://www.dcsi.sa.gov.au/services/disability-sa>.
- Department of Families, Community Services and Indigenous Affairs [FaCSIA] (2007) *National Indigenous housing guide: improving the living environment for safety, health and sustainability*, 3rd edn, FaCSIA, Canberra.
- Department of Families, Housing, Community Services and Indigenous Affairs [FaHCSIA] (2010) *National Indigenous infrastructure guide*, FaHCSIA, Canberra.
- Department of the Prime Minister and Cabinet [DPMC] (2014) *Reform of the Federation White Paper: roles and responsibilities in housing and homelessness*, Issues Paper no. 2, DPMC, Canberra.
- (2017) New remote housing strategy, viewed 21 February 2017, <https://www.dpmc.gov.au/indigenous-affairs/housing/new-remote-housing-strategy>.
- Department of Social Services [DSS] (2011) 'Leases signed for Koonibba and Yalata', joint media release by the Hon. Jenny Macklin MP with The Hon. Jennifer Rankine, 20 September 2011, accessed 10 November 2015, <http://www.formerministers.dss.gov.au/13714/leases-signed-for-koonibba-and-yalata/>.



- (2014) *National Partnership Agreement on Remote Indigenous Housing (NPARIH): review of progress (2008–2013)*, accessed 6 January 2015, <https://www.dss.gov.au/sites/default/files/files/indigenous/Final%20NPARIH%20Review%20May%2020132.pdf>.
- Dixon, J. and Alakeson, V. (2010) 'Reforming health care: why we need to learn from international experience', Briefing, The Nuffield Trust, September 2010, London, accessed 17 February 2017, <https://www.nuffieldtrust.org.uk/research/reforming-health-care-why-we-need-to-learn-from-international-experience>.
- Elvin, R. and Hogan, E. (2010) 'Demystifying infrastructure: a national Indigenous infrastructure guide', 7th National Aboriginal and Torres Strait Islander Environmental Health Conference, Kalgoorlie, accessed 11 October 2015, <http://www.health.gov.au/internet/publications/publishing.nsf/Content/ohp-enhealth-natsieh-cnt-l-ohp-enhealth-natsieh-cnt-l-11~ohp-enhealth-natsieh-cnt-l-11.6..>
- Equal Access Pty Ltd (2015) Australian standards—AS1428 suite, accessed 12 October 2015, <http://www.disabilityaccessconsultants.com.au/australian-standards-as1428-suite/>.
- Every Australian Counts (2015) *A place I can proudly call home: every Australian counts campaign—housing stories*, accessed 3 October 2015, [http://www.everyaustraliancounts.com.au/wp-content/uploads/EAC\\_HousingPaper1.pdf](http://www.everyaustraliancounts.com.au/wp-content/uploads/EAC_HousingPaper1.pdf).
- Fantin, S. (2003), 'Yolngu cultural imperatives and housing design: Ramaru, Mirri and Galka', in P. Memmott (ed.), *Take 2: Housing Design in Indigenous Australia*, Royal Australian Institute of Architects, Red Hill.
- Farrar, A. (2014) 'An overview of the affordable housing challenges for the National Disability Insurance Scheme', *Parity*, vol. 27, no. 5: 11–12.
- Fien, J., Charlesworth, E., Lee, G., Morris, D., Baker, D. and Grice, T. (2007) *Flexible guidelines for the design of remote Indigenous community housing*, AHURI Positioning Paper No. 98, Australian Housing and Urban Research Institute Limited, Melbourne, <https://www.ahuri.edu.au/research/position-papers/98>.
- (2008) *Towards a design framework for remote Indigenous housing*, AHURI Final Report No. 114, Australian Housing and Urban Research Institute Limited, Melbourne, <https://www.ahuri.edu.au/research/final-reports/114>.
- First Peoples Disability Network (2016) *Ten-point plan for the implementation of the NDIS in Aboriginal and Torres Strait Islander communities*, accessed 24 November 2016, <http://fpdn.org.au/ten-point-plan-for-the-implementation-of-the-ndis-in-aboriginal-communities/>.
- Fleming, J. and O'Connell, R. (1999) 'The Narungga health story', *Proceedings of the 5th National Rural Health Conference*, Adelaide, 14–17th March 1999, accessed 6 January 2015, [http://ruralhealth.org.au/PAPERS/5\\_narung.pdf](http://ruralhealth.org.au/PAPERS/5_narung.pdf).
- Government of South Australia (2011) 'SA Tenders and Contracts, Design and construction of eight (8) single disabled units at Yalata Aboriginal Community', Tenders (archived), accessed 6 July 2015, <https://www.tenders.sa.gov.au/tenders/contract/view.do?id=7564>.
- (c.2011) 'Housing modifications application form', accessed 7 September 2015, [https://www.sa.gov.au/data/assets/pdf\\_file/0004/17455/Housing\\_modifications\\_application\\_form\\_red.pdf](https://www.sa.gov.au/data/assets/pdf_file/0004/17455/Housing_modifications_application_form_red.pdf).
- Grant, E. (1999) *Aboriginal Housing in South Australia, An Overview of Housing at Oak Valley, Maralinga Tjarutja*, The University of Adelaide, Adelaide.

- Grant, E. (2011) *Ceduna Aboriginal Children and Family Centre: Indigenous design considerations*, Report to Department of Transport, Energy and Infrastructure (South Australia), Department of Education and Children's Services, Adelaide.
- Grant, E., Chong, A., Zillante, G., Beer, A. and Srivastava, A. (2014) 'The NDIS, housing and Indigenous Australians living with a disability', *Parity*, vol. 27, no. 5: 25–26.
- Grant, E., Zillante, G., Tually, S., Chong, A., Srivastava, A., Lester, L., Beilby, J. and Beer, A. (2016) *Housing and Indigenous people with disability: lived experiences of housing and community infrastructure*, AHURI Positioning Paper No. 168, Australian Housing and Urban Research Institute Limited, Melbourne <https://www.ahuri.edu.au/research/position-papers/168>.
- Griffis, D. (2010) 'First submission to the Productivity Commission Inquiry into Disability Care and Support', First Peoples Disability Network Australia, Newtown, accessed 28 September 2015, <http://www.pc.gov.au/inquiries/completed/disability-support/submissions/sub0542.pdf>.
- Healthabitat (2013a) *Housing for health: the guide*, accessed 9 October 2015, <http://www.housingforhealth.com/>.
- (2013b) *Is the guide different to the National Indigenous housing guide?*, accessed 7 October 2015, <http://www.housingforhealth.com/faqs/is-this-different-to-the-national-Indigenous-housing-guide-3rd-edition/>.
- (2015) *National Indigenous housing guide (NIHG)*, accessed 7 October 2015, <http://www.healthabitat.com/products/national-Indigenous-housing-guide-nihg>.
- Heppell, M. (ed.) (1979) *A Black Reality: Aboriginal Camps and Housing in Remote Australia*, Australian Institute of Aboriginal Studies, Canberra.
- Hermant, N. (2014) 'Criticism plagues NDIS as its first anniversary approaches', interview: Norman Hermant with Mark Colvin, 30 June 2014, ABC Radio, accessed 26 May 2016, <http://www.abc.net.au/pm/content/2014/s4036204.htm>.
- Howden-Chapman, P. and Carroll, P. (2004) *Housing and Health*, Steele Roberts, Wellington.
- Hulse, K., Burke, T., Ralston, L., and Stone, W. (2012) *The Australian private rental sector: changes and challenges*, AHURI Positioning Paper No. 149, Australian Housing and Urban Research Institute Limited, Melbourne, <https://www.ahuri.edu.au/research/position-papers/149>.
- Hulse, K., Reynolds, M., Stone, W. and Yates, J. (2015) *Supply shortages and affordability outcomes in the private rental sector: short and longer term trends*, AHURI Final Report No. 241, Australian Housing and Urban Research Institute Limited, Melbourne, <https://www.ahuri.edu.au/research/final-reports/114>.
- Human Rights and Equal Opportunity Commission [HREOC] (1997) *Bringing them home: report of the National Inquiry into the Separation of Aboriginal and Torres Strait Islander Children from their Families*, HREOC, Sydney, accessed 14 October 2015, <http://www.humanrights.gov.au/our-work/aboriginal-and-torres-strait-islander-social-justice/publications/bringing-them-home-stolen>.
- Imrie, R. (2004) 'Disability, embodiment and the meaning of the home', *Housing Studies*, vol. 19, no. 5: 745–763.
- Jacobs, K., Natalier, K. and Rottier, R. (2004) *A review of private rental support programs*, AHURI Positioning Paper No. 77, Australian Housing and Urban Research Institute Limited, Melbourne, <https://www.ahuri.edu.au/research/position-papers/77>.

- Jacobs, K., Natalier, K., Slatter, M., Berry, M., Stoakes, A., Seelig, T., Hutchinson, H., Grieve, S., Phibbs, P., and Gurran, N. (2005) *A review of private rental support programs*, AHURI Final Report No. 86, Australian Housing and Urban Research Institute Limited, Melbourne, <https://www.ahuri.edu.au/research/final-reports/86>.
- Joint Standing Committee on the National Disability Insurance Scheme (2014) *Progress report on the implementation and administration of the National Disability Insurance Scheme*, 1st progress report (July 2014), Australian Government, Canberra, accessed 14 February 2017, [http://www.aph.gov.au/Parliamentary\\_Business/Committees/Joint/National\\_Disability\\_Insurance\\_Scheme/JNDIS-44th/First\\_progress\\_report](http://www.aph.gov.au/Parliamentary_Business/Committees/Joint/National_Disability_Insurance_Scheme/JNDIS-44th/First_progress_report).
- (2015) *Progress Report on the implementation and administration of the National Disability Insurance Scheme*, 2nd progress report (November 2015), accessed 14 February 2017, [http://www.aph.gov.au/Parliamentary\\_Business/Committees/Joint/National\\_Disability\\_Insurance\\_Scheme/JNDIS-44th/Second\\_progress\\_report](http://www.aph.gov.au/Parliamentary_Business/Committees/Joint/National_Disability_Insurance_Scheme/JNDIS-44th/Second_progress_report).
- Kavanagh, A. M., Krnjacki, L., Aitken, Z., LaMontagne, A. D., Beer, A., Baker, E. and Bentley, R. (2014) 'Intersections between disability, type of impairment, gender and socio-economic disadvantage in a nationally representative sample of 33,101 working-aged Australians', *Disability and Health Journal*, vol. 8, no. 2: 191–199.
- Kelly, S. and Sheehan, M. (2014) 'What is a reasonable and necessary support to live in safe, appropriate affordable housing?', *Parity*, vol. 27, no. 5: 33–34.
- Keys, C. (1996) 'Defining single Aboriginal women's housing needs in central Australia: dealing with issues of culture, gender and environment', *Architectural Theory Review*, vol. 1, no. 1: 69–77.
- Kroehn, M., Hutson, K., Faulkner, D. and Beer, A. (2007), *The housing careers of persons with a disability and family members with care responsibilities for persons with a disability*, AHURI Research Paper, Australian Housing and Urban Research Institute Limited, Southern Research Centre, Adelaide, <https://www.ahuri.edu.au/research/nrv-research-papers/nrv2>.
- Kugena, M., Sandimar, M., and Edwards, Y. (1979) *Yalata*, Department of Education, Adelaide.
- Leitner, G. and Malcolm, I. (2007) *The Habitat of Australia's Aboriginal languages: Past, Present and Future*, Mouton de Gruyter, Berlin.
- Livable Housing Australia (2012) *Livable housing design guidelines*, 2nd edn, Sydney, accessed 6 December 2013, [https://www.dss.gov.au/sites/default/files/documents/09\\_2012/lhd\\_guidelines\\_2012\\_secondedition1.pdf](https://www.dss.gov.au/sites/default/files/documents/09_2012/lhd_guidelines_2012_secondedition1.pdf).
- Long, S., Memmott, P. and Seelig, T. (2007) *An audit and review of Australian Indigenous housing research*, AHURI Final Report No. 102, Australian Housing and Urban Research Institute Limited, Melbourne, <https://www.ahuri.edu.au/research/final-reports/102>.
- Madden, R. and Dimitropoulous, V. (2014) 'The International Classification of Functioning, Disability and Health ICF: what it is and what it can be used for', *Interchange: Journal of the Health Information Management Association of Australia*, vol. 4, no. 1: 27–29.
- Marmot, M. and Wilkinson, R. (eds) (2005) *Social Determinants of Health*, Oxford University Press, Oxford.
- Mattingley, C. and Hampton, K. (1988) *Survival in our own Land: 'Aboriginal' Experiences in 'South Australia' since 1836*, Wakefield Press, Adelaide.

- Yalata and Oak Valley Communities, with C. Mattingley (2009) *Maralinga: The Anangu story*, Allen and Unwin, Crow's Nest.
- McConkey, R. and Keogh, F. (2014) 'Transforming organisations to deliver more personalised housing and accommodation supports in disability and mental health services', *Administration*, vol. 62, no. 1: 91–118.
- Memmott, P. (1988) 'Aboriginal housing: the state of the art (or the non-state of the art)', *Architecture Australia*, June: 34–45, accessed 24 January 2015, [http://espace.library.uq.edu.au/view/UQ:9500/ArchAust1988\\_red.pdf](http://espace.library.uq.edu.au/view/UQ:9500/ArchAust1988_red.pdf).
- (1990) *Report on the social conditions of Aboriginal campers in the Todd River and other public places in Alice Springs—shortened version*, 24 April 1990, Aboriginal Data Archive, University of Queensland, St Lucia.
- (1991) *Humpy, House and Tin Shed: Aboriginal Settlement History on the Darling River*, The University of Sydney, Sydney.
- (ed) (2003) *Take 2: Housing Design in Indigenous Australia*, Royal Australian Institute of Architects, Red Hill.
- (2004) 'Aboriginal housing: has the state of the art improved?', *Architecture Australia*, vol. 93, no. 1: 46.
- (2007) *Gunyah, Goondie and Wurley: The Aboriginal Architecture of Australia*, University of Queensland Press, Brisbane.
- Memmott, P., Birdsall-Jones, C., and Greenop, K. (2012) *Australian Indigenous house crowding*, AHURI Final Report No. 194, Australian Housing and Urban Research Institute Limited, Melbourne, <https://www.ahuri.edu.au/research/final-reports/194>.
- Memmott, P., Long, S., and Thomson, L. (2006) *Indigenous mobility in rural and remote Australia*, AHURI Final Report No. 90, Australian Housing and Urban Research Institute Limited, Melbourne, <https://www.ahuri.edu.au/research/final-reports/90>.
- Memmott, P., Long, S., Chambers C. and Spring, F. (2003) *Categories of Indigenous Homeless people and good practice responses to their needs*, AHURI Final Report No. 49, Australian Housing and Urban Research Institute Limited, Melbourne, <https://www.ahuri.edu.au/research/final-reports/49>.
- Menzies School of Health Research (2014), Menzies School of Health Research Submission to the (Northern Territory Government) Select Committee on Action to Prevent Foetal Alcohol Spectrum Disorder, accessed 23 November 2016, [http://www.nt.gov.au/lant/parliamentary-business/committees/fasd/Submissions/Submission Number 15 Menzies School of Health Research.pdf](http://www.nt.gov.au/lant/parliamentary-business/committees/fasd/Submissions/Submission%20Number%2015%20Menzies%20School%20of%20Health%20Research.pdf).
- Milligan, V., Phillips, R., Easthope, H., Liu, E. and Memmott, P. (2011) *Urban social housing for Aboriginal people and Torres Strait Islanders: respecting culture and adapting services*, AHURI Final Report No.172, Australian Housing and Urban Research Institute Limited, Melbourne, <https://www.ahuri.edu.au/research/final-reports/49>.
- Mines, R. (2011a) *Mobility Solutions for Aboriginal and Torres Strait Island People*, University of South Australia, Adelaide.
- (2011b) *Community consultation report: mobility for Aboriginal and Torres Strait Islander people with disabilities who require wheelchairs, living in remote communities*, Motivation Australia, Willunga.
- MJD Foundation Ltd (2013) *Disability audit NE Arnhem Land/NT Gulf: a snapshot of Indigenous Australian disability in the very remote communities of the Groote Eylandt Archipelago (Angurugu, Umbakumba, Milyakburra), Elcho Island*



(Galiwin'ku), and Ngukurr (including Urapunga): a Practical Design Fund project conducted for the National Disability Insurance Scheme (NDIS), DisabilityCare Australia (DCA), MJD Foundation Ltd, Alyangula NT.

- Moran, M. (2003) 'An evaluation of participatory planning at Mapoon Aboriginal Community: opportunities for inclusive local governance', *Australian Aboriginal Studies*, vol. 2: 72–84.
- Morden, A. (2014) 'Social housing and people with a disability', *Parity*, vol. 27, no. 5: 43.
- Motivation Australia (2013) *Yolngu information sharing and clarity of understanding*, accessed 22 February 2016, [http://www.motivation.org.au/limesquare/wp-content/uploads/2013/06/images\\_documents\\_MA\\_PDF50\\_FullReport\\_MAY13\\_FINAL.pdf](http://www.motivation.org.au/limesquare/wp-content/uploads/2013/06/images_documents_MA_PDF50_FullReport_MAY13_FINAL.pdf).
- National Dialogue on Universal Housing Design [NDUHD] (2010a) *Livable housing design guidelines*, accessed 10 September 2015, <https://www.dss.gov.au/our-responsibilities/disability-and-carers/program-services/government-international/national-disability-strategy-initiatives/livable-housing-design>.
- [NDUHD] (2010b) *Strategic plan*, accessed 10 September 2015, <https://www.dss.gov.au/our-responsibilities/disability-and-carers/program-services/government-international/national-disability-strategy-initiatives/livable-housing-design>.
- National Disability Insurance Agency [NDIA] (2014) *National Disability Insurance Scheme sector development fund program guidelines, November 2014*, accessed 16 July 2015, [http://www.aph.gov.au/~media/Committees/clac\\_ctte/estimates/add\\_1415/Social%20Services/Answers/020-Att\\_A.pdf](http://www.aph.gov.au/~media/Committees/clac_ctte/estimates/add_1415/Social%20Services/Answers/020-Att_A.pdf).
- (2015) *National Disability Insurance Scheme outcomes framework pilot study: summary report*, accessed 25 May 2016, <https://www.ndis.gov.au/document/outcomes-framework-pilot>.
- (2016) *Specialist disability accommodation position paper on draft pricing and payments*, 1 April 2016, accessed 2 August 2016, <https://www.ndis.gov.au/news/sda-news.html>.
- National Disability Insurance Scheme [NDIS] (2014a) *Mainstream interface: housing and independent living, supports the NDIS will fund in relation to housing and independent living*, accessed 4 October 2015, <https://www.ndis.gov.au/document/supports-ndis-will-fund-relation-4.html>.
- (2014b) 'The Disability Support Organisation DSO capacity building project', accessed 4 October 2015, <https://www.ndis.gov.au/outcome-one-participants-carers-and-fam.html>.
- (2015a), 'Specialist Disability Accommodation Pricing and Payments Framework', accessed 8 August 2016, <https://www.ndis.gov.au/SDA-pricing-payments.html>.
- (2015b) 'Support for carers', accessed 4 October 2015, <https://www.ndis.gov.au/families-carers/support-carers>.
- (2015c) 'What help can I get: housing', accessed 4 October 2015, <https://www.ndis.gov.au/people-disability/what-help-can-i-get>.
- (2015d) 'What is the NDIS?', accessed 18 September 2015, <https://www.ndis.gov.au/about-us/what-ndis.html>.
- (n.d.), 'Our sites', accessed 24 October 2015, <https://www.ndis.gov.au/about-us/our-sites>.

- National Housing Supply Council [NHSC] (2010) *2nd State of Supply Report 2010*, FaHCSIA, Canberra, accessed 4 October 2015, [http://www.treasury.gov.au/~media/Treasury/Publications%20and%20Media/Publications/2010/NHSC/Downloads/stateofsupplyreport\\_2010.ashx](http://www.treasury.gov.au/~media/Treasury/Publications%20and%20Media/Publications/2010/NHSC/Downloads/stateofsupplyreport_2010.ashx).
- (2013) *Housing supply and affordability issues*, NHSC, accessed 24 July 2014, <http://www.treasury.gov.au/PublicationsandMedia/Publications/2013/NHSC>.
- National People with Disabilities and Carer Council [NPDCC] (2009) *Shut out: the experience of people with disabilities and their families in Australia*, National Disability Strategy Consultation Report, Commonwealth of Australia, Canberra.
- Nelson, J., MacDonald, H., Duffy Jones, R., Dunn, K. and Paradies, Y. (2015) 'Ethnic discrimination in private rental housing markets in Australia', in R. Duffy Jones and D. Rogers (eds), *Housing in Twenty-First Century Australia: People, Practices and Policies*, Routledge, Abingdon, Oxon: 39–56.
- Organisation for Economic Cooperation and Development [OECD] (2011) *How's Life? Measuring Well-being*, OECD Publishing.
- Osborne, K., Baum, F. and Brown, L. (2013) *What works? A review of actions addressing the social and economic determinants of Indigenous health*, Issues Paper no. 7 produced for the Closing the Gap Clearinghouse, Australian Government, accessed 4 October 2015, <http://www.aihw.gov.au/uploadedFiles/ClosingTheGap/Content/Publications/2013/ctgc-ip07.pdf>.
- Palmer, J. and Ward, S. (2013) 'The livable and adaptable house', in *Your Home: Australia's Guide to Environmentally Sustainable Homes*, 5th edn, Australian Government Department of Industry, accessed 25 October 2015, <http://www.yourhome.gov.au/housing/livable-and-adaptable-house>.
- Palmer, K. and Brady, M. (1991) *Diet and Dust in the Desert: An Aboriginal Community, Maralinga Lands, South Australia*, Aboriginal Studies Press, Canberra.
- People with Disability Australia [PWDA] (c.2010) 'PWDA Submission regarding the National Disability Insurance Scheme (NDIS) Rules Consultation Paper', People with Disability Australia, accessed 26 May 2016, <http://www.pwd.org.au/pwda-publications/submissions.html>.
- (n.d.) 'The social model of disability', accessed 24 May 2016, <http://www.pwd.org.au/student-section/the-social-model-of-disability.html>.
- Phibbs, P. and Thompson S. (2011) *The health impacts of housing: toward a policy-relevant research agenda*, AHURI Final Report No. 173, Australian Housing and Urban Research Institute Limited, Melbourne, <https://www.ahuri.edu.au/research/final-reports/173>.
- Pholeros, P. (2002) 'Housing for health and fixing houses for better health', *Environmental Health*, vol. 2, no. 4: 34.
- Pholeros, P. and Phibbs, P. (2012) *Constructing and maintaining houses*, Resource Sheet No. 13, Closing the Gap Clearinghouse, AIHW and Australian Institute of Family Studies, Melbourne.
- Power, A., Lord, J. and deFranco, A. (2013) *Active Citizenship and Disability: Implementing the Personalisation of Support*, Cambridge University Press, New York.
- Productivity Commission (2011a) *Disability Care and Support: Productivity Commission Inquiry Report*, Report no. 54, vol. 1, Commonwealth of Australia, Canberra.

- (2011b) *Disability Care and Support: Productivity Commission Inquiry Report*, Report no. 54, vol. 2, Commonwealth of Australia, Canberra.
- Productivity Commission (2017) *National Disability Insurance Scheme (NDIS) costs*, Productivity Commission Issues Paper, Australian Government, Canberra.
- Read, P. (2000) *Settlement: A History of Australian Indigenous Housing*, Aboriginal Studies Press, Canberra.
- Reser, J. (1989) *The design of safe and humane police cells: a discussion of some issues relating to Aboriginal people in police custody*, Royal Commission into Aboriginal Deaths in Custody, Canberra.
- Renewal SA (c.2014a) 'Sustainable housing principles: section 2.3 SAHT Universal Housing Design Criteria', *Design guidelines for sustainable housing and liveable neighbourhoods*, Renewal SA on behalf of the South Australian Housing Trust, accessed 14 February 2017, <https://dcsi.sa.gov.au/services/housing-sa/housing-design-guidelines>.
- (c.2014b) 'Maintenance guides: section 4.1 housing modifications', *Design guidelines for sustainable housing and liveable neighbourhoods*, Renewal SA on behalf of the South Australian Housing Trust, accessed 14 February 2017, <https://dcsi.sa.gov.au/services/housing-sa/housing-design-guidelines>.
- (c.2014c) 'Sustainable housing principles: section 2.2 design guidelines for site layouts', *Design guidelines for sustainable housing and liveable neighbourhoods*, Renewal SA on behalf of the South Australian Housing Trust, accessed 15 Nov 2015, <https://dcsi.sa.gov.au/services/housing-sa/housing-design-guidelines>.
- Ross, H. (1987) *Just for Living: Aboriginal Perceptions of Housing in Northwest Australia*, Aboriginal Studies Press, Canberra.
- Rowley, S. and Ong, R. (2012) *Housing affordability, housing stress and household wellbeing in Australia*, AHURI Final Report No. 192, Australian Housing and Urban Research Institute Limited, Melbourne, <https://www.ahuri.edu.au/research/final-reports/192>.
- Royal Commission into Aboriginal Deaths in Custody (Commissioner Elliott Johnston QC) (1991) *Royal Commission into Aboriginal Deaths in Custody: national report [Vols 1–5] and regional reports*, Australian Government Publishing Service, Canberra.
- Saunders, P. (2005) *Disability, poverty and living standards: reviewing Australian evidence and policies*, SPRC Discussion Paper No. 145, Social Policy Research Centre, Sydney.
- Senior, K. (2000) *Testing the ICIDH-2 with Indigenous Australians: results of field work in two Aboriginal communities in the Northern Territory: a final report prepared for the Australian Institute of Health and Welfare, ICIDH Collaborating Centre and Department of Health and Family Services*, accessed 28 September 2015, [http://www.aihw.gov.au/uploadedFiles/Subjects/Functioning\\_and\\_disability/5\\_icidh\\_i\\_nd.doc](http://www.aihw.gov.au/uploadedFiles/Subjects/Functioning_and_disability/5_icidh_i_nd.doc).
- Shakespeare, T. (2014) *Disability Rights and Wrongs*, 2nd edn, Routledge, Abingdon, Oxon.
- Silburn, S., Zubrick, S., De Maio, J., Shepherd, C., Griffin, J., Mitrou, F., Dalby, R., Hayward, C. and Pearson, G. (2006) *The Western Australian Aboriginal Child Health Survey: strengthening the capacity of Aboriginal children, families and communities*, Curtin University of Technology and Telethon Institute for Child Health Research, Perth.

- Smith, S. (2014), 'Home at last? Why the vision for the national disability insurance scheme must be backed by access to housing', *Parity*, vol. 27, no. 5: 37.
- South Australian Housing Trust, Wangka Wilurrara Regional Council and Far West Aboriginal Progress Association (1996), *1995 West Coast Aboriginal Housing Survey*, Aboriginal Housing Unit, South Australian Housing Trust, Adelaide SA.
- Southern Public Health Unit Network (2003), *Social determinants of health fact sheet: Aboriginal and Torres Strait Islander health*, West Moreton Public Health Unit, Ipswich, Queensland Health, accessed 28 January 2016, <https://www.health.qld.gov.au/ph/Documents/saphs/20400.pdf>.
- Srivastava Y., Peter S. and Elvin R. (2013) *Housing experience: post occupancy evaluation of Alice Springs town camp housing 2008–2011*, final report, Centre for Appropriate Technology, Alice Springs.
- Statistics New Zealand (2015) *Measuring housing quality: potential ways to improve data collection on housing quality in New Zealand*, accessed 1 June 2016, via link at: [http://www.stats.govt.nz/browse\\_for\\_stats/people\\_and\\_communities/housing/measuring-housing-quality.aspx](http://www.stats.govt.nz/browse_for_stats/people_and_communities/housing/measuring-housing-quality.aspx).
- Stone, W., Burke, T., Hulse, K. and Ralston, L. (2013) *Long-term private rental in a changing Australian private rental sector*, AHURI Final Report No. 209, Australian Housing and Urban Research Institute Limited, Melbourne, <https://www.ahuri.edu.au/research/final-reports/209>.
- Taleporos, G., Craig, D., Brown, M., McNamara, C. and Forbes, S. (2013) *Housing and support for younger people with disabilities transitioning to independent living: elements for success in the design and implementation of DisabilityCare Australia, a National Disability Insurance Scheme*, Youth Disability Advocacy Service, Melbourne, accessed 14 February 2017, [https://myplace.ndis.gov.au/ndisstorefront/html/sites/default/files/documents/YDAS\\_PDF\\_Project.pdf](https://myplace.ndis.gov.au/ndisstorefront/html/sites/default/files/documents/YDAS_PDF_Project.pdf).
- Taylor, J. and McKenzie, S. (2006) *A Yorke Peninsula Division of General Practice Network and capacity building project evaluation: 'Pathways to Wellness' for Narungga People, Point Pearce SA*, Centre for Rural Health and Community Development, Adelaide, accessed 10 August 2015, [http://202.74.67.49/docs/publications/691\\_Pathways\\_to\\_Wellness\\_Report\\_2007.pdf](http://202.74.67.49/docs/publications/691_Pathways_to_Wellness_Report_2007.pdf).
- The Arc (2015) *Housing issues for people with disabilities*, accessed 24 October 2015, <http://www.thearc.org/page.aspx?pid=2588>.
- The University of Melbourne (2003) 'The Agreements, Treaties and Negotiated Settlements database (ATNS): Wathaurong People', accessed 10 September 2015, <http://www.atns.net.au/agreement.asp?EntityID=1036>.
- Thomas, C. (2004) 'How is disability understood? An examination of sociological approaches', *Disability and Society*, vol. 19, no. 6: 569–583,
- Tually, S. and Beer, A. (2010) *Housing assistance, social inclusion and people with a disability*, AHURI Positioning Paper No. 131, Australian Housing and Urban Research Institute Limited, Melbourne, <https://www.ahuri.edu.au/research/position-papers/131>.
- Tually, S., Beer, A. and McLoughlin, P. (2011) *Housing assistance, social inclusion and people with disability*, AHURI Final Report No. 165, Australian Housing and Urban Research Institute Limited, Melbourne, <https://www.ahuri.edu.au/research/final-reports/165>.



- Tually, S., Slatter, M., Faulkner, D. and Oakley, S. (2016) *The role of private rental brokerage in housing outcomes for vulnerable Australians*, AHURI Final Report No. 263, Australian Housing and Urban Research Institute Limited, Melbourne, <https://www.ahuri.edu.au/research/final-reports/263>.
- Tullawon Health Service Inc. (2012) *Tullawon Health Service Inc. 2012 Annual Report*, accessed 10 September 2015, <http://www.tullawon.org.au/annual-reports/>.
- (2013) *Tullawon Health Service Inc. 2013 Annual Report*, accessed 10 September 2015, <http://www.tullawon.org.au/annual-reports/>.
- United Nations (2006) *Convention on the rights of persons with disabilities*, Geneva, accessed 11 February 2015, <https://www.un.org/development/desa/disabilities/convention-on-the-rights-of-persons-with-disabilities.html>.
- Vallance, G. and Hullick, J. (1975) *Institutionalised land, deinstitutionalised people: final report on the Point Pearce project*, Flinders University of South Australia, Bedford Park.
- Vallance, R. and Tchacos, E. (2001) 'Research: a cultural bridge', Paper presented at the Australian Association for Research in Education (AARE) Conference, Freemantle, 2–6 December 2001.
- Van Manen, M. (1990) *Researching Lived Experience: Human Science for an Action Sensitive Pedagogy*, University of Western Ontario, Ontario.
- Vaughan, N. (2014) *Greater Geelong region profile*, G21 Geelong Region Alliance, Geelong, accessed 10 September 2015, [http://www.g21.com.au/sites/default/files/resources/141029\\_region\\_profile\\_geelong\\_web.pdf](http://www.g21.com.au/sites/default/files/resources/141029_region_profile_geelong_web.pdf).
- Victorian Department of Health and Human Services [DHHS] (2015) *Annual report 2014–15*, Victorian Department of Health and Human Services, Melbourne.
- Victorian Department of Human Services [DHS] (2015) 'Movable units', Victorian Department of Health and Human Services, accessed 6 January 2015, <http://www.housing.vic.gov.au/movable-units>.
- Walls, R. and Bridge, C. (2011) *Home Modifications and Inclusive Design in Aboriginal Housing*, University of New South Wales, Sydney.
- (2012) 'Home modifications in Aboriginal housing: an inclusive approach', Occasional paper (1st edn), University of New South Wales, Sydney.
- Walls, R., Millikan, L., Bridge, C. and Davy, L. (2013) *Home modification in Aboriginal housing*, Occasional paper (2nd edition), University of New South Wales, Sydney.
- Wanganen, E. (ed.) (1987) *Point Pearce: Past and Present*, South Australian College of Advanced Education, Underdale.
- Ware, V. (2013) *Housing strategies that improve Indigenous health outcomes*, Resource Sheet No. 25, AIHW and Australian Institute of Family Studies, Canberra and Melbourne.
- Wathaurong Aboriginal Cooperative (2014) *Annual Report 2014*, accessed 10 September 2015, <http://www.wathaurong.org.au/wp-content/uploads/2016/05/Wathaurong-Annual-Report-2014.pdf>.
- (n.d.) 'Purpose, vision and values', accessed 23 March 2016, <http://www.wathaurong.org.au/purpose-vision-values/>.
- WD Scott and Co. Pty Ltd (1972) *An assessment of the present situation and future opportunities for the Aborigines in the West Coast Region, SA: a report for the*

Minister of Social Welfare and of Aboriginal Affairs, Minister of Social Welfare and of Aboriginal Affairs, Adelaide.

- Western Australian Equal Opportunity Commission (2009) *Accommodating everyone: an inquiry into whether persons from culturally and linguistically diverse backgrounds and Aboriginal people are being discriminated against on the basis of their race either directly or indirectly in the private housing rental market*, Western Australian Equal Opportunity Commission, Perth,, available at <http://www.eoc.wa.gov.au/publications/reviews-and-reports>.
- Wiesel, I. and Fisher, K. (2014) 'Housing choices and transitions under the NDIS', *Parity*, vol. 27, no. 5: 15–16.
- Wiesel, I. and Habibis, D. (2015) *NDIS, housing assistance and choice and control for people with disability*, AHURI Final Report No. 258, Australian Housing and Urban Research Institute Limited, Melbourne, <http://www.ahuri.edu.au/research/final-reports/258>.
- Wiesel, I., Laragy, C., Gendera, S., Fisher, K. R., Jenkinson, S., Hill, T., Finch, K., Shaw, W. and Bridge, C. (2015) *Moving to my home: housing aspirations, transitions and outcomes of people with disability*, AHURI Final Report No. 246, Australian Housing and Urban Research Institute Limited, Melbourne, <https://www.ahuri.edu.au/research/final-reports/246>.
- Williams, T. (2014) 'The NDIS: What can Australia learn from other countries?', *New Paradigm: The Australian Journal on Psychosocial Rehabilitation*, Summer 2014: 30–33.
- Wood, V. and Westell, C. (1999) *Point Pearce Social History Project, Yorke Peninsula, South Australia*, Australian Heritage Commission, Adelaide SA.
- World Health Organization [WHO] (2001) *International Classification of Functioning, Disability and Health*, WHO, Geneva.
- (2002) 'Towards a common language for functioning, disability and health: ICF', WHO, accessed 24 May 2016, <http://www.who.int/classifications/icf/icfbeginnersguide.pdf?ua=1>.
- (2014) 'Classifications: international classification of functioning, disability and health (ICF)', WHO, accessed 27 September 2015, <http://www.who.int/classifications/icf/en/>.
- (2016) 'Health topics: disabilities', WHO, accessed 24 May 2016, <http://www.who.int/topics/disabilities/en/>.
- Wright, C., Zeeman, H. and Whitty, J. (2016) 'Design principles in housing for people with complex physical and cognitive disability: towards an integrated framework for practice', *Journal of Housing and the Built Environment*, published online 26 May 2016.
- Wulff, M., Dharmalingam, A., Reynolds, M. and Yates, J. (2009) *Australia's private rental market: changes in the supply of, and demand for, low rent dwellings 2001–2006*, AHURI Positioning Paper No. 122, Australian Housing and Urban Research Institute Limited, Melbourne, <https://www.ahuri.edu.au/research/position-papers/122>.
- Wulff, M., Reynolds, M., Arunachalam, D., Hulse, K. and Yates, J. (2011) *Australia's private rental market: the supply of, and demand for, affordable dwellings*, AHURI Final Report No. 168, Australian Housing and Urban Research Institute Limited, Melbourne, <https://www.ahuri.edu.au/research/final-reports/168>.

- Yates, J. (2006) *Housing affordability and financial stress*, AHURI Research Paper No. 6, Australian Housing and Urban Research Institute Limited, Melbourne, <https://www.ahuri.edu.au/research/nrv-research-papers/nrv3-6>.
- Yates, J., Milligan, V., Berry, M., Burke, T., Gabriel, M., Phibbs, T., Pinnegar, S. and Randolph, B. (2007) *Housing affordability: a 21st century problem*, AHURI Final Report No. 105, Australian Housing and Urban Research Institute Limited, Melbourne, <https://www.ahuri.edu.au/research/final-reports/105>.
- Zeeman, H., Wright, C. and Hellyer, T. (2016) 'Developing design guidelines for inclusive housing: a multi-stakeholder approach using a Delphi method', *Journal of Housing and the Built Environment*, Vol. 3, pp. 761–772.

## Legislation and standards

- Development Act 1993* (SA), available at <https://www.legislation.sa.gov.au/LZ/C/A/Development%20Act%201993.aspx>.
- Disability (Access to Premises—Buildings) Standards 2010 (Cwlth), *Disability Discrimination Act 1992*, available at <https://www.legislation.gov.au/Details/F2010L00668>.
- Disability Discrimination Act 1992* (Cwlth), available at [http://www.austlii.edu.au/au/legis/cth/consol\\_act/dda1992264/](http://www.austlii.edu.au/au/legis/cth/consol_act/dda1992264/).
- Disability Standards for Accessible Public Transport 2001 (Cwlth), made under subsection 31 (1) of the *Disability Discrimination Act 1992*, available at <https://www.legislation.gov.au/Details/F2005C00261>.
- Government of South Australia (2009) 'Minister's Specification: SA 78A Housing on designated Aboriginal lands', *Development Act 1993*, May 2009, accessed 6 July 2015, Department of Planning and Local Government, [https://www.sa.gov.au/\\_data/assets/pdf\\_file/0012/10119/Housing\\_on\\_designated\\_Aboriginal\\_lands.pdf](https://www.sa.gov.au/_data/assets/pdf_file/0012/10119/Housing_on_designated_Aboriginal_lands.pdf).
- National Disability Insurance Scheme Act 2013* (Cwlth), accessed 25 January 2016, <https://www.comlaw.gov.au/Details/C2013A00020>.
- Standards Australia (1995) *AS 4299–1995, Australian standard: adaptable housing*, Standards Association of Australia, Homebush NSW, accessed <http://connectability.com.au/upload/AS%204299-1995%20Adaptable%20Housing.pdf>.

## APPENDICES

### Appendix 1: ABS definition of ‘core activity limitation’

Four levels of core activity limitation are determined based on whether a person needs help, has difficulty or uses aids or equipment with any of the core activities (mobility, self-care and communication). A person's overall level of core activity limitation is determined by their highest level of limitation in these activities.

The four levels of limitation are:

1. Profound—the person is unable to do, or always needs help with, a core activity task.
2. Severe—the person:
  - sometimes needs help with a core activity task, and/or
  - has difficulty understanding or being understood by family or friends, or
  - can communicate more easily using sign language or other non-spoken forms of communication.
3. Moderate—the person needs no help, but has difficulty with a core activity task.
4. Mild—the person needs no help and has no difficulty with any of the core activity tasks, but:
  - uses aids or equipment, or has one or more of the following limitations:
  - cannot easily walk 200 metres
  - cannot walk up and down stairs without a handrail
  - cannot easily bend to pick up an object from the floor
  - cannot use public transport
  - can use public transport, but needs help or supervision
  - needs no help or supervision, but has difficulty using public transport

Source: ABS (2013e).

## Appendix 2: ABS table of limitations, restrictions, activities and tasks

| Limitation or restriction                 | Activity      | Tasks   |
|---|---------------|---|
| <i>Specific limitation or restriction</i> |               |   |
| Core activity limitations                 | Communication | Understanding family or friends   |
|   |               | Being understood by family or friends   |
|   |               | Understanding strangers   |
|   |               | Being understood by strangers   |
|   | Mobility      | Getting into or out of a bed or chair   |
|   |               | Moving about usual place of residence   |
|   |               | Moving about a place away from usual residence                                |
|   |               | Walking 200 metres  |
|   |               | Walking up and down stairs without a handrail                                 |
|   |               | Bending and picking up an object from the floor                               |
|   |               | Using public transport  |
|   | Self-care     | Showering or bathing  |
|   |               | Dressing  |
|   |               | Eating  |
|   |               | Toileting   |
|   |               | Bladder or bowel control  |
| Schooling or employment restrictions      | Schooling     | Unable to attend school   |
|   |               | Attends a special school  |
|   |               | Attends special classes at an ordinary school                                 |
|   |               | Needs at least one day a week off school on average                           |
|   |               | Has difficulty at school  |
|   | Employment    | Permanently unable to work  |
|   |               | Restricted in the type of work they can or could do                           |
|   |               | Need, or would need, at least one day a week off work on average              |
|   |               | Restricted in the number of hours they can, or could, work                    |
|   |               | Requires special equipment, modified work environment or special arrangements |
|   |               | Needs ongoing assistance or supervision                                       |
|   |               | Would find it difficult to change jobs or get a preferred job                 |
|   |               | Needs assistance from a disability job placement program or agency            |

---

*Without specific limitation or restriction*

---

|                  |                      |  |
|------------------|----------------------|--|
| Other activities | Health care          | Foot care  |
|                  |                      | Taking medications or administering injections                           |
|                  |                      | Dressing wounds  |
|                  |                      | Using medical machinery  |
|                  |                      | Manipulating muscles or limbs  |
|                  |                      | Reading or writing   |
|                  |                      | Checking bills or bank statements  |
|                  |                      | Writing letters  |
|                  |                      | Filling in forms   |
|                  |                      | Transport  |
|                  |                      | Going to places away from the usual place of residence                   |
|                  | Household chores     | Washing  |
|                  |                      | Vacuuming  |
|                  |                      | Dusting  |
|                  | Property maintenance | Changing light bulbs, taps, washers or car registration stickers         |
|                  |                      | Making minor home repairs  |
|                  |                      | Mowing lawns, watering, pruning shrubs, light weeding or planting        |
|                  |                      | Removing rubbish   |
|                  | Meal preparation     | Preparing ingredients  |
|                  |                      | Cooking food   |
|                  | Cognition or emotion | Making friendships, interacting with others or maintaining relationships |
|                  |                      | Coping with feelings or emotions   |
|                  |                      | Decision making or thinking through problems                             |

---

Source: Survey of Disability, Ageing and Carers (ABS 2013d).

## **Appendix 3: Guidelines in the *National Indigenous housing guide* relevant to people with disability**

### *A1.1 Safety switches*

- Checking the location and height of safety switches, so they can be reached by people with disabilities, but out of children's reach (see AS/NZS 3000 Electrical installations).

### *A1.4 Power points, lights and other fittings*

- The recommended height of switches and power points for use by people with disabilities is in line with door handles (900mm to 1,100mm above floor level). A 'rocker' action, toggle, or push-pad switch with a width of 35mm is recommended.
- Locating light switches and power points away from corners and doors so that they can be reached by people with disabilities.

### *A3.2 Fire and smoke detection*

- Specifying a smoke alarm with a wall mounted hush or pause button that automatically resets after five minutes, or installing a timer switch to the smoke alarm so that it automatically resets (confirm hush buttons, if installed, are easy to reach by people with disabilities).

### *A3.3 Escape in the event of fire*

- Door handles are located between 900 to 1,100mm above the floor level and can be operated by one hand and are within easy reach for people with disabilities.
- Sizing all doorways and hallways on exit routes to comply with AS 1428.1 Design for access and mobility for people with disabilities.
- Doors, hallways and windows are large enough to allow escape, including for people with disabilities.

### *B1.1 Wet area design*

- Ensuring wet areas are accessible to elderly people and people with disabilities.
- There are floor drains in the bathroom and the falls to these drains are clearly specified and allow access by people with disabilities.
- The wet area can be accessed discreetly and independently by all members of the household including young children, frail aged people and people with disabilities.
- Designing all wet areas so that they can be easily adapted to allow frail aged people or people with disabilities full access to, and use of, wet areas (AS 1428.1 Design for access and mobility).
- Incorporating a bench seat next to the shower for use by children, the frail aged and people with disabilities.

### *B1.3 Taps*

- How and where the tap is mounted, for example bench mounted taps are easier to maintain than wall mounted taps and may be easier for people with disabilities to use but bench mounted taps can cause water damage to the bench if not well installed.
- Whether the tap uses a washer or ceramic disc: washers are cheap and easy to replace and tend to be longer lasting in water that contains sand, grit or other particles (river water) but ceramic disc taps are easier for children and people with disabilities to use and can have fewer maintenance requirements if the water is free of particles.
- The handle type, lever handles and 'flick' mixers are easier for people with disabilities to use and plastic handles should be avoided.

- Tap ware is standardised for easy maintenance and allows for handles to be changed to capstan or lever handles if required to meet the needs of residents with disabilities.
- In the laundry, taps are positioned at the side of the tub within easy reach for people with disabilities.

#### *B1.4 Washing young children—baths and tubs*

- If incorporating a bath tub in the wet area, avoid using a combination shower/bath as this can be difficult and dangerous to use, particularly for older people or people with disabilities.

#### *B1.5 Showers*

- Shower trays, hobs and showers over baths can limit accessibility for elderly people and people with disabilities (51% of houses that have a bath have a combined shower and bath).
- Providing at least one shower in each house that can be accessed by people with disabilities that complies with AS 1428.1 Design for access and mobility.

#### *B2.1 Laundry design*

- Providing circulation space into and within the laundry for use by a person with a disability, 1,550mm clear space in front of fixtures, and locating the taps and power points within reach for a person in a wheelchair.

#### *B2.2 Drying clothes and bedding*

- Installing a lower level clothes line, or a line that can be lowered, for use by people with disabilities.

#### *B3.1 Flush toilets*

- If the toilet is in a separate cubicle, the cubicle has a minimum depth of 1250mm in front of the toilet and 900mm clear width excluding door swings and fixtures, to allow use by people with disabilities and an adult assisting a child
- Fitting handrails next to the toilet for the frail aged and people with disabilities.
- Providing at least one toilet that complies fully with AS 1428.1 Design for access and mobility, or that can be adapted in the future for use by the frail aged and people with disabilities.

#### *B3.5 Dry toilets*

- Building a path between the house and the toilet, which is slip resistant and accessible to people with disabilities designing the cubicle to comply with AS 1428.1 Design for access and mobility, and locating the hand washing point that can be accessed by people with disabilities.

#### *B4.2 Food storage*

- The refrigerator and food storage cupboards need to be accessible for all members of the household, including people with disabilities.
- There are at least 2 linear metres of cupboards or shelves built above bench height for storage of food or utensils out of the reach of children and animals, and that under-bench storage with doors is accessible for people with disabilities.
- Fitting a high level, secure cupboard for dangerous items such as cleaning products and medicines, and having a secure cupboard that is accessible for people with disabilities.
- Consider making provision for people with disabilities to access storage areas, including:
  1. providing a clear circulation space of at least 1550mm in the kitchen



2. having lower or adjustable benches
3. providing removable or mobile under-bench cupboards
4. providing refrigerators with the freezer located under the fridge compartment to provide better access.

#### *B4.3 Preparing food—sinks and benches*

- Designing some parts of the under-bench cupboards to allow easy removal to provide access for people with disabilities.
- Planning the kitchen with a continuous bench top between the fridge and stove/oven to allow people with disabilities to safely slide hot or cold items from the fridge or the stove/oven along the bench.
- Using a kitchen sink bowl that is a maximum of 150mm deep, can be adjusted to heights from 750mm to 850mm or can be replaced to allow access for people with disabilities.
- Providing a bench area for a microwave oven at a height of 750mm to 1,200mm above floor level that can be easily reached by people with disabilities.

#### *B4.4 Cooking*

- The need to provide separate cooktops and wall ovens that can be accessed by people with disabilities.
- Installing ovens between 400mm and 1,000mm above the floor, with side-opening doors and a bench immediately next to the oven to allow access for elderly people and people with disabilities.
- A model that has controls at the front or side of the stove with raised crossbars for safe grip by people with disabilities.
- Providing a clear circulation space of 1,500mm x 820mm to allow a forward approach to the cooktop by people with disabilities, no more than 500mm of this clear floor space should extend under the cooktop.
- The isolation switch and check it has been installed in a location that can be reached by people with disabilities.
- Installing a stove with side or front controls with raised crossbars, which are easier for people with disabilities to grip.

#### *B4.5 Kitchen design generally*

- Locating the kitchen where it is easily accessed from inside and outside eating areas, and can be accessed by people with disabilities.
- Selecting and locating power points, switches, stove controls and taps to allow people with disabilities to reach and use them.
- Providing a slip resistant path between indoors and the outdoor cooking area, which is accessible to people with disabilities.

#### *B5.1 Performance of health hardware in large households*

- Health hardware such as taps, shower fittings, laundry tubs, washing machines, power points and light switches are good quality, will withstand high usage in large households and can be used by people with disabilities
- At least one toilet and shower area is sized to be accessible to people with disabilities or can be adapted in the future to be fully accessible.

#### *B5.2 Developing the edges of the house and the yard*

- House edges are accessible to people with disabilities.
- Consider designing the yard area so that it is accessible to people with disabilities, by:
  1. selecting a level or gently sloping site with up to 1:14 gradient
  2. providing a well-lit, continuous, accessible path of travel and clear line of sight from street frontage and vehicle parking to entry, complying with AS 1428.1 Design for access and mobility
  3. providing additional paths and walkways which are continuous, slip resistant and hard surfaced, with gradients complying with AS 1428.1
  4. pathway lighting which is at a low height to avoid glare and provides a minimum of 50 lux at ground level
  5. building wide pathways to suit people using a walking frame
  6. locating drainage grates so they do not run parallel to the direction of travel and can be crossed in a wheelchair
  7. ensuring the width of car parking spaces, garages and carports suit people using wheelchairs or prams.

### *B5.3 Storage*

- Some secure storage is provided that could be used by people with disabilities, providing cupboards that can be accessed by people with disabilities, including using D-handles on cupboards and locating them to allow people with disabilities to reach them.
- Providing storage areas for food, clothes, bins that are accessible to people with disabilities by locating handles and locks 900mm to 1,100mm above the floor or ground level, ensuring the paths to bin areas are at least 1-metre wide and specifying circulation around cupboards and bin enclosures to allow access.

### *B9.3 Preventing slips, trips and falls*

- Stair and ramp handrails are structurally sound, protected from the weather, have a non-slip finish, and are designed to suit the needs of children, the frail aged and people with a disability.

### *C6 Landscaping*

- Planning to make the public areas and houses more accessible to people with disabilities.

Source: National Indigenous infrastructure guide (FaCSIA 2007).

## AHURI Research Centres

AHURI Research Centre—Curtin University

AHURI Research Centre—RMIT University

AHURI Research Centre—Swinburne University of Technology

AHURI Research Centre—The University of Adelaide

AHURI Research Centre—The University of Sydney

AHURI Research Centre—University of New South Wales

AHURI Research Centre—University of Tasmania

AHURI Research Centre—University of Western Australia

### Australian Housing and Urban Research Institute

Level 1

114 Flinders Street

Melbourne Victoria 3000

**T** +61 3 9660 2300

**E** [information@ahuri.edu.au](mailto:information@ahuri.edu.au)

**[ahuri.edu.au](http://ahuri.edu.au)**

ACN 090 448 918



[twitter.com/AHURI\\_Research](https://twitter.com/AHURI_Research)



[facebook.com/AHURI.AUS](https://facebook.com/AHURI.AUS)



[evid.in/AHURI\\_LinkedIn](https://evid.in/AHURI_LinkedIn)