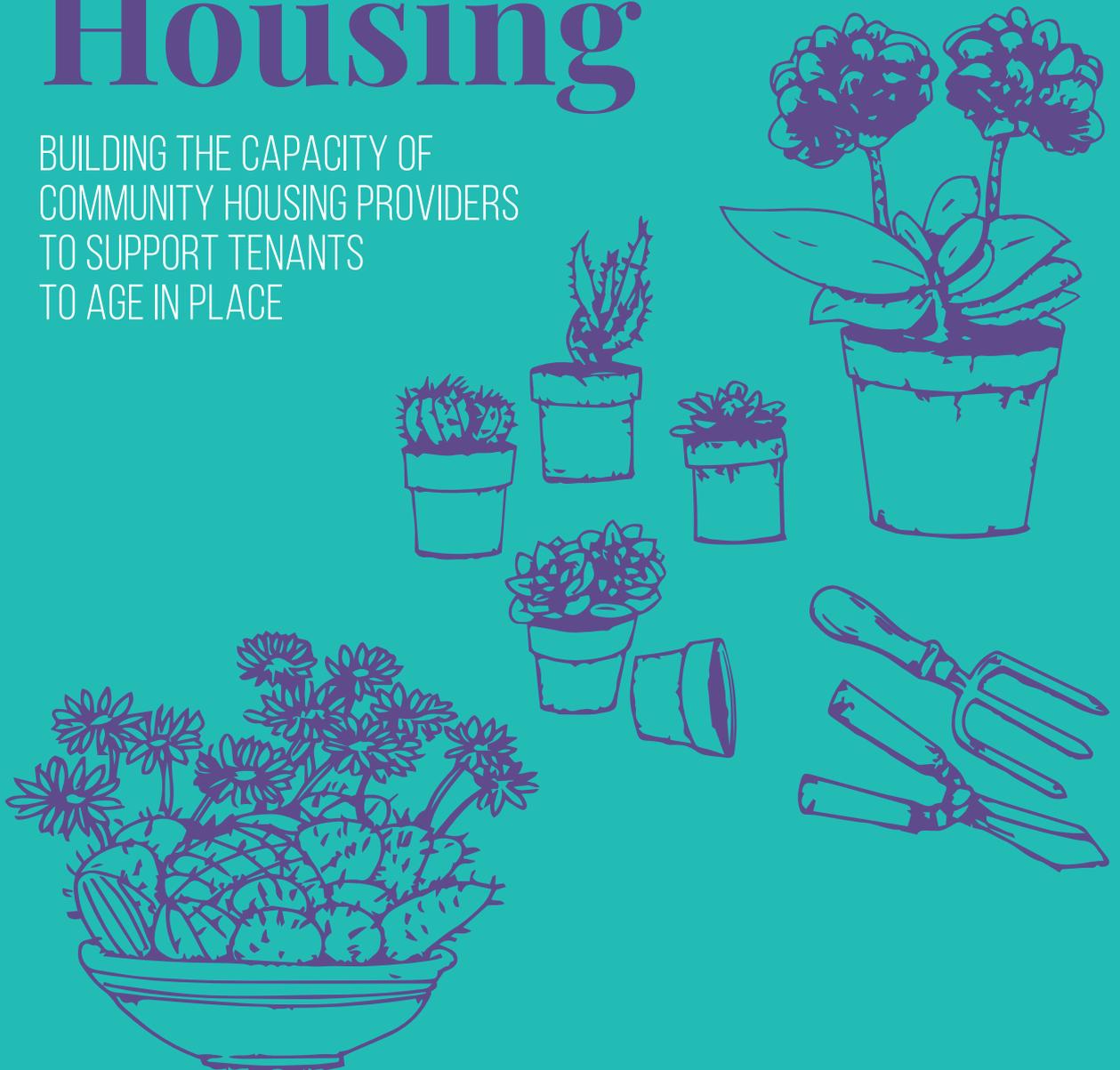


## MODULE THREE

# Liveable Housing

BUILDING THE CAPACITY OF  
COMMUNITY HOUSING PROVIDERS  
TO SUPPORT TENANTS  
TO AGE IN PLACE



## Working with Older Tenants

A TOOL KIT FOR THE NSW COMMUNITY HOUSING INDUSTRY ASSOCIATION

# Housing adaptations to meet the needs of an ageing tenant base

The quality of housing has major implications for people’s health. Improved housing conditions can save lives, prevent disease, increase quality of life and reduce poverty.<sup>1</sup>

Maintaining independence is a key objective for most people as they get older. Living in one’s home for as long as possible is often seen as key to retaining their independence. However, for some people the ability to live independently is affected by deteriorating health, reduced mobility, isolation and / or low income.

Where we live is central to our sense of self. People’s attachment to their home, their identity and their sense of self are closely connected.

Aboriginal people have a different understanding of ‘home’ than non-Aboriginal people. With a strong attachment to traditional lands and extended kinship systems, the concept of home goes beyond a particular dwelling.

In old age, people see housing as possibly the most essential factor in whether they will be able to manage and live well.<sup>2</sup>

**Improved housing conditions can save lives, prevent disease, increase quality of life and reduce poverty.**



<sup>1</sup> WHO Housing and health guidelines. Geneva: World Health Organisation; 2018

<sup>2</sup> Clough, Roger and Leamy, Mary and Miller, Vincent and Bright, Les (2003). Homing in on housing: a study of housing decisions of people aged over 60. Project report. Eskrigge Social Research

# The law and provision of accessible housing

The Residential Tenancies Act 2010 (NSW) and the Disability Discrimination Act 1992 (Cth) both provide direction on the provision of housing for people with disability.

## HOME MODIFICATIONS AND THE RESIDENTIAL TENANCY ACT

The following section of the Residential Tenancies Act 2010 relates to home modifications. It is important to remember that adherence to the Act is the base level requirements of a community housing provider, however, providing a best practice approach means providing a service that is above this base level requirement. Consideration should always be given when modifications are requested, particularly if such modifications could assist an elderly person to age in place. It is also important to note that modifications could make improvements to the property.

### Part 3, Division 6 Alterations and additions to residential premises

#### s66 Tenant must not make alterations to premises without consent

A tenant must obtain the landlord's written consent to install a fixture, renovate, or make any alterations or additions to the property (unless the residential tenancy agreement allows such modifications).

A landlord must not unreasonably withhold consent to a fixture, alteration, addition or renovation that is minor in nature.

Such modifications are to be at the cost of the tenant unless the landlord agrees otherwise.

#### s67 Removal of fixtures installed by the tenant

At the end of the tenancy, a tenant can remove any fixture that was installed by the tenant. The tenant is liable for the costs of any damage caused by removing the fixture.

#### s68 Tenants' remedies for alternations

The Tribunal may determine that a landlord's failure to consent is reasonable in any of the following circumstances (but is not limited to those circumstances for such a determination):

- if the work involves structural changes,
- if the work involves work that would not be reasonably capable of rectification, repair or removal,
- if the work involves internal or external painting of the residential premises,
- if the work is prohibited under any other law,
- if the work is not consistent with the nature of the property.

## THE DISABILITY DISCRIMINATION ACT AND A PLACE TO LIVE

A person with a disability has a right to obtain accommodation in the same way as people without a disability. This includes renting a flat, house, a room in a boarding house, hotel or motel.

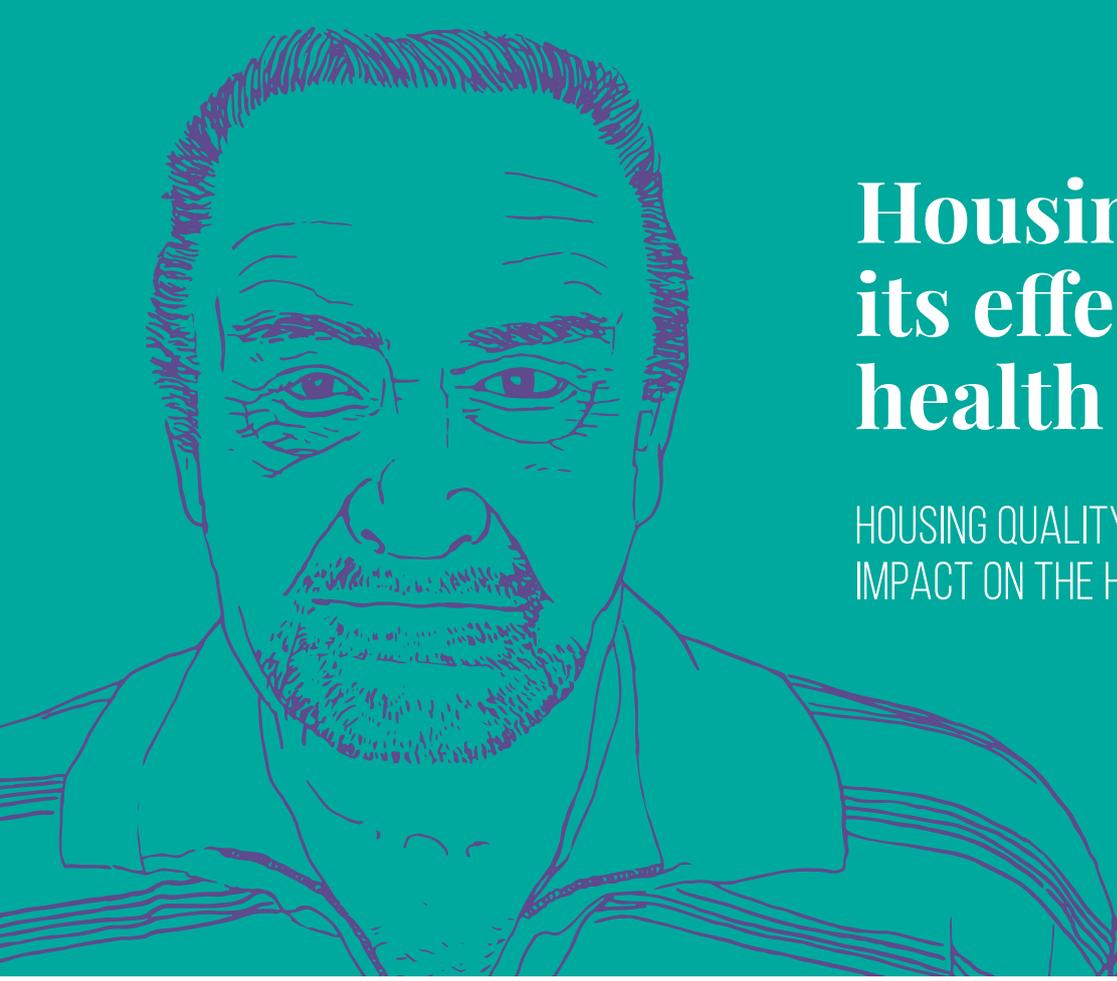
The Disability Discrimination Act makes it against the law for real estate agents, landlords and other accommodation providers to discriminate against a person because of a disability. This means that providers of accommodation cannot:

- refuse an application for accommodation from a person with a disability.
- provide a person with a disability with accommodation on less favourable terms and conditions.

For example, not allowing a person to keep his or her guide dog in a rented flat.

- Put the application of a person with a disability on the bottom of the list. For example, giving an application a lower priority because it is assumed the person with a disability will be a less stable tenant.

Like other areas of the Disability Discrimination Act a defence of "unjustifiable hardship" may be available in some circumstances. Unjustifiable hardship is based on an assessment of what is fair and reasonable in the circumstances. If the proposed adjustments are likely to cause hardship, it is up to the person to show that they are unjustified.



# Housing and its effects on health

HOUSING QUALITY HAS A SIGNIFICANT IMPACT ON THE HEALTH OF TENANTS.

**Choices of housing types, quality, size and location are shaped by a number of economic, social and demographic factors that affect the features that the house will provide to its occupants and whether they can afford the cost of operating and maintaining it. Globally, across low, middle and high income countries, low-income earners are more likely to live in housing that exposes them to health risks<sup>3</sup>.**

The World Health Organisation has identified the following priority areas as significant when exploring the links between housing and health:

## **INADEQUATE LIVING SPACE (CROWDING)**

Household crowding where the number of occupants exceeds the dwelling space available – inadequate space within the dwelling for living, sleeping and household activities. There is strong evidence of the association between crowding and infectious diseases such as gastroenteritis and diarrhoeal diseases.

## **LOW INDOOR TEMPERATURES & INSULATION**

Cold air inflames lungs and inhibits circulation, increasing the risk of respiratory conditions such as asthma attacks, worsening of chronic obstructive pulmonary disease and infection. Cold homes contribute to excess winter mortality and illness. Most of the health burden can be attributed to both respiratory and cardiovascular disease, especially for older people. The World Health Organisation identifies that winter mortality is greater in countries with milder climates than in those with more severe winter conditions, in part because countries with mild winters often have homes characterised by poor domestic thermal efficiency that are harder to heat than well insulated houses in more extreme climates. Indoor housing temperatures should be high enough to protect residents from the harmful health effects of cold.

## **HIGH INDOOR TEMPERATURES**

High temperatures and temperature variations harm health. Human response to heat is dependent on the body's ability to be able to cool itself. An important cooling mechanism is perspiration and its evaporation from the skin, and therefore the health effects of high temperatures depend also on relative humidity.

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<sup>3</sup> WHO Housing and health guidelines. Geneva: World Health Organisation; 2018 p 10

High outdoor temperature is associated with thermal discomfort and adverse health outcomes, including higher rates of cardiovascular mortality and emergency hospitalisations. Children, the elderly and those with psychiatric, cardiovascular and pulmonary illnesses have a weaker bodily response to heat and are more vulnerable to the negative impact of high temperature on health. Air conditioning, insulation, certain building materials, wall thickness, shading from direct sunlight, natural ventilation and fans to increase air motion all help to cool temperatures and can help protect people against heat related illnesses.

## INJURY HAZARDS IN THE HOME

Injuries in the home present an important health burden worldwide. Although injuries in the home affect people of all ages, home injury rates are highest in the youngest and oldest age groups. They are also more common in people with functional impairment. Injuries in the home include falls, burns, poisonings, ingestion of foreign objects, smoke inhalation, drowning, cuts and collisions with objects, and crushing and fractured bones as a result of structural collapse.

Falls account for the largest proportion of injuries in the home that require medical attention. Hazards that encourage slips and falls that could result in injuries include uneven floor surfaces; inadequate or inappropriate lighting; steep stairs, stairs of varied height, stairs without handrails or in disrepair; lack of guarding of stairs, landings and balconies; lack of grab rails or handles to baths and showers; and windows and doors without child safety locks.

The home environment can also put people at risk of injury and death from burns. Injury from exposure to heat, fire and hot substances result from hazards such as the absence of smoke detectors, unsafe electrical installation, open fires, unprotected hot surfaces and hot water.

Injury rates at home are sometimes higher for low-income people. This is partly because homes that contain hazards are more likely to be within the price range of people with low incomes.

## ACCESSIBILITY OF HOUSING FOR PEOPLE WITH FUNCTIONAL IMPAIRMENTS

The disabled population is increasing as the world's population ages.<sup>4</sup> Disability disproportionately affects low income households. Disability can also cause and contribute to poverty. Most homes are not currently built with accessibility in mind. However, there is a high chance that they will be occupied by people with disabilities at some time, especially considering the trend of ageing populations. Non-accessible home environments expose people with functional impairments to risk of falls and injuries, restricts social participation, negatively effects quality of life and increase the burden on caregivers and external social services.

Functional impairments are described in terms of whether a person can accomplish activities of daily living (ADL). ADL refers to a range of activities that are required for independent living in the community such as preparing meals, housekeeping, taking medication, shopping, managing one's own finances, travelling and using the phone.

**In Australia, the Liveable Housing Design Guidelines were developed jointly by all levels of government and the disability, aged, community, building and construction sectors. They provide aspirational targets for all new homes to be of an agreed liveable housing design standard by 2020.**

This initiative will benefit people with disability and ageing Australians by ensuring new homes are designed to meet the changing needs of home occupants across their lifetime. This will occur through the inclusion of key easy living features that aims to make homes more accessible by ensuring homes are:

- Easy to enter
- Easy to move in and around

- Capable of easy and cost-effective adaption
- Designed to anticipate and respond to the changing needs of home occupants.

As a landlord, community housing providers have to look after both the exterior of the dwelling and structural elements of the dwelling as well as inside facilities which are part of the dwelling. A dwelling should be able to supply the basic needs for the everyday life of the range of households who could normally be expected to live in a dwelling of that size and type. The dwelling should not contain any deficiency that might give rise to a hazard which interferes with, or puts at risk, the health or safety of the occupants. Managing hazards within the home benefits all tenants, as well as ensuring older people are able to age in place accordingly.

<sup>4</sup> World population ageing 2015. New York: United Nations, Department of Economic and Social Affairs, Population Division; 2015

# Making buildings easier to navigate

THERE IS MUCH THAT A COMMUNITY HOUSING PROVIDER CAN UNDERTAKE THAT MAKES BUILDING EASIER TO NAVIGATE AND ACCESS.

Signage can play a big role – signs and maps are something we all rely on in unfamiliar environments to find our way around. We also use landmarks to navigate our way around, both inside and outside. The more attractive, interesting or arresting the landmark (which could be anything such as a painting, a sculpture or a plant) the easier and more useful it is as a landmark.

Exploring wayfinding mechanisms that provide information for users to confirm that they are at the correct start or finish of a journey, that they are able to orient themselves within a building or an external space, understand the location and any potential hazards and can escape in an emergency are all important design considerations.

Another important design consideration asks us whether important features of the environment can actually be seen. Older people generally need light levels significantly higher than those needed by younger people.

Through reviewing signage and lighting levels, community housing providers could make their buildings significantly more user friendly for all tenants and visitors. This would also benefit older tenants as they are supported to age in place.



# Housing adaptations

Whilst it is critical that housing is healthy, it is important to understand the physical requirements of housing that support tenants to “age in place”.

The **WHO Global Age Friendly Cities: A Guide**<sup>5</sup> identifies the following factors which are universally valued in the provision of appropriate housing for older people:

- Affordability
- Access to affordable essential services
- Physical design of the building
- Modifications as needed
- Maintenance as needed
- Ageing in place
- Community integration
- Housing options
- Living environment: i.e. space, privacy and safety

Our experience tells us that as our tenants age, they can become increasingly concerned about not being able to continue living in their home due to the impact of changes in their capacity to manage activities of daily living within their home.

When community housing providers identify concerns regarding how an older tenant is managing at home, it will be important to start a conversation with the tenant to explore what they think their needs might be. It will also be important to engage with the tenant’s next of kin or person most responsible to engage them in the discussion and ongoing planning that might be needed to explore any housing adaptations required to assist the tenant to remain living at home for as long as possible.

There is much that community housing providers can undertake to ensure their properties and housing estates are adapted to enable older tenants to age in place.

# Assistive technology and home modifications

Assistive technology is any device, system or design that allows an individual to perform a task that they would otherwise be unable to do or increase the ease and safety with which a task can be performed, or anything that assists individuals to carry out daily activities. This is also commonly known as aids and equipment or home healthcare.

Assistive technology can include simple products that assist an individual to open a door or more complex technologies that include specialised computers, home automation and environmental control systems. Information on assistive technology for around the home can be found at

[www.ilcaustralia.org.au/Using\\_Assistive\\_Technology/in\\_the\\_home](http://www.ilcaustralia.org.au/Using_Assistive_Technology/in_the_home)

Home modifications to create more supportive environments have the potential to meet older people’s need to remain in their home while ageing. Retrofitting and applying modifications to existing housing to improve ease of access and function are key strategies which contribute to the overall achievement of accessible, age friendly communities. Home modifications need to be a central part of any system which aims to keep people at home as they age.

Home modifications are defined as “changes made to the home environment to help people to be more independent and safe in their own home and reduce any risk of injury to their carers and care workers.”<sup>6</sup>

Good property maintenance and home modifications are among some of the most important factors in keeping people at home longer. Research has shown that modifying the home of a community care client can reduce the need for care by an average of 42 % and lead to a 40 % improvement in a person’s quality of life.<sup>7</sup>

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<sup>5</sup> World Health Organisation: Global Age Friendly Cities: A Guide, pp. 30 - 37

<sup>6</sup> Adams, T., Bridge, C., Carnemolla, P., McNamara, N. and Quinn, J., 2014. Consumer factsheet: Arranging home modifications. Home Modification Information Clearinghouse, Consumer Factsheet Series. Available online <https://www.homemods.info/resources/hminfo-research-publications/consumer-factsheets/consumer-factsheet-arranging-home-modifications#main-content>

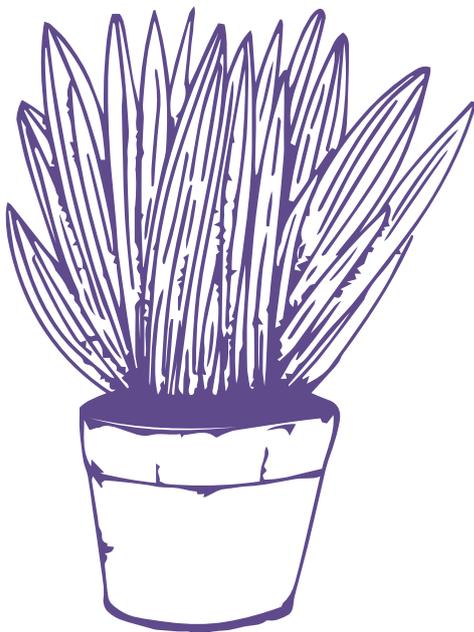
<sup>7</sup> Philippa Carnemolla and Dr Catherine Bridge, UNSW. Home modifications and their impact on waged care substitution.

Home modifications has been shown to enhance accessibility and usability of home environments<sup>8</sup>, strengthened personal and social meaning of home for older people and lessened dependence in performing daily activities, reducing the care giving burden<sup>9</sup>.

The built environment – the physical home – is directly tied to the level and quality of daily activity and life. Research undertaken in Europe<sup>10</sup> found that older people who participated in home modifications to adjust to increasing physical limitations were in fact increasing their sense of safety and control whilst remaining independent in their home.

Research also tells us that older people who use home maintenance and modification services value them highly. Access to such services support people to continue to live in their current home for longer.<sup>11</sup> Home maintenance and modification services assist people to maintain their property when they are no longer able to do this for themselves. Commonwealth Home Support Programme Services provide simple home modification and home maintenance services for older people who have been assessed and deemed eligible through My Aged Care.

There are several laws and regulatory frameworks including Building Codes and Australian Standards, which regulate home modifications.



# The role for community housing providers in undertaking home modifications

It is important to clarify here the difference between home modifications and alterations.

Community housing providers routinely acknowledge that tenants may want to alter properties to improve the amenity for themselves and their family.

Alterations are works and improvements to a property that are done by a tenant at their expense. Community housing providers will have an application process that a tenant will need to follow to gain approval prior to undertaking any alterations.

For tenants with disabilities or special needs however, community housing providers are committed to undertaking home modifications to assist tenants to remain in their current property where possible. Home modifications are changes made to a property because an applicant, tenant or household member has an identified need that means their current property is no longer suitable.

Applicants, tenants or household members with an identified need are usually tenants or household members who are elderly or have a disability or medical issue.

Under the Disability Discrimination Act 1992, community housing providers have an obligation to provide 'reasonable adjustments' (disability modifications or relocation) to support a tenant with a disability. The National Disability Insurance Scheme (NDIS) defines home modifications as "changes to the structure, layout or fittings of the participant's home that are required to enable the participant to safely access and move around their home as a result of their disability".

8 Fänge, A. and Iwarsson, S. (2005). Changes in ADL dependence and aspects of usability following housing adaption. *American Journal of Occupational Therapy* 59, 296 - 304

9 Connell, B. R., Sanford, J. A., Long, R. G., Archea, C. K., & Turner, C. S. (1993). Home modifications and performance of routine household activities by individuals with varying levels of mobility impairments. *Technology and Disability*, 2, 9 - 18

10 Scheidt, R. J., & Norris-Baker, C. (2003). Many meanings of community: Contributions of M. Powell Lawton. *Journal of Housing for the Elderly*, 17(1/2), 55-66

11 Andrew Jones., Desleigh De Jonge. & Rhonda Phillips: The role of home maintenance and modification services in achieving health, community care and housing outcomes in later life. *AHURI Research and Policy Bulletin*, Issue 118, July 2009

A minor modification is normally defined as one that does not require structural changes to a property. Each individual modification would usually cost \$5,000 or less (including GST and installation). Examples of minor modifications include:

- Handheld shower sets
- Lever style taps
- Grab rails

Community housing providers will normally require an Occupational Therapist Report (OTR) for minor modifications or in some cases a medical certificate or letter of recommendation from a healthcare professional to assist decision making and approval processes.

Home modifications in properties that are a leasehold property require a Community Housing Provider to negotiate with the owner or agent of the leasehold property prior to undertaking any alterations and modifications to the property.

A landlord cannot unreasonably refuse a request to add a fixture or to make a change that is minor in nature. The law gives some guidance on the types of reasons where it is reasonable for a landlord to say no to a request.

These include work which:

- Involves structural changes (e.g. knocking out a wall)
- Is not reasonably capable of being rectified, repaired or removed
- Is not consistent with the nature of the property (e.g. installing modern fixtures in a heritage property)
- Is prohibited under a law (such as a strata by-law)

While a landlord cannot unreasonably refuse a change of minor nature, the law does not define what a change of a 'minor nature' is.

This depends on the property and the circumstances. Examples of the types of changes that may be considered reasonable include:

- Installing additional security features
- Having a phone line connected
- Replacing the toilet seat
- Installing a grab rail in the shower



## Resources available to inform home modification planning

To inform decisions made about home modification planning, community housing providers should seek a report from an occupational therapist to inform decision making about the requested home modifications. To help guide decision making, the following information can help inform community housing providers of current good practice approaches to home modifications.

### The Home Modification Information Clearing House (HMInfo) was

established in 2002

**www.homemods.info.** It is an information service that collates, reviews and creates the evidence base for best practice in modification of the home environment to support people with self-care, participation and autonomy.

HMInfo is located within the faculty of the Built Environment at UNSW Sydney and is comprised of academics and professionals of diverse backgrounds including industrial design, sociology, gerontology, economics, geography, planning, architecture, government policy and occupational therapy.

HMInfo publishes evidence-based literature reviews, occasional papers, summary bulletins and factsheets drawing on research about how particular built environments impact human anatomy and wellbeing outcomes. HMInfo also provides support to practitioners through its forums and mailing list.

## DIYmodify App

The DIYmodify app is a free application specifically designed for people with disability and seniors to do their own home modification. It can be loaded from both the apple and android app stores for free. Many people find themselves wanting or needing to modify their home but are uncertain how or whether they are allowed to do modifications.

The DIYmodify App provides information and support for making changes to a home, for comfort, safety and easier living. This App steps through decisions for five common home modifications including grab rails and handheld showers.

Community housing providers might find this App useful as they engage with tenants who are needing home modifications to explain the types of modifications that can easily be made and within a manageable budget.



# Home modification policy directions and schemes

IN AUSTRALIA THERE ARE A NUMBER OF SCHEMES AVAILABLE TO BOTH OLDER PEOPLE AND PEOPLE WITH A DISABILITY THAT INCLUDE HOME MODIFICATIONS WITHIN THEIR BENEFITS. IT SHOULD BE NOTED THAT MANY SCHEMES REQUIRE SOME FORM OF CLIENT CONTRIBUTION TO COVER THE COST OF ANY MODIFICATIONS REQUIRED. ASSESSMENTS ARE MADE BY OCCUPATIONAL THERAPISTS TO IDENTIFY THE TYPE OF HOME MODIFICATIONS REQUIRED..

## LAND AND HOUSING CORPORATION DISABILITY MODIFICATIONS POLICY

The Land and Housing Corporation (LAHC) Disability Modifications Policy provides direction for the management of disability modifications for all LAHC-owned properties managed by Department of Communities and Justice (DCJ) and community housing providers. The NSW LAHC Home Modifications Guidelines August 2018 provides clear guidance as to the suitability of modification to all LAHC properties managed by DCJ and the allocation of responsibility between LAHC and the National Disability Insurance Scheme (NDIS).

For all other properties the guidelines may be adopted for use or used only as a guide at the discretion of the managing agency. The guidelines will assist LAHC Asset staff manage tenant requests for disability modifications in a timely manner whether or not eligible participants in the NDIS. LAHC will continue to support tenants with disability outside of the NDIS as per the LAHC Disability Modification policy. It is not intended to be used for tenant requests for alterations to meet non-disability needs.<sup>12</sup>

The guidelines provide a benchmark for costs as follows:

- Replacement of floor coverings up to \$5000
- Roof / ceiling work associated with any other work (hoist beams etc, only if appropriate) < \$2,000
- Electrical work not in association with Major works < \$2,000
- Veranda / porch balustrade adjustments < \$2,000
- Ground levelling and profiling < \$2,000
- Minor bathroom (including connecting to existing plumbing and drainage services) modifications < \$3,000
- Miscellaneous concrete installation < \$2,500

The amount includes the cost of design (where required), material, labour and the contractors mark up.

<sup>12</sup> [https://www.facs.nsw.gov.au/\\_\\_data/assets/file/0016/420244/Home-Modification-Guidelines.pdf](https://www.facs.nsw.gov.au/__data/assets/file/0016/420244/Home-Modification-Guidelines.pdf)

# Commonwealth Home Support Program (CHSP)

A range of services including home modifications and maintenance for people aged 65+ (or 50+ for Aboriginal people) on a pension. The following provides information on the home modification services available if a tenant is receiving CHSP services.<sup>13</sup>

## OBJECTIVES

To provide home modifications that increase or maintain levels of independence, safety, accessibility and wellbeing. Modification services can also assist in creating a home environment that supports reablement and restorative practices.

<b>Service type description</b>	<p>Services are provided to assist eligible clients with the organisation and cost of simple home modifications and where clinically justified, more complex modifications.</p> <p>Home modifications provide changes to a client’s home that may include structural changes to increase or maintain the person’s functional independence so that they can continue to live and move safely about the house.</p> <p>Examples of home modification activities could include:</p> <ul style="list-style-type: none"><li>• grab rails in the shower</li><li>• ramps (permanent and temporary)</li><li>• step modifications</li><li>• access and egress pathways through a property</li><li>• appropriate lever tap sets or lever door handles</li><li>• internal and external hand rails next to steps</li><li>• installation and fitting of emergency alarms and other safety aids and assistive technology</li><li>• client engagement and support.</li></ul> <p>In some clinically justified circumstances home modifications could also include:</p> <ul style="list-style-type: none"><li>• bathroom redesign (e.g. lowering or removal of shower hobs, changes to design lay out to improve accessibility)</li><li>• kitchen redesign (e.g. lowering kitchen bench tops, changes to design layout to improve accessibility)</li><li>• widening doorways and passages (e.g. to allow wheelchair access).</li></ul>
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<sup>13</sup> <https://agedcare.health.gov.au/news-and-resources/publications/fact-sheets/commonwealth-home-support-programme-programme-manual>

<p><b>Service type description</b></p>	<p>Home modifications are provided to improve safety and accessibility and independence within the home environment for the client. Simple modifications can be installed by the service provider, in line with the Building Code of Australia and in compliance with state and territory building regulations and include:</p> <ul style="list-style-type: none"> <li>• hand-held showers, sliding shower rails</li> <li>• removal of shower screens/doors – installation of weighted shower curtains</li> <li>• doorway wedges &lt;35 mm rise</li> <li>• slip resistant flooring/step treatments including highlighter strips</li> <li>• lowering or removal of shower hobs</li> <li>• lever taps and door handles</li> <li>• repositioning of clotheslines, letterboxes</li> <li>• widening of pathways.</li> <li>• More complex home modifications require a specialised functional assessment of the client to be undertaken by an Occupational Therapist who will assess the need for home modification, as well.</li> </ul>
<p><b>Out-of-scope activities under this service type</b></p>	<ul style="list-style-type: none"> <li>• General renovations of the home are not in the scope of the CHSP.</li> <li>• The intent of the CHSP is to primarily fund simple home modifications (i.e. modifications that would incur a cost of less than \$1,000 to the Commonwealth).</li> <li>• The Commonwealth contribution to the cost of a complex modification is capped at \$10,000 and applies per client per financial year. Any cost over the cap must be borne by the client.</li> <li>• Service providers must record the amount spent in the ‘Notes’ section of the My Aged Care central client record.</li> </ul>
<p><b>Service delivery setting e.g. home/ centre/clinic/ community</b></p>	<p>Client’s home.</p> <p><b>Note:</b> Services will not be delivered where another entity holds responsibility for structural changes to the home; similar Government support is already provided through other programs or where it is a state or territory government responsibility to provide this type of support e.g. clients living in social housing would receive home modification support through their state or territory government.</p> <p>It is the responsibility of the client to investigate and gain any permission necessary before modifications are undertaken, for example permission to modify a private property the client is renting, strata scheme permission or local Council authority where applicable.</p> <p>Support to the client to undertake this process may form part of the project management activities undertaken by a service provider.</p>

<p><b>Use of funds including any target areas</b></p>	<p>Funds must be targeted towards lower cost modifications that meet client needs. Any complex modification that would incur a cost over the Commonwealth's capped contribution of \$10,000 must be borne by the client.</p> <p>Service providers can use their home modification funds flexibly to obtain appropriate services for clients where clinically justifiable to increase independence within the home.</p> <p>Service providers may purchase Occupational Therapy assessments for clients requiring complex home modifications or small goods and equipment that may be prescribed through the Occupational Therapy assessment that may either support the installation or, where clinically appropriate, may mitigate/negate the need for more complex home modification installations.</p> <p>These hours must be reported as Allied Health and Therapy Services hours if they were delivered by an Allied Health professional.</p>
<p><b>Specific funding advice</b></p>	<p>Funding can be used to cover both the labour costs and the materials cost or only some part of this, for example the initial work including measurement of the home, planning processes and for project management of the modification.</p>
<p><b>Legislation</b></p>	<p>Service providers must comply with relevant Commonwealth and/or state/territory legislation and local Council Authority regulations and Building Code of Australia. This includes holding appropriate licences and insurances, where required.</p> <p>For example, service providers are required to be aware of their obligations to comply with state and territory based laws and regulations relevant to the safe handling and removal of asbestos when undertaking home modifications in the homes of clients.</p>
<p><b>Output measure</b></p>	<p>Cost in dollars.</p> <p>Types of modification activity provided.</p> <p>Note: Hours of Allied Health and Therapy Services delivered as part of the overall service to the client must be reported in the Data Exchange under the Allied Health and Therapy Services.</p>
<p><b>Staff qualifications</b></p>	<p>Providers must comply with Commonwealth and state and territory legislation regarding who can undertake home modifications.</p>
<p><b>Fees</b></p>	<p>Client contribution amount recorded in the Data Exchange (in Fees field).</p>

## Home Care Packages (HCP)

Packages of care for older clients with needs assessed as being higher than those able to be serviced under the CHSP. Set fees are charged based on a means test. Where home modifications are required, the full cost is covered from a combination of the package funds and a client fee.

## National Disability Insurance Scheme (NDIS)

For people aged under 65 (or 50 for Aboriginal people) with a disability, the NDIS is gradually being rolled out across the country. The National Disability Insurance Agency (NDIA) would only consider a home modification if it is the participant's primary residence and they intend to remain living there. If the participant lives in a rental property a written agreement from the property owner must be provided before any modifications can take place.

The NDIA must also be satisfied that no laws, regulations or other planning restrictions are in place that prevent the home from being modified and that the modification being considered represents value for money relative to the benefits achieved and the cost of alternative supports.

It is important to note that the NDIS Principles affirm that social housing providers have obligations under the Disability Discrimination Act 1992 (DDA) to provide 'reasonable adjustments' (minor disability modifications or relocation) to support a tenant with a disability which means that NDIS funding cannot be used for home modifications in social housing.

## Making informed decisions about undertaking home modifications

Practice tells us that making decisions about undertaking complex and expensive home modifications requires detailed consideration prior to committing to the modification process. Community housing providers might consider establishing partnerships with their local aged care provider or Aged Care Assessment Team to support open and honest discussions about the assessment processes that need to be considered before committing to undertaking extensive home modifications.

For example, if an older tenant lives in an apartment that is above ground floor with no lift access, consideration might be given to the impact of a reduced ability to climb stairs over time and the need for considering possible housing relocation as part of the decision making process for approving home modifications.

Of course, community housing providers will also undertake a review to determine if the property under consideration for home modifications is listed for redevelopment, to be sold or is heritage listed, all of which would inform the appropriateness of investing resources in undertaking home modifications.

Community housing providers might consider partnerships with other housing providers to support tenants to request a mutual property transfer to another provider within their current location to enable them to maintain connection with their local community, health care services and such like.

## Department of Veterans Affairs (DVA)

DVA provides a variety of in-home and community support programs focussed on assisting veterans to continue living independently by supporting health, well-being and community connection.

Home modifications may be available for individuals eligible to receive financial assistance from the DVA. In certain instances, DVA will fund home modifications for Gold or White card holders (with assessed need due to an accepted disability) based upon their clinical need as assessed and prescribed by an appropriate health professional. Information on the types of home modifications that the DVA will support can be found here [www.dva.gov.au/sites/default/files/files/health%20and%20wellbeing/homecare/major\\_mods\\_external.pdf](http://www.dva.gov.au/sites/default/files/files/health%20and%20wellbeing/homecare/major_mods_external.pdf)

Community housing providers might ask their tenant if they believe they are eligible for assistance from DVA as part of planning for home modifications.

## Case study: Women's Housing Company: undertaking a bathroom modification upgrade.

**The Women's Housing Company specialises in housing and supporting older women and women experiencing domestic and family violence. It has 850 properties located across 27 local government areas. The properties are well located, relatively small blocks of 4 -20 units.**

Women's Housing Company has a diverse tenant mix with:

- 63% of tenants over 55 years of age. 40% of this group are over 65 years old
- 50% of tenants are from a culturally and linguistically diverse background
- 25% of tenants have been tenants of the Women's Housing Company for over 15 years
- 75% of properties are over 20 years old

The Women's Housing Company has a strong commitment and practice philosophy to support ageing in place for its tenants. Asset management is seen as a critical component of the approach.

There are many challenges to be considered in regard supporting older tenants to age in place:

- Tenants want to remain in their own home
- Ageing properties can be difficult to upgrade
- Requests for modifications and disability access
- Escalating costs with high repair and upgrade costs
- Challenges upgrading occupied properties
- Tenant and family expectations
- Support organisation expectations

Women's Housing Company have also identified many opportunities to support ageing in place strategies including:

- A very engaged group of tenants who are seeking solutions
- Well located buildings close to a range of support services
- Small buildings

- Less repairs and associated wear and tear with older tenants
- Engaged with community support services with activities occurring in communal areas
- Good team of contractors who know the tenants and the buildings
- Growing community awareness of the needs of older people

The following explores how Women's Housing Company undertook a bathroom upgrade.

### Background

The tenant is a 71 year old women in receipt of a disability pension who lives independently in metropolitan Sydney in an older style three bedroom cottage. To support the bathroom modification that was requested, two weeks respite was sought for the tenant while modification work was completed in her home.

### Support Services

The tenant receives a Level 3 Home Care Package from Baptist Care to assist with showering, toileting, housework and shopping. An occupational therapy report was received by the Women's Housing Company requesting a modified bathroom and associated upgrade work to make the tenant's home more accessible in the bathroom and living areas.

The tenant has limited mobility, walks with a frame at home and uses a wheelchair when needed out of the home. She requires assistance to go out with a home care support worker or a family member.

### Undertaking the home modification

The modifications included development of an accessible new bathroom including wider shower area, raised toilet, improved storage area for equipment, grab rails, widening of doorways and associated modification work. It had an approximate value of \$30,000 for the completed work.

In preparing for the modification work, the builder advised that the tenant would need to relocate out of the house for approximately two weeks whilst the bathroom and associated work was completed.

Women's Housing Company Technical Officer also assessed the situation to be unsafe for the tenant to manage day to day living whilst the building works were being undertaken.

The Technical Officer discussed accommodation options with the tenant who advised that due to her disability and restricted movement her family could not provide suitable accommodation. The Technical Officer suggested that the tenant talk with her support worker and family to explore respite care options in the area. As the tenant was in receipt of a level 3 Home Care Package, she was eligible for respite care. The tenant selected an aged care provider for her respite care. Women's Housing Company covered the accommodation costs for the two-week respite care period. During her time in respite, Women's Housing Company kept the tenant briefed on progress with the home modification work.

Once the work was completed, the tenant returned home. She advised the Technical Officer that she had enjoyed her stay in respite. She had been very anxious about "going into care" but had found the experience to be a good one and would consider using it again if she needs assistance or a break.

The tenant was very pleased with her new bathroom and improved access around the house. Further review is now being undertaken with her to improve external access to the house.

#### **Lessons learned**

The respite care option whilst upgrade work was carried out in the tenant's property was a success for both the tenant and the Women's Housing Company who plans to continue to explore respite care options with older tenants when work is being carried out, particularly in bathroom areas.

When providing Asset Management services for older tenants, there is a strong link between practical building issues and supporting tenants through the building process so that the work is undertaken in a safe and supportive manner.

**The tenant had been very anxious about "going into care" but had found the experience to be a good one and would consider using it again if she needs assistance or a break.**





# Housing for Health

A HEALTH AND SAFETY FOCUSED REPAIR PROGRAM IN ABORIGINAL COMMUNITY HOUSES

**NSW Health *Housing for Health* program has been managing and funding health and safety focussed repair and maintenance projects in Aboriginal community houses across NSW for the past 20 years. The program has consistently identified improvements in house function for each project, increasing the ability of the householders to practice healthy living.**

Program evaluation found that those who received the *Housing for Health* intervention had a significantly reduced rate of hospital separations for infectious diseases – 40% less than for the rest of the rural NSW Aboriginal population who did not receive the Housing for Health intervention, demonstrating that the Housing for Health program has a significant impact on improving the health of Aboriginal people in NSW.

*Housing for Health* is a copyright methodology for improving living conditions in Aboriginal communities. It was initially developed in the late 1980s in the far north west of South Australia. The group set about developing a methodology that focussed on environmental changes that would lead to maximum health gains.

Research has shown that improving essential health hardware such as fixing a leaking toilet, electrical repairs or having sufficient hot water can lead to improvements in health status and reduce the risk of disease and injury<sup>14</sup>.

The selection of *Housing for Health* projects is coordinated with relevant agencies including Public Health Units, NSW Aboriginal Land Council and the NSW Aboriginal Housing Office. Selection of future projects take into account a number of criteria including the condition of housing, availability of project management resources, the ability to cluster projects in similar locations, other housing works undertaken by other programs, and the ability of Housing for Health to support or compliment other work being undertaken in the community.

This Ted Talk by Paul Pholeros explains the Housing for Health model. In 1985, architect Paul Pholeros was challenged to “stop people getting sick” in a small indigenous community in South Australia. It meant thinking way beyond medicine. In this talk, Pholeros shares his work with Healthabitat, which works to reduce poverty through practical design fixes.

[https://www.ted.com/talks/paul\\_pholeros\\_how\\_to\\_reduce\\_poverty\\_fix\\_homes?language=en](https://www.ted.com/talks/paul_pholeros_how_to_reduce_poverty_fix_homes?language=en)

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<sup>14</sup> Pholeros, Paul; Rianow, Stephen; Torzillo, Paul. (1993). *Housing for Health: Towards a Healthy Living Environment for Aboriginal Australia*. Healthabitat: Newport Beach, NSW

The Housing for Health process aims to assess, repair or replace health hardware so that houses are safe and the occupants have the ability to carry out healthy living practices.

All works carried out in the Housing for Health program are prioritised in terms of health benefit. The priorities are:

- Safety – immediate life-threatening dangers, particularly electrical, gas, fire, sewage and structural safety issues are addressed as the highest priority
- Healthy living practices – after safety issues have been addressed the priorities list of healthy living practices (from 1 the most important) provide a focus for prioritising repair and maintenance:
  1. Washing people – ensuring there is adequate hot and cold water and that the shower and bath work
  2. Washing clothes and bedding – ensuring the laundry is functional with separate taps for waste for the washing machine and tub
  3. Removing waste water safely – ensuring drains aren't blocked and that the toilets are working
  4. Improving nutrition, the ability to store, prepare and cook food – assessing the ability to prepare and store food, making sure the stove works and improving the functionality of the kitchen
  5. Reducing the negative impacts of overcrowding – ensuring health hardware (particularly hot water systems and septic systems) can cope with the actual number of people living in a house at any one time
  6. Reducing the negative effects of animals, vermin or insects – on the health of people, for example ensuring adequate insect screening
  7. Reducing the health impacts of dust – to reduce the risk of respiratory illness
  8. Controlling the temperature of the living environment – looking at the use of insulation and passive design to reduce the health risks, particularly to small children, the sick and the elderly
  9. Reducing hazards that cause trauma – being non-life-threatening issues

Between 1997 and the end of 2018, NSW Health has delivered 130 Housing for Health projects with communities surveying 4216 houses, fixing over 109,679 items directly related to improving safety and health and benefiting over 17,514 people.<sup>15</sup>

To explore possible Housing for Health projects, community housing providers could contact their local Public Health Unit Environmental Health Officers to identify if there are any scheduled projects in their location.

More information about the program can be found here: <https://www.health.nsw.gov.au/environment/aboriginal/Pages/housing-for-health.aspx#housingforhealthprojects>

**In old age, people see housing as possibly the most essential factor in whether they will be able to manage and live well.**



<sup>15</sup> <https://www.health.nsw.gov.au/environment/aboriginal/pages/housing-for-health.aspx#housingforhealthprocess>