



**Our Community.
Our Future.
Our Homes.**

HEALTHY HOMES

PROGRAM GUIDELINES

Department of
**TERRITORY FAMILIES,
HOUSING AND COMMUNITIES**

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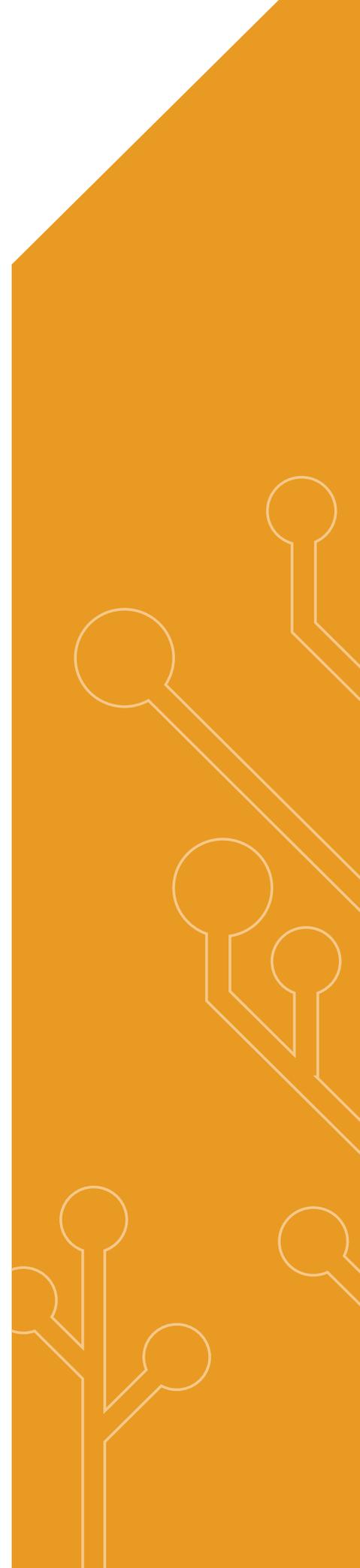
ACKNOWLEDGING TRADITIONAL OWNERS

The Department of Local Government, Housing and Community Development respectfully acknowledges the past and present traditional custodians of this land on which we work.

We show our recognition and respect for Aboriginal and Torres Strait Islander people, their culture and their heritage while working towards improved social outcomes for the Northern Territory.

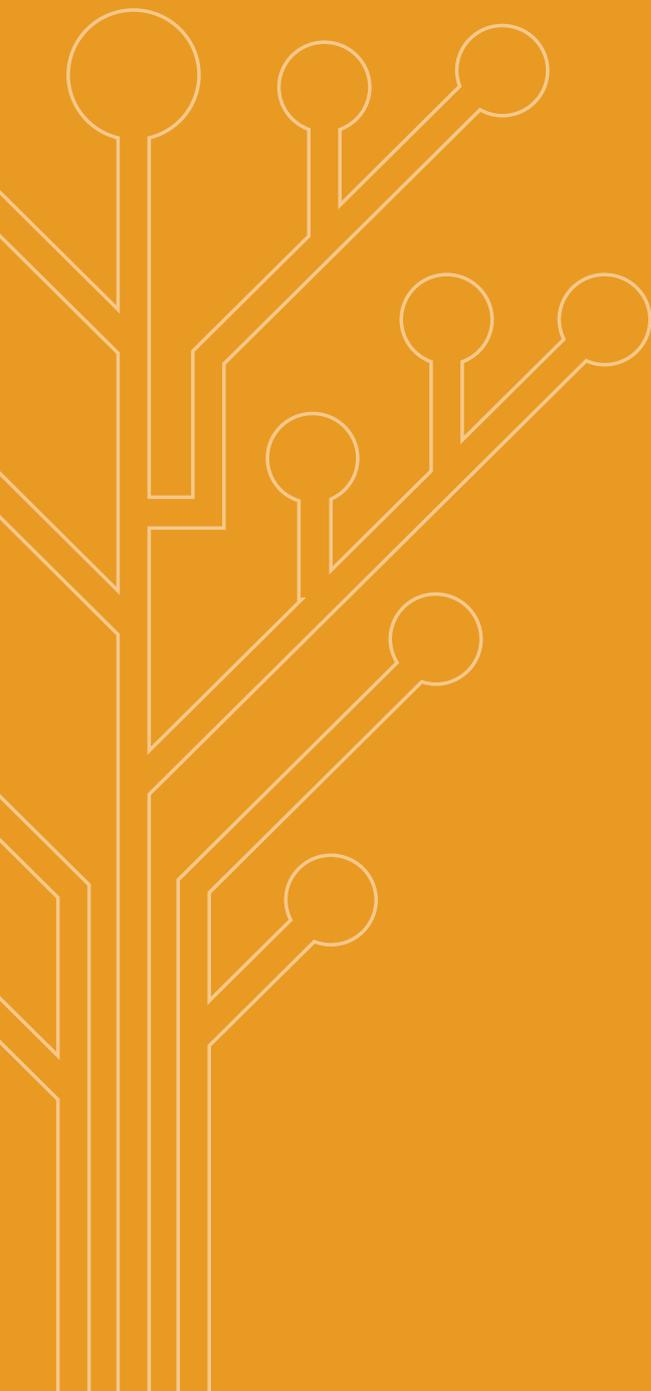
ACRONYMS

HLP	Healthy Living Practices
NPRH NT	National Partnership for Remote Housing NT
NSW	New South Wales
NT	Northern Territory
NTG	Northern Territory Government
OCOFOH	Our Community. Our Future. Our Homes.
PTM	Property and Tenancy Management



CONTENTS

1.0 INTRODUCTION	1
1.1 Aboriginal housing and health	1
1.2 Healthy Living Practices	1
1.3 Northern Territory policy context	1
1.4 Healthy Homes program overview	2
1.5 Purpose of guidelines	2
2.0 PROGRAM IMPLEMENTATION	3
2.1 Housing for Health	3
Overview	3
Objective	3
Method	3
Implementation	4
2.2 Remote Property and Tenancy Management	4
Overview	4
Objectives	4
Implementation	4
2.3 Capacity building and community education	5
Overview	5
Objectives	5
Implementation	5
2.4 Monitoring and evaluation	5
Overview	5
Objectives	5
Implementation	5
3.0 REFERENCES	6



1.0 INTRODUCTION

1.1 ABORIGINAL HOUSING AND HEALTH

Internationally, Indigenous people tend to have relatively poor living conditions and health status compared to the general population of the countries they live in. This is associated with experiencing disadvantage across the generally recognised social determinants of health, as well as the consequences of colonisation and the loss of cultural cohesion (Australian Government, 2009).

Australian Aboriginal children are particularly vulnerable to experiencing infection that not only affects their growth and development, but also their cognitive development, educational outcomes and health and wellbeing throughout life. For Aboriginal children living in remote communities, the situation is particularly acute. These children experience relatively high rates of poor growth, common childhood infections and serious diseases such as acute rheumatic fever, rheumatic heart disease, and trachoma compared to their non-Aboriginal peers (Maguire GP, 2006; Currie, BJ, 2002).

The provision of adequate housing for Aboriginal people in remote communities and town camps has been a major challenge for successive governments nationally and for states and territories. Aboriginal communities continue to be affected by high levels of overcrowding, homelessness, poor housing conditions and severe housing shortages (Australian Government, 2009).

Continued high levels of social, economic and environmental disadvantage underlie the health problems in remote Aboriginal communities. Despite the significant investment into remote housing by the Australian and Northern Territory governments since 2007, much of the housing in remote communities and town camps does not have fully functioning components required to support healthy living. These poor housing conditions lead to unsanitary environments and an increase in infections (Ware VA, 2013).

1.2 HEALTHY LIVING PRACTICES

The importance of environmental health to public health outcomes is well established. In 1999, the Australian Government established the National Indigenous Housing Guide to inform the design, construction and maintenance of Aboriginal housing. The guide emphasises the importance of the connection between the physical environment and healthy behaviours, captured under the nine Healthy Living Practices (HLPs). In addition to the general safety of the house, the HLPs critical to improving health in Aboriginal communities (in order of priority), include:

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 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 infrastructure (particularly hot water systems and septic systems) can cope with the actual number of people living in a house at any 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.

To improve the ability of a house to support the HLPs, attention needs to be given to improving the physical equipment necessary for healthy, hygienic living. Known as 'health hardware', this equipment generally relates to the water supply, sanitation and food preparation areas of a house.

Research has shown that improving essential health hardware such as fixing a broken toilet, electrical repairs, ensuring hot water for the number of residents and having somewhere to wash a baby or child, will lead to improvements in health status and reduce the risk of disease and injury (Pholeros et. al, 1993; NSW Department of Health, 2010).

1.3 NORTHERN TERRITORY POLICY CONTEXT

The role of the Department of Territory Families, Housing and Communities (the department) is to provide an affordable and liveable social housing system (i.e. public housing and community housing) by supporting eligible Territorians with options that are appropriate to their housing needs.

The department is the primary provider of social housing in the Northern Territory, managing approximately 12 000 dwellings, with around 58% of the asset portfolio being housing located across remote communities. Under this arrangement, the department is responsible for providing liveable, safe and affordable housing for its tenants in these properties.

The challenge of addressing overcrowding and the functioning of remote housing is a significant policy driver for the Northern Territory Government.

In 2016, the Northern Territory Government committed \$1.1 billion into remote Aboriginal community housing and an additional \$426 million into essential land servicing and infrastructure to be delivered through Our Community. Our Future. Our Homes.

Our Community. Our Future. Our Homes. consists of the following programs:

- HomeBuild – the construction of new homes in remote communities, including housing for extended family groups, people who are elderly or have a disability.
- Room to Breathe – building additional living spaces such as bedrooms, granny flats, bathrooms, and outdoor cooking spaces, to improve the liveability of existing homes.
- Government Employee Housing – additional housing including options for locally recruited remote NTG employees.
- Preventative repairs and maintenance.

In 2018, the Australian Government also committed \$550 million over five years through the National Partnership for Remote Housing Northern Territory 2018-2023 (NPRH NT) to deliver additional capital works and property and tenancy management services.

Through the Building our communities, together Town Camps Reform Framework 2019-2024, the NT Government has committed to delivering generational change across the NT's 43 town camps and community living areas. This is being achieved through developing sustainable housing models, which emphasises local decision making, while recognising the fundamental importance of safe and suitable housing to the social and economic development of Aboriginal Territorians. Since 2018, \$40.4 million has been invested to address the most urgent housing and infrastructure upgrades across town camps in the top end.

1.4 HEALTHY HOMES PROGRAM OVERVIEW

The Northern Territory Government has established the Healthy Homes program to integrate HLPs into the delivery of housing services across remote communities and selected town camps. The program is supported through sector capacity building, community education, and a monitoring and evaluation on framework.

HLPs have already been integrated into Our Community. Our Future. Our Homes. programs and systems. Through the design guidelines for the Room to Breathe and HomeBuild programs, new houses and additional rooms are required to consider how the HLPs will be incorporated into the build, as well as the sustainability and appropriateness of health hardware. Consideration is also given to how environmental factors will improve housing and health outcomes. For example, housing design elements in Central Australia will differ to that in the Top End.

Through the Building our communities, together Town Camps Reform Framework 2019-2024, the department has completed 278 housing and infrastructure projects, with a focus on upgrading the health hardware of existing houses. Examples include installing durable stainless steel kitchens, adding insulation to improve temperature regulation and replacing old vinyl flooring with new pest resistant tiling.

Once houses are constructed or renovated, ongoing repairs and maintenance is critical. Healthy Homes will promote preventative repairs and maintenance models that focus on ensuring that houses' health hardware is functioning to support HLPs. This includes testing the functionality of safe electricity and water supply, toilets, showers, washing areas and food preparation areas.

The Healthy Homes program will deliver an enhanced approach to repairs and maintenance by implementing the following four elements:

1. Housing for Health – The department will engage Healthhabitat to deliver the Housing for Health repairs and maintenance program across selected remote communities and town camps until 2027.
2. Remote property and tenancy management (PTM) – The department will integrate HLPs into the delivery of \$35 million per annum (until 2023) worth of PTM services across all leased remote communities and Alice Springs town camps.
3. Capacity building and community education – The department will work with Aboriginal community controlled organisations to build their capacity to deliver HLP interventions and roll out community-based behaviour change programs around housing and hygiene.
4. Monitoring and evaluation – The department will monitor and evaluate elements delivered under the Healthy Homes program to measure health and social impacts, service provider performance and to inform changes to service delivery models.

1.5 PURPOSE OF GUIDELINES

The purpose of these guidelines is to provide information to service providers, community groups, contractors and other government agencies on the department's response to integrating HLPs across its remote housing programs.

2.0 PROGRAM IMPLEMENTATION

2.1 HOUSING FOR HEALTH

Overview

Housing for Health (also known as Fixing Homes for Better Health) is a survey and fix methodology for improving Aboriginal housing living conditions. Housing for Health was developed in the 1980s by Healthhabitat in the Anangu Pitjantjatjara Yankunytjatjara region, in the north west of South Australia.

The Housing for Health process aims to assess, repair or replace health hardware so that houses are safe and that occupants have the ability to carry out HLPs. Housing for Health is focused on environmental changes that lead to maximum health gains, particularly for children aged 0-5 years, who can suffer long-lasting health effects from infections.

The model uses active community participation to survey, test and repair a standardised list of 250 essential safety and health items throughout the house and surrounding yard area. The model only delivers targeted repairs, and does not address items that do not have a direct health benefit such as fencing or painting.

The Housing for Health model includes community consultation and agreement to the proposed approach before commencing work. To assist the roll out, a number of people from the community are trained to work alongside technical staff to inspect, test, and record housing items, and where possible, undertake fix work.

The process of training community people to assist in surveying and fixing houses provides local employment and an opportunity for health services to educate community members about the relationship between housing and healthy living. In addition, the testing, recording and fixing of items in the homes provides an opportunity to share health messages with the householder.

There is strong evidence for the efficacy of the Housing for Health model. A ten-year evaluation of the NSW Housing for Health Program found that those people living in houses that received the Housing for Health intervention benefited from a 40% reduction in infectious diseases (NSW Department of Health, 2010).

Healthhabitat's Housing for Health Guide is available at www.housingforhealth.com.

Objective

The objective of Housing for Health is to assess, repair or replace health hardware so that houses are safe and the occupants have the ability to carry out HLPs.

The benefits of the Housing for Health model include:

- a reduction in infectious disease rates
- a reduction in long term chronic disease
- opportunities for health promotion and community education around HLPs
- increased community control of housing services and local employment.

Method

The Housing for Health method consists of five main stages and focuses firstly on safety, by identifying and removing life-threatening dangers when maintaining a house; and secondly, on assessing the functionality of health hardware in houses in relation to whether it can support the HLPs.

Stage 1 - Community consultation and feasibility assessment

- Teams are selected, including local community members, environmental health workers, architects and qualified trades. To ensure that the project remains culturally safe for all participants, a number of local language speakers from relevant families and appropriate gender representation are employed.
- Teams are trained in key health and safety issues and supported on site by trained technical officers.
- Resident and community approval is gained prior to works commencing.

Stage 2 - Survey Fix One (SF1)

- SF1 consists of a comprehensive survey of around 250 items in all houses in the community.
- Surveys are carried out by teams of around four people (usually three community people and one technical person).
- Any minor repairs not requiring a licensed trade are done on the spot. Works requiring a trades person start as soon as possible (within 48 hours), with preference given to local Aboriginal community controlled organisations.

Stage 3 - Major (Capital) upgrades

- Large or complex items identified in SF1, such as new hot water systems and stoves, are procured and installed.
- Major upgrades can take around six to nine months to complete depending on the community size.

Stage 4 - Survey Fix Two (SF2)

- SF2 is carried out using the same process as SF1 and addresses any works that may have either been missed at SF1 or arisen since.
- SF2 also provides a comparison of house function at SF1 and gives the community members involved the opportunity to audit the work of the project.

Stage 5 - Reporting and closure

- A report of the work done to each house by each trade is provided to the community/housing provider. The report includes a list of works that the project was unable to cover within the budget, but would recommend for inclusion in any future programs the community/housing provider may run. Items are prioritised in terms of safety and HLPs.

Implementation

The department will work with Healthabitat to deliver Housing for Health in selected communities until 30 June 2027.

Healthabitat is currently delivering Housing for Health in Jilkminggan, with planning underway to expand the program to additional communities.

Additional communities (approximately three per year) will be selected based on the following factors:

- Rates of infectious disease - such as rheumatic heart disease and fever, which are commonly associated with poor housing conditions and overcrowding.
- Water stress level - on the basis that Housing for Health is effective at reducing water consumption.
- Current repairs and maintenance costs - with priority given to those communities with prolonged high costs.
- Newly leased communities - where the department has recently resumed responsibility for repairs and maintenance.
- Rates of overcrowding.

2.2 REMOTE PROPERTY AND TENANCY MANAGEMENT (PTM)

Overview

As part of the NPRH NT 2018-2023, both Australian and Northern Territory governments have agreed to a continuation of \$35 million per annum in remote PTM services across leased remote communities and the Alice Springs town camps.

As landlord, the department is required to maintain all dwellings under its management in a safe, habitable and secure condition. PTM services delivered under the NPRH NT include:

- Responsive and cyclical repairs and maintenance to preserve the functionality of dwellings. Services are provided by a mix of locally based housing maintenance officers who carry out simple repairs that do not require a licensed tradesperson and trade panel contractors who perform larger, technical complex works.
- Tenancy management services, which manage housing applications, allocations, tenancy agreements, rent collection, debt management and the delivery of tenancy support.

Depending on location, the department either contracts local providers to deliver these services (with a preference for Aboriginal community controlled organisations) or, where this is not possible, delivers them directly.

Objectives

The objectives of PTM services under the NPRH NT are to:

- maximise the number of suitable houses available to tenants in remote Aboriginal communities and selected town camps
- improve and maintain the standard of existing houses in remote Aboriginal communities
- maintain the amenity of existing houses in remote Aboriginal communities as per the *Residential Tenancies Act*
- provide housing services to tenants in remote Aboriginal communities to a level equivalent to that received by public housing tenants elsewhere in the Northern Territory
- increase the number of households in remote Aboriginal communities able to maintain sustainable tenancies
- engage and empower locally based Aboriginal business enterprises in delivering services in remote Aboriginal communities where available.

Implementation

The department is currently reviewing PTM contracting arrangements, service standards and service models, with a view to introduce new arrangements by July 2021.

As part of this process, the department will seek to improve environmental health and public health outcomes for tenants by integrating the HLPs across all PTM services, including the following key services:

- tenancy management services
- housing maintenance coordination services
- panel contracts, for the provision of trade qualified repairs and maintenance.

Changes will include:

- the revision of service models to prioritise HLPs
- the development of materials to support service providers and departmental staff, including housing inspection checklists
- the revision of contracts to include HLPs performance measures
- the delivery of training for service providers and departmental staff to implement new PTM approaches (more information at section 2.3)
- the collection of data and information to inform compliance, service planning and evaluation activities (more information at section 2.4).

2.3 CAPACITY BUILDING AND COMMUNITY EDUCATION

Overview

To support the implementation and sustainability of revised PTM arrangements and the Housing for Health program, the department will:

- build the capacity of service providers and departmental staff to deliver HLP style interventions
- work with the non-government sector to educate residents and communities about the links between housing and hygiene.

Objectives

The objectives of capacity building and community education activities are to:

- increase the capacity of Aboriginal community controlled organisations to deliver HLP informed interventions
- increase community and residents' knowledge of HLPs and the connection between housing, hygiene and health outcomes
- increase regional departmental staff knowledge of HLPs and associated new service models and contracts.

Implementation

Implementation of training and other capacity building activities may include:

- training by Healthabitat to establish community champions for the Housing for Health model
- community education and behaviour change programs about housing and hygiene developed in partnership with Aboriginal health services and supported by tenancy management services
- regional workshops for departmental staff to assist in the delivery and monitoring of new PTM arrangements
- The development of communication materials and online resources outlining approaches to supporting HLPs for service providers, staff and residents.

Training will be targeted to those communities where Housing for Health has been delivered and where new, or smaller, Aboriginal community controlled organisations have been engaged to deliver PTM services.

2.4 MONITORING AND EVALUATION

Overview

The department will monitor and evaluate elements delivered under the Healthy Homes program to measure health and social impacts, service provider performance and to inform changes to service delivery models.

Objectives

The objectives of monitoring and evaluation activities are to:

- measure the effectiveness of Housing for Health, the revised PTM model and community education programs in improving health and social outcomes
- assess whether the new PTM model is being delivered as per new program requirements and any barriers associated with implementation
- assess department staff understanding of new PTM arrangements and whether departmental systems are supporting implementation
- ensure compliance against performance measures outlined under the NPRH NT's Remote Property and Tenancy Management Framework and Housing for Health contract
- provide practical recommendations relating to changes in service arrangements and service delivery models.

Implementation

The department is seeking to engage Menzies School of Health Research to undertake evaluation activities relating to the implementation and impact of Housing for Health programs. Menzies School of Health Research is considered the most suitable evaluator due to the focus on Aboriginal health outcomes and engagement with remote Aboriginal communities and Aboriginal community controlled organisations. The department will work with Menzies School of Health Research to develop an outcomes framework and evaluation strategy in consultation with key stakeholders.

The department will monitor PTM service provider performance against measures agreed under the NPRH NT's Remote Property and Tenancy Management Framework. Performance measures relevant to the Healthy Homes program include:

- percentage of properties receiving annual property inspections
- percentage of properties in communities receiving planned maintenance
- percentage of reported issues that were resolved by PTM service providers.

The department will also oversee the delivery of the Housing for Health program, including key deliverables and the collection of housing and community data for the purposes of service planning and asset management.

HEALTHY HOMES

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