

Home-grown solutions for healthier homes: the Healthy Housing Worker program in far-west NSW

Bill Balding, Far West Area Health Service, **Bruce Graham**, Murdi Paaki Regional Housing Corporation

ABSTRACT

The Healthy Housing Worker program in far-west NSW was developed to address the difficulty of providing sustainable and efficient housing maintenance programs in remote Aboriginal communities. This program runs in conjunction with the Housing for Health program which identifies and rectifies health hardware problems in Aboriginal housing stock. The Healthy Housing Worker program provides a framework to build capacity through local Aboriginal personnel developing a range of skills in property maintenance and environmental health. The program introduces practical 'hands-on' skills in housing and community environmental health as well as general 'handy man' competencies in carpentry, electrical and plumbing trades within Aboriginal housing providers. The training occurs over 2 years, is delivered locally by Bachelor College (NT), and is formally accredited. The outcome of the program is a systematic approach to maintenance and provision for an aggressive 'quick-fix' capacity to minimise housing and health hardware deterioration and resulting health hazards. Improved and sustainable housing means better health outcomes (such as a decrease in respiratory illness, infectious disease and injury).

AIM

It is universally accepted that the attainment of a satisfactory standard of health in any community is contingent with the provision and maintenance of good quality housing and associated infrastructure, in particular the basic amenities of water quality, sewage facilities, housing and other environmental factors. A key challenge for all Indigenous Housing organisations in the Murdi Paaki has been the building of local capacity to be able to effectively respond to systemic environmental, safety and related maintenance issues within their housing stock. Furthermore the capacity to respond in a timely manner which removes personal risk, and minimises avoidable deterioration of housing infrastructure.

The aim of the Healthy Housing Worker (HHW) program is to address the lack of trained tradespeople in isolated communities which leads to health problems for occupants of houses with non-functioning health hardware like sewerage, plumbing, ventilation and hot water. This program aims to train and employ local Indigenous personnel to identify and rectify problems in property maintenance which could lead to environmental health problems. This program also aims to build capacity within Aboriginal communities and Aboriginal organisations making for a more efficient and sustainable maintenance program and address maintenance problems in a systematic manner at the local level.

BACKGROUND

Murdi Paaki Regional Housing Corporation was established as an initiative of the Murdi Paaki ATSIC Regional Council. A key objective of establishing the Murdi Paaki Regional Housing Corporation was to address the lack of management and financial skills in existing Aboriginal community housing providers operating in the Murdi Paaki Region of western NSW. A further objective was to protect housing assets from being compulsorily sold as a consequence of unpaid Local Government rates and charges. From a small beginning in 1997 managing just 4 houses, Murdi Paaki Regional Housing Corporation (MPRHC) now owns or manages on behalf of other housing organisations over 600 houses. This makes the MPRHC the largest non-government Aboriginal community housing organisation in rural and remote Australia.

Over the 8 years that the MPRHC have been operating, regular housing maintenance has continually been identified as an essential part of improving environmental health outcomes for the Aboriginal families living in their houses. Yet, like many Indigenous communities and housing organisations, particularly those in rural and remote areas, MPRHC lacked the capacity to regularly assess and maintain their housing stock.

In parallel with MPRHC problems of sustaining health hardware in houses, the Australian Government was beginning to consider the same dilemmas. In 1996 and 1997, Commonwealth, State and Territory Housing Ministers gave priority to the maintenance of health related aspects of housing (such as urgent safety issues such as safe electrical installations, washing, laundry, waste disposal and storing preparing and cooking food etc) consolidated in the National Indigenous Housing Guide.¹

In July 1997, Senator Newman, Minister for Family and Community Services (FACS), wrote to the other housing ministers indicating that she would like to see the introduction of measures to establish:

- local maintenance programs, focusing on rural and remote communities, under which minor repairs and maintenance can be carried out within acceptable timeframes by community based qualified tradespeople or suitably trained non-tradespeople; and
- regular cyclical processes for assessing the condition of housing stock and infrastructure services, and monitoring progress in upgrading health related infrastructure to the same functional standards as new structures.

In spite of the Senator Newman's attempt to emphasise and introduce sustainability programs as a key component to the management and funding of Aboriginal housing programs, there has been minimal progress over the intervening 8 years. There are few examples currently available which institutionalise sustainable repair and maintenance programs at a grass roots level. This can be attributed primarily to the lack of initiatives coming from State and Commonwealth agencies and the lack of funding.

Unfortunately, the nature of State and Commonwealth funding largely remains as one-off projects often incorporating large capital injections. Programs which deliver any type of service to small isolated communities on a purely 'fly in, fly out' basis are usually expensive, rarely efficient, and struggle to engage the community sufficiently to make the program sustainable. This was certainly the case in providing healthy housing in Aboriginal communities in the far-west of NSW.

¹ The NHIG contains nationally accepted guidelines for the design, construction and maintenance of safe and healthy houses.

In 1999, the Murdi Paaki Regional Council established an Aboriginal Environmental Health Forum to bring together representatives from the Regional Council of ATSIC, Indigenous housing agencies, State and Commonwealth agencies and the community through a Community Working Party structure. A priority of the Murdi Paaki Aboriginal Environmental Health Forum was to look at ways to address environmental health issues through a housing repair and maintenance program that would work well in the Murdi Paaki Region.

The Far West Area Health Service (FWAHS) is a member of the Murdi Paaki Regional Aboriginal Environmental Health Forum and is working alongside Aboriginal and non-Aboriginal organisations to address the health and infrastructure problems faced by the many small, remote and largely Aboriginal communities of far-western NSW.

In addressing the housing stock problems identified by the MPRHC and other regional Aboriginal housing corporations, it became obvious that many of the problems posing real or potential threats to the occupants came about because of poor, unskilled or non-existent housing maintenance, or through maintenance policies which came about because of the cost of delivering services to such remote communities. For example, the cost of getting a plumber to travel many hundreds of kilometres to fix one septic system in an isolated community was exorbitant and thus often postponed until there was sufficient work for the plumber to do on a visit. This might mean a family being without a functioning toilet system for days, weeks or months.

It was at this time that the Housing for Health (HfH) program developed by Health Habitat commenced roll-out throughout the Murdi Paaki Region by the FWAHS. The HfH program identified and repaired non-functioning health hardware that was posing a real or potential health problem within Aboriginal housing stock particularly in small, often isolated, communities. The HfH program brought housing to a minimal health and safety standard in an effective, efficient and systematic way.

The Murdi Paaki Regional Aboriginal Environmental Health Forum sort to build on the gains made by the HfH program. It has done this successfully through the development and implementation of the Healthy Housing Worker pilot program. The two programs work hand in hand.

METHOD

The prime methodologies used in this program are training and capacity building at a local level. One of the problems identified early in the Housing for Health (HfH) program was the lack of ongoing and ready access to trained or skilled tradespeople to maintain the housing stock after initial repairs had been implemented. One of the key strategies the Aboriginal Environmental Health Forum has used in the Murdi Paaki region has been the development and implementation of the integration of the HfH program with a Healthy Housing Worker (HHW) strategy. The HHW program tackles the interrelated problem of program sustainability and community development through the employment, training and support of community members in developing and implementing property management and environmental health skills.

The keystones of this program were sustainability and efficiency. The training component had to be achievable for people with often limited education, whilst adhering to occupational health and safety requirements and other legislated requirements of the relevant trades. The capacity building component meant the program had to engage the community and produce real results which would consequently flow on to confidence in the workers and the sustainable result in each community the program was aiming to achieve.

The HHW program also strove to engage and gain the support of the various Aboriginal and non-Aboriginal agencies involved in the region through a transparent process, plenty of communication, and opportunities for each organisation to see the program in action by working alongside HHWs in HfH programs.

Planning and implementation

In planning the implementation of the Housing for Health (HfH) program in the Murdi Paaki ATSIC region of NSW, it was recognised that housing stock would slowly deteriorate to a similar level without a regular maintenance schedule being in place. As previously flagged, preventative maintenance and rectification works were usually very costly because of the distances required to be travelled by skilled tradespeople from the closest service centre, many hundreds of kilometres distant. Recognising that this could see the benefits of the HfH program quickly eroded, the Far West Area Health Service proposed the HHW program to the Murdi Paaki Aboriginal Environmental Health Forum. With all the relevant stakeholders and local players around the table at that forum, all issues were able to be discussed and resolved early in the development of the program. All those involved, either through funding or implementation, readily agreed to the proposal and the proposed structure of the program.

We believe that this is the first program in Australia to train Aboriginal community workers in environmental health and basic trade competencies. It is a 5 year pilot project. Each HfH community in the Murdi Paaki region will aim to have 2 HHW trainees. The trainees are employed by the Murdi Paaki Regional Housing Corporation on a 2 year contract, with employment hours linked to housing stock numbers in each community. Employment is ongoing subject to satisfactory achievement of training requirements.

Recruitment and training

Recruitment is achieved by advertising the position locally in each community. Usually advertisements are placed on the notice board at the Local Aboriginal Land Council Office and CDEP office. Members of the community where the HHW will be placed are targeted. The recruitment process commences at the end of a Housing for Health Program. This process usually identifies people with skills and aptitude that would be suitable for the HHW positions.

Training is being provided by Bachelor College from Darwin. The training is based at Certificate III and IV level. The training occurs over a 2 year period. It will be nationally accredited and competency based focusing on practical ability, with practical assessment and appraisal of skills. As much as possible of the training is scheduled to occur locally to minimise travel requirements. The training course combines competencies in environmental health with basic trade, OH+S and R+M skills. The emphasis is on hands-on rather than academic training. Professional trade and academic mentors provide support and supervision to the HHWs during the training period of the program to ensure attainment of the relevant trade requirements. Building competencies are to be achieved in the first 6 months of training, followed by the environmental health training.

HHW trainees work alongside FWAHS environmental health staff in identifying health hardware problems during the HfH program, and then they work alongside the qualified tradespeople involved in rectifying problems from the HfH audits. A HHW working group has been established to assist the implementation of the program and to support the HHWs.

Survey tool

A simple survey tool has been developed for use by the HHW to identify health hardware problems in community houses. The survey tool is linked to a database that records the essential elements of the HHW activities. The survey tool will assist MPRHC to:

- develop a maintenance methodology that will maximise the life of housing stock by identifying and prioritising repair work that promotes the continuing functioning of the housing elements
- provide a tool to maintain housing stock and increase the sustainability of assets
- assist in budgeting for repairs by encouraging cyclical checking of housing stock and recording the history of repair work
- clearly define repairs that require work by licensed tradespeople and those that can be done by the HHW
- provide a record of activity and R+M needs which can be used to help evaluate that HHW program and chart housing costs, repair frequency and other housing sustainability issues.

Equipment

The Health Housing Workers are provided with the following:

- uniform and OH+S equipment
- small utility and trailer
- work shed and office set up with phone, fax, desk and basic office needs
- a range of power tools
- extensive range of hand tools (spanners, hammers, saws, wrenches, planers, screw drivers, clamps etc)
- basic plumbing and carpentries supplies
- ladders, work horses, measuring rules, spirit levels.

Activities of the HHW

The following is an example of the general activities undertaken by the HHW. The range of activities varies depending on the needs of individual communities.

Housing

- Regularly inspect all community-owned houses to identify any problems with the potential to affect health or safety.
- Address health and safety issues arising within community housing in relation to:
 - any electrical faults and problems;
 - lack of water supply or inadequate water pressure;
 - gas smells or other problems with stoves or heaters;

- odours or overflows from septic tanks and grease traps;
 - malfunctioning toilets, including overflows, leaks, flushing problems;
 - leaking taps, spouts, showers or pipes;
 - leaking shower trays and collapsing floors;
 - trip hazards such as worn carpet;
 - food safety hazards such as damaged kitchen bench tops and malfunctioning refrigerators;
 - malfunctioning washing machines;
 - blocked drains;
 - malfunctioning hot water systems;
 - vermin.
- Undertake minor plumbing repairs such as replacing tap washers, clearing blocked toilets, repairing leaking toilet cisterns.
 - Undertake minor electrical repairs such as replacing light globes, replacing stove elements, re-wiring fuses.
 - Undertake minor carpentry repairs where a safety hazard exists.
 - Undertake repairs to flyscreens.
 - Undertake other minor repairs to buildings where health or safety is likely to be affected.
 - Advise the Murdi Paaki Regional Housing Corporation Field Officer of any repairs that you make, however minor they may be.
 - Be aware of your own competency limitations and legal constraints in undertaking work to plumbing or electrical services.
 - Identify problems needing the services of qualified tradespeople such as plumbers and electricians, and advise the MPRHC Field Officer as quickly as possible.
 - Speak with MPRHC before undertaking or arranging any repairs which appear to be the result of deliberate damage or willful neglect by the tenant.
 - Measure and water pressure at each house as instructed by EHO.
 - Read and record information from any data loggers (for example, temperature or dust mite loggers) installed by FWAHS and feed back information to the EHO as instructed.
 - Assist tenants to monitor electricity use and to investigate any abnormally high electricity accounts.
 - Participate in Housing for Health surveys, and co-ordinate community involvement.

Infrastructure

- Operate and monitor the performance of the water treatment plant, including maintaining the filter and/or correct dosing with chlorine if applicable.
- Collect, label, pack and dispatch or transport water samples as directed by the EHO.

- Read water meters and record.
- Monitor septic tanks and grease traps, including measuring effluent levels, to identify the need for pump-out services, and speak with MPRHC to arrange service if necessary.
- Operate and monitor the performance of the wastewater removal, treatment and disposal infrastructure, if applicable. Alert the EHO if any problems arise. Items to be operated and/or monitored could include manholes, absorption trenches, sewage pump stations, ponds.
- Monitor street lighting and report any street lights not working to the energy supply authority or, where solar street lights are in place, to the person who is responsible for maintaining the battery and lights.
- Check community-based fire fighting equipment, including hydrants, and liaise with brigade captain to arrange for maintenance if required.

Environmental health hazards

- Maintain a watch for water ponding in the community, especially near houses and community facilities, to avoid creating conditions for mosquito breeding.
- Monitor the condition of the tip to identify hazards, and rectify hazards if possible, or report to the organisation that is responsible for tip maintenance.
- Where a garbage service exists, monitor performance of the contract.
- Monitor the build-up of rubbish, including builders' waste and car bodies, around the community and initiate community action if a health or safety hazard exists.
- Assist the veterinary surgeon to deliver animal health programs within the community.
- Worm dogs regularly using worm medication provided by the EHO or veterinary surgeon.
- Monitor feral dog numbers and arrange for the local authority (Shire Council or Rural Land Protection Board) to remove and cull unwanted dogs if a health or safety hazard exists.
- Propagate, grow and plant trees and shrubs to abate dust hazard and provide shade and shelter to community housing.

OUTCOMES AND EVALUATIONS

To date, 10 trainees are on board in Collarenebri, Dareton, Ivanhoe and Weilmoringle and Bourke.

Specifically, the HHW program has brought about:

- 1 Improved, efficient and sustainable health infrastructure maintenance in housing means better health outcomes particularly in the areas of respiratory illness, infectious disease, injury and trauma.
- 2 Sustainability and community development through permanent and permanent part-time job opportunities for community members.

- 3 Formal accredited competency based training for HHW participants including trade competencies for electrical, carpentry and plumbing.
- 4 Professional mentoring (building and academic) support for HHW participants.
- 5 Multi-level commitment within a range of Aboriginal and non-Aboriginal organisations to improving Aboriginal environmental health parameters.
- 6 Formal networks between Aboriginal housing providers and other agencies to improve housing and environmental health within communities.

The HHW program has seen development of a stand alone training package to be adopted each time the Housing for Health program is implemented.

The existence of a local maintenance worker, recognisable to communities of only a few hundred people rather than having to resort to a faceless bureaucracy for an answer, means problems are being identified earlier and fixed more quickly, rather than being allowed to go unreported or ignored for months.

The training of local people to address local problems helps build the capacity of a community to address its own problems.

The HfH and HHW programs do not readily lend themselves to analysis by the standardised data collection methodologies in the 'health system', largely because the health problems are addressed by local primary health care workers 'on the hop' in visits to small communities. The benefits of both programs do not readily translate to a decrease in emergency department attendances or hospital admissions, however, anecdotally, and through evaluations at a national level of such programs, improved health hardware leads to reduced infections and diseases like gastroenteritis, reduced injuries and trauma through home accidents like electrocution, improved child health through improving the environment of those caring for children, and a decrease in incidents of mosquito-borne disease through addressing environments where mosquitoes breed and improving the structure of the home.

The Murdi Paaki Regional Housing Corporation has estimated a 40-90% decrease in complaints regarding maintenance issues from tenants in communities with resident HHWs. Where the Corporation currently schedules twice yearly inspections of housing stock, HHWs are able to do almost monthly spot checks to look at opportunities for preventative maintenance.

The Australian Institute of Health and Welfare has previously estimated the maximum life of Aboriginal housing stock in rural and remote Australia to be approximately 8 years before replacement is required to sustain health. The Murdi Paaki Regional Housing Corporation is now confident that the HHW program will enable them to stretch the life of Murdi Paaki houses to a minimum of 20 years, while still maintaining the health of tenants. This has significant cost implications from both the perspective of the cost to the community of illnesses avoided as well as significant repair, maintenance and rebuilding costs avoided.

FUTURE SCOPE

The HHW program has been successfully implemented in 5 communities to date but would readily lend itself to other small isolated communities. It is most relevant where the housing stock is centrally owned, which in remote NSW usually means Aboriginal-controlled housing corporations. There is scope, however, to use this structure to address other infrastructure issues in small communities, or to expand the tasks of HHWs to address other environmental

health issues, for example, water quality testing, water and waste water management, and waste management.

The HHW concept also has the potential to link in with local government or other agencies with a role in local infrastructure as trained environmental health-conscious individuals with valuable local knowledge.

KEY RECOMMENDATIONS

- 1 That Commonwealth Department of Family and Community Services recognise and appropriately fund grass roots initiatives to address sustainability issues in Indigenous communities. At the same time recognise that a one-size-fits-all approach will not be appropriate for many communities.
- 2 That funding cycles are a minimum of 5 years. This will allow projects to be implemented and established over a reasonably period. It will also allow appropriately skilled staff to be attracted to work in remote communities and provide job security and stability to the HHW.
- 3 That State governments responsible for utilities such as water and sewage recognise that the current trend to user pays systems does not work in small rate based local government areas. The cost of infrastructure is not proportionate to the size of the community. The user pays system will tend towards further separation of the quality of public health infrastructure between small communities and larger regional centres and metropolitan areas.

REFERENCES

Department of Land and Water Conservation 2000, *Aboriginal Health Maintenance Officer Training Manual and Presenter's Guide*, DLWC, Sydney.

enHealth Council 2000 *Indigenous Environmental Health: Report of the Second National Workshop*, enHealth Council Monographs Indigenous Environmental Health Series No. 2, Department of Health and Aged Care, Canberra.

Pholeros, P., Rainow, S. and Torzillo, P 1993, *Housing for Health: Towards a Healthy Living Environment for Aboriginal Australia*, Healthabitat, Sydney.

PRESENTERS

Bill Balding is the Director of Public Health with the Far West Area Health Service in NSW. His background is in environment protection and public health. He has a degree in natural resource management and a Masters in Public Health from Sydney University. He lives in Broken Hill where he established the Environmental Lead Centre, addressing child blood lead problems, in 1994.