



## Home Modification Practice in Australia

With the growth in the ageing population and anticipated increases in health care, carer costs, and income support, there has been a move by the Australian government to reduce costs and shift the responsibility for service provision from the public sector to individuals, families, community groups and private businesses (AIHW, 2011). This has contributed to the growing concern about the suitability and availability of housing for Australians in the future

This case study sets out an overview of current Australian home modification practice in the context of changing government policy and service delivery, the role of the occupational therapist in the delivery of home modifications and the emergence of organisations and initiatives to address policy and service delivery gaps.

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## Introduction

With a population of 22 million people, one in five with a disability and a significant proportion of whom are ageing (Australian Bureau of Statistics, 2012), the current private home ownership rate in Australia is at approximately 70% (Australian Bureau of Statistics, 2010). This figure is falling as housing becomes more expensive (Australian Bureau of Statistics, 2010). Furthermore, traditional housing does not cater for people as they age or experience a disability, resulting in people encountering barriers in their own home (Ainsworth & de Jonge, 2014). Such barriers include housing design that does not accommodate the physical, sensory, cognitive, social and emotional needs of people over time as they acquire impairments or age further into disability.

American research suggests there is a 60% probability that a house will be occupied by someone with a disability over the course of its life (Smith, Rayer & Smith, 2008). Since Australia's population demographics closely resemble those of America, this finding is also relevant to the Australian housing situation. A move away from the medical model of disability (i.e., having a focus on illness, disease and the individual's limitations, as well as ways to reduce those impairments), to using social models of disability (i.e., seeing disability as the result of the interaction between people living with impairments and the physical, attitudinal, and social environment) has highlighted the need to design more inclusive environments (Ainsworth & de Jonge, 2014).

## Accessible or visitable housing design

A range of design approaches for new housing have emerged over time in Australia in response to the barriers presented by traditional housing. Some of the design approaches that have emerged include, for example, purpose built, adaptable, and accessible housing.

- i) Purpose built housing, focuses on tailoring domestic design to the specific needs and conditions of a person or a group of people. This approach has mainly focused on people with a physical disability, requiring tailored designs that are individualised and feature wheelchair access, and fittings and fixtures that are permanently fixed in place and noticeable (Ainsworth & de Jonge, 2014).
- ii) Accessible housing design draws on the designs and performance criteria described in the Access Standards for public buildings which are based on minimum specifications for independent adult wheelchair users. Resulting home designs have appeared oversized, clinical and inelegant, and do not cater for the needs of other users with diverse needs (Ainsworth & de Jonge, 2014).
- iii) Adaptable design, which has emerged from the accessible housing design standards, identifies features within a home that can be modified over time using unskilled labour, to suit the diversity of users over its lifespan. This approach considers the needs of a range of people of all ages and abilities. While public building access design elements are incorporated into this approach, there are design features that are more elegant and homelike (Ainsworth & de Jonge, 2014).

The Australian Government has contributed funding to the *Livable Housing Design* approach<sup>1</sup>, the latest housing approach to encourage visitability for people with access and mobility issues.

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<sup>1</sup> Australian Government Department of Social Services (2015). *Livable Housing Design Guidelines* – Retrieved from: <https://www.dss.gov.au/our-responsibilities/disability-and-carers/program-services/government-international/national-disability-strategy-initiatives/livable-housing-design/livable-housing-design-guidelines>

This design approach, which provides access and circulation to and within specific areas of the home, aims to promote social integration and mobility within communities by ensuring people with a disability can visit friends and relatives and have access to a wider range of accommodation options. Like the tiered approach now in place in England, there are three levels in the *Livable Housing Design* approach, with the lowest level providing visitability (that is the capacity for someone to enter the home, use the bathroom and leave) and the highest level providing accessibility (that is, the capacity for someone to reside in the home and use most areas but not all) (Ainsworth & de Jonge, 2014). This initiative was marketed as a voluntary approach for the construction industry, yet, in the absence of regulation, it has not achieved the ambitious targets of creating a large amount of new visitable or accessible housing designed to suit a diversity of users. Critics say that this design approach is only an extension of the visitable housing and adaptable housing design approaches that only focus on the physical access needs of people rather than catering for diversity within the total population. Interestingly, occupational therapists have been reported to be the most common users of the *Livable Housing Design* Guidelines as they are tending to recommend these design features to people retrofitting, modifying or building new homes (Andrew Aitken, former Executive Director, personal communication, date 2014). This is largely a result of the failure of the housing industry to provide more appropriate housing for the changing needs of the population.



## Home modifications, refurbishing and remodelling

Home modifications include small items such as grab-rails that can be installed at low cost, or larger renovations that are expensive, such as the addition of new areas to homes or the remodelling of bathrooms, kitchens and bedrooms, and the installation of ramps and lifts. Occupational therapists understand the importance of people remaining in their own home and actively engaging in valued roles and meaningful occupations. Their understanding of the impact of disability on individuals and households, in particular informal carers, enables them to work collaboratively with people to remove environmental barriers, and propose layouts and design features such as home modifications, for enabling home environments. Occupational therapists play a valuable role in partnering with design and construction professionals to determine the most cost effective and homelike, elegant and appealing solutions that are usable, safe and less noticeable than specialised options (Ainsworth & de Jonge, 2014).



*Kitchen modifications for wheelchair users*

While there are a network of services and providers such as occupational therapists committed to ensuring homes are appropriately supportive, there continues to be a range of issues associated with home modification service delivery in Australia. Firstly, unlike in England with its mandatory Disabled Facilities Grants programme, there is no overarching government policy to guide the delivery of home modification services around the country. Current disability sector and aged care reforms, which afford people with a disability and older people control over money to select their services and providers are not clear on the future of home modification services. Secondly, there is a paucity of data about the prevalence of need, how services are responding to this demand in relation to cost, and whether they are achieving satisfactory outcomes. Thirdly, consumers have limited access to information to figure out how and where to source services. In addition, there is limited connection between programs, resulting in disparity in provision of services and cost of modifications, with most modifications in regional and remote areas being extremely expensive. Finally, with Australia's large geography and the spread of the population across the country, there is a dispersion of services and skills. There are skill shortages in occupational therapy due to the lack of home modifications training at undergraduate and clinician levels, a growth in waitlists for occupational therapy services, and a limited availability and skill of tradespersons to complete the work.



*Taking measurements for a wheelchair user's bathroom environment; Bathroom modifications (photo used with permission of STMS Services)*

## **Innovative solutions – technology enabled housing and care**

Despite these issues, there are a broad range of people accessing services and a diversity of providers who bring strengths to the home modification service delivery process. Communities around the country are taking responsibility for improving the effectiveness and efficiency services in their areas, especially in rural locations. Innovations with respect to service delivery practice aim to improve access people have to services through the use of telehealth. Telehealth technology affords communication between people in the home and others who are offsite. This allows clinicians to see (and where necessary record), the barriers being experienced throughout the home. This is particularly useful when people live remotely or return home during rehabilitation and allows clinicians, builders and designers to find collaborative solutions to problems being experienced during the planning and installation process. Telehealth or video call technology can also allow busy clinicians to review the installation and outcomes of the modifications.

The use of smart devices, such as tablet and phone technology to record and transmit information, enables the creation of a paperless practice. Such an approach can save time both in the field and at the office with respect to the recording of data and the generation of reports, diagrams, photos and the communication of this information to services that fund and install home modifications.

Teams of occupational therapists and builders are mobilizing to do joint home visits has enabled occupational therapists to assess the person and household's requirements, select interventions, and discuss options with the person needing the home modification, their carer, and family members and the builder on site. The builder installs the modification at the time of the visit and the occupational therapist then has the opportunity to train the person in the use of the home modification and evaluate its effectiveness. The changes made to the home are usually minor modifications but the process facilitates a collaborative and time efficient interaction by the team with the person, and saves the occupational therapist and builder revisiting at a later date. If the modification has not been installed in a way that best suits the person's or household's requirements, changes can be made at the time of this visit, with the occupational therapist and builder both present.

Social media and internet technology have also been used to convey information around the world about home modification research, events, and resources; and to network and discuss common practice issues. Webinars have been created to assist people who are time poor or who are located in regional or remote locations and who are in need of continuing professional development activities to enhance their practice and maintain their professional registration.

Organisations such as Home Modifications Australia ([www.nswhmms.org.au](http://www.nswhmms.org.au)) and the Home Modification Information Clearinghouse (<http://homemods.info/about-us>) continue to liaise with government, undertake research, provide resources, and plan conferences and events to advise, educate and promote home modification practice within Australia (Ainsworth & de Jonge, 2014). Occupational Therapy Australia (OTA) is also actively involved in influencing the development of policy and standards of occupational therapy practice for home modification service delivery on a number of levels. OTA is currently finalising its Scope of Practice Framework (due for release in 2016) that will acknowledge the important role of occupational therapists in creating inclusive environments through new construction design and home modifications. Further, there is currently a review of the OTA Competency Standards for Environmental Modifications (2006) to ensure quality of occupational therapy service delivery and to inform the development of competency training programs. Members of OTA represent the association on committees that are creating new access standards related to housing design and modification. They are also contributing to the work of the Australian Network for Universal Housing Design ([www.anuhd.org](http://www.anuhd.org)) and its partners on a state and territory level; and Livable Housing Australia ([www.livablehousingaustralia.org.au](http://www.livablehousingaustralia.org.au)).

## Conclusion

The change in the requirements of people with diverse needs over time have contributed to shifts in policy and practice, including changes in the aged care and disability sectors, and the emergence of challenges and opportunities in the home modification field. There are a range of design approaches, and practice initiatives that are aiming to improve the housing situation of people who are experiencing barriers in their own home and who, for a range of reasons, choose not to relocate.

The occupational therapy professional continues to demonstrate innovation through the creation and involvement in initiatives to enhance home modification service delivery and professional practice, to the benefit of the community. The current challenge for us in Australia is to continue creating inclusive communities that cater for a diversity of users through initiatives that address the gaps in service delivery and professional practice.

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## Note

The views expressed in this paper are those of the authors and not necessarily those of the Housing Learning and Improvement Network.

## About Home Design for Living

Home Design for Living are an occupational therapy service specialising in home modifications for people of all ages and abilities in Australia.

[www.homedesignforliving.com](http://www.homedesignforliving.com)

## About the Housing LIN

The Housing LIN is the leading 'knowledge hub' for a growing network of housing, health and social care professionals in England and Wales involved in planning, commissioning, designing, funding, building and managing housing, care and support services for older people and vulnerable adults with long term conditions.

Previously responsible for managing the Department of Health's Extra Care Housing Fund, the Housing LIN is called upon by a wide range of statutory and other organisations to provide expert advice and support regarding the implementation of policy and good practice in the field of housing, care and support services.

Further information about the Housing LIN's 'design hub' with its comprehensive list of online resources and on how to participate in our shared learning and service improvement networking opportunities, including 'look and learn' site visits and network meetings in your region, visit: [www.housinglin.org.uk](http://www.housinglin.org.uk)

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