

The contribution of home modifications to age-friendly communities: improving the current housing stock.

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Abstract

Retrofitting and applying modifications to existing housing to improve ease of access and function are key strategies which contribute to the overall achievements of accessible, age-friendly communities. With the challenge of rapidly ageing populations confronting countries across the globe increasingly governments and their respective health and social care systems are looking to delay admission to specialist services, in particular residential options, and to encourage good health amongst citizens by remaining at home for as long as possible. Specialist services to older and frailer people will also be increasingly delivered within the family home, and the strategy of ageing in place is universally welcomed by older people themselves.

The small percentage of newly built housing (around 2% in Australia, 220,000 dwellings in 2015) means that the challenge of creating homes where people can age in place with the greatest ability to function independently cannot be met by new housing alone. Renovations and retrofitting to a universal design standard, and home modifications customised to a person's specific mobility and other requirements need to be a central part of any system which aims to keep people at home as they age.

This paper looks at current strategies adopted worldwide to make available government grants and programmes which facilitate retrofitting and home modifications for older people and people with disability, and the role that peak and industry bodies can play in addressing strategic imperatives. In particular the methods of funding and administering grants to individuals and services in the United Kingdom and Australia are detailed and discussed, with a view to identifying better practice to be applied in those countries and potentially in other countries around the world. The paper will draw on extensive industry data from the UK and Australia, both quantitative and qualitative, and will also bring into consideration examples and data from schemes across the world to facilitate comparison and stimulate discussion about possible best practice. The paper will conclude with a proposal about systems and models which will successfully address the policy and budgetary challenges of enabling older people to age in place.

Introduction

Home modifications, or “adaptations” as they are often referred to, are an essential addition to the range of services available to make home environments accessible for all people, including people with disability and older people. This paper looks at the role that home modifications and the retrofitting of existing dwellings can play in the delivery of universal housing design principles to the provision of national housing stock. It specifically addresses the challenge of providing suitable housing for people who are ageing and who want to remain living in regular housing, and how to ensure there is a wide range of options available to choose. To do this it applies a broad policy lens to how Australia and the UK are reforming social policy to encourage older people to “age in place”, and what grants, programmes and other interventions are being used to achieve these outcomes.

Population ageing is a global phenomenon with the number of people over 60 years of age set to double 2015 levels to around 2.1 billion by 2050 (United Nations 2015). Countries like Australia expect not only the proportion of the ageing population to increase significantly but the age of that population to increase as well, with the number of people aged 85 and over anticipated to more than quadruple to 1.8 million between 2010 and 2050 (Productivity Commission 2011a). In the United Kingdom it is expected that by 2035 people over 65 years of age will constitute 23% of the population (Office for National Statistics 2012).

Challenges 1: The aged care system

There is evidence in both Australia and the UK that policy makers have recognized the challenge facing them as the population ages. Initiatives such as *Living Longer Living Better* (Department of Health 2011) in Australia and legislation such as the Care Act 2014 in the United Kingdom aim to transform the delivery of aged care, as well as to encourage more contributions from older people to the cost of their support and care. The focus in Australia is upon individual health, wellbeing and “re-ablement” through strategies of restorative care, and ageing in place at home, delaying the cost and negative effects of residential care as long as possible (Butler 2015). In the UK, the Care Act has placed a duty of care on local authorities to provide or arrange services that reduce the need for support among people and their carers in the local area, and contribute towards preventing or delaying the development of such needs. Policy and legislation already appear to be working toward the acknowledged preference of older people to grow old in their own homes.

Policies on assisting people to remain at home are driven not only by fiscal and strategic pragmatism but also by a concerted effort by consumer bodies and their supporters for programs and services which enable people to remain connected with their families and communities. In Australia the National Aged Care Alliance (NACA), 48 organisations representing service providers, consumers, professionals and unions, directly engages with the Australia Government to identify required reforms and engage in discussion with departments charged with putting reform into effect¹. A series of documents known as the ‘Blueprint series’ represents several years of concerted lobbying by NACA for continued commitment to the Productivity Commission report’s recommendations for reform of the Australian aged care sector. Two significant reforms in aged care are scheduled for February 2017 and July 2018, the first being the introduction of consumer-directed care principles to all home care packages (HCP) and the second being the amalgamation of HCP and the Commonwealth Home Support Programme (CHSP) (which currently funds home modifications).² Observing the publications and communication from NACA about these

¹The Alliance’s website is located at <http://www.naca.asn.au/>

²See the Department of Health’s webpage at <https://agedcare.health.gov.au/increasing-choice-in-home-care>

reforms is a study in the currently accepted form of engagement and interaction between government and the relevant constituency, which has proven to be effective to this point.

In the UK, the 19 member organisations of the Home Adaptations Consortium³ have regular meetings with government officials to influence policy development. The strategy of engagement with government in the UK has been to highlight the cost/benefit of maintaining people in their homes as they age, a proposition accepted not only by those who fund residential aged care but also by those who fund general health care. This in turn has helped shift the focus to ensuring that people age in suitable housing. The Chief Executive of the National Health Service has said he will be 'disappointed' if care homes still exist in 50 years' time, and that he believes better community care and advances in dementia research can be used to help people stay in their own homes (The Daily Mail 2016).

From these examples it can be seen that in both countries a strong commitment is growing to focus resources upon the provision of support and care at home to enable older people to age in place. The ongoing engagement with government by coalitions of organisations which represent the delivery of home-based services, together with consumer organisations advocating for options to be available to adequately resource home-based options, has been key to progress and reform in this area.

Challenge 2: Housing

The second and equally important challenge for developing age-friendly communities and enabling people to age in their homes is the suitability of the home environment itself. Government investment in home adaptations, retirement housing, and housing advice services point to a mature and realistic approach to understanding the importance of housing, and ensuring there are programs in place to address and help people remain living in and supported by their communities. Since 2000 the UK has measured the state of housing against a Decent Homes Standard (Department of Communities and Local Government 2006). The standard required all public sector homes be free from serious hazards, be in a reasonable state of repair, have relatively modern facilities and provide a reasonable degree of thermal comfort by 2010. In addition to articulating the conditions which would make housing decent enough for people to live and age in, it also represents a consciousness about the suitability of the housing stock for the purpose it serves now and will increasingly serve in the future as it becomes the predominant site of ageing. For instance a Health Impact Assessment of the Decent Homes Programme in Sheffield found the improvements to housing in the City will result in 300 fewer accidents in the home per year, saving nearly £1 million in hospital care alone (Gilbertson, Green and Ormandy 2006). The report also pointed to a range of other likely healthcare benefits, including reductions in cold-related illnesses among the elderly. Although the standard is relevant only to public and community housing it serves as a benchmark for the quality of domestic housing in general.

In contrast the Australian reforms are being implemented without adequate recognition that the housing stock may in general be poorly maintained or designed in a manner which creates barriers to people with mobility problems. Part of the problem is the design and build of new housing over the years, which has not recognised the benefit of accessible or even adaptable design features. The Australian Network for Universal Housing Design (ANUHD) is a coalition of groups and individuals which has lobbied for the regulation in Australia of basic access features in domestic dwellings, and over the past year petitioned for these features to be mandated in the National Construction Code (NCC 2016; ANUHD 2016). The response of the Australian Government was in 2010 to bring together the peak bodies representing the building industry and the groups advocating for better design, and to

³See the Consortium's webpage at <https://homeadaptationsconsortium.wordpress.com/consortium-members/>

address the concerns of the latter through the establishment of Livable Housing Australia (Livable Housing Australia 2012). This new organisation was charged with the oversight and administration of voluntary targets for all new housing to be built to “silver” guidelines by 2020. Almost six year into this initiative and there is still very little accessible housing being developed, with the most optimistic estimates reckoning on only around 5% of new build conforming to these guidelines (Australian Network for Universal Housing Design 2014).

Since 2001 Part M of the UK Building Regulations requires new housing be constructed to standards that enable disabled people, particularly wheelchair users and those with mobility or ambulant impairments, to visit a house and have access to a ground floor living space and toilet. The English Housing Survey (Department for Communities and Local Government 2016) has favourably compared the accessibility of housing since its introduction:

Table 1: UK Impact of Part M on home accessibility

Feature	% of Homes pre Part M	% of Homes post Part M
Level access threshold	13%	68%
Toilet at entrance level	61%	93%
Wheelchair accessible toilet at entrance level	16%	61%

Whilst there is still much to improve in the UK the contrast with Australia is marked, and the latter’s introduction of the NDIS has sparked concern about the availability of suitably accessible affordable housing (*A Place to Call Home* 2016). So far much of the focus has been upon exciting new developments⁴ which integrate accessible design features into all or most units. Whilst home modifications are funded under the NDIS, there is too little focus on the need for the retrofitting of existing stock as part of the solution to the housing problem, particularly within the private rental and ownership markets. In Australia the percentage of newly built housing between 1 and 2% per annum of the overall stock, so the bulk of housing at any one time will not be suitable for people with disability and older people. In the Aged Care Blueprint there is reference to the need for housing (National Aged Care Alliance 2016, 10-11), but the reform process is mainly about adjusting the aged care sector from delivering residential care to delivering assistance in the home, with little focus on the state of the home itself. The significant ageing of the population means that there needs to greater emphasis on the retrofitting of existing properties to make them suitable for people to live safely and with the ability to function independently, whilst maintaining their health and wellbeing, and also to accommodate services.

Home Modifications – solving problems in existing housing

Benefits

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” (Adams, Carnemolla, Bridge, McNamara and Quinn 2014). Common modifications to the home include changes to the structure of the dwelling such as widening doors, adding ramps and providing better accessibility, and the installation of assistive technologies such as grab rails, handrails, hand-held showers and stairlifts, customised to meet the individual’s identified needs.

There is increasing evidence that home modifications are effective in ensuring people live safer, healthier and more inclusive lives within environments which keep them connected to

⁴See, for example, the work of the Summer Foundation: <https://www.summerfoundation.org.au/what-we-do/housing/>

family and community (Carnemolla and Bridge 2015). There is a growing acceptance that money spent on assistive technology and home modifications is viewed as well spent and capable of saving funds later by increasing independence and reducing reliance upon support by others (Carnemolla and Bridge 2011). Many home modifications are expensive because they are effectively retrofitting poorly designed or maintained homes to correct structural deficiencies as well as applying customised technologies, such as grab rails or internal ramps. A range of solutions is required, however, given the longevity of the housing stock and to make as much of this as accessible as possible in the short- to medium-terms.

Delivering home modifications: government funding

As discussed above, the NDIS in Australia recognises and funds home modifications, in the expectation that money spent on the environment is likely to both increase the independence of participants and save the scheme money overall through the avoidance or reduction of paid support (National Disability Insurance Agency 2015). Despite the evidence as to its efficacy and long-term application, there is no consistent model of delivery across the world as to the best model by which to fund, subsidise, administer and incentivise home modifications to ensure that more homes are rendered accessible and remain that way.

Both Australia (Aged and Community Services Australia 2001) and the UK (Mackintosh and Leather 2016) have provided government funded initiatives for home modifications over the past 25-30 years. These programmes enable people to access home modifications, either through grant provision to individuals, or direct access to specialist service providers block-funded through government grants. Programmes exist across and within jurisdictions, although not all enjoy the commitment of public funds, or in any way equitable levels of funding which make it a more common option to remediate the problems posed by the home environment. In the United States of America and Canada, there is no single and commonly accessible national programme for home modifications, which in the case of the USA can lead to significant disadvantage for many people (Technical Assistance Collaborative 2001). In Canada each Province has its own government-funded scheme, administered differently (ie, directly by government or outsourced to a non-government agency) and with different rates of subsidy for people based on a range of criteria (March of Dimes 2014). In Sweden a similar situation is described for both home modifications and assistive technology, with government officials making decisions based on departmental budgets at the regional and municipal levels, which in turn ensures there is no conformity across the country (Bartfai and Boman 2016). The situations in Canada and Sweden are not unlike that in Australia which aims to address national consistency among its reforms.

Government funding is important to enable people to remain at home, as in many cases home modifications are not affordable to the home owner. In addition the attachment of government funds to home modification programmes acknowledges the role, both positive and negative, which the home environment can play in the wellbeing of an individual and their family, and the barriers that poor design and maintenance can pose to people who lose their functional ability. Schemes which are funded through voluntary and charitable money will tend to focus solely on the status of the individual. Identifying the home and built environment as the variable which needs to be the principal target of home modifications is key to a successful programme. Government funding for such schemes identifies an acceptance, either explicit or implicit, of a responsibility to address and remediate those environmental impediments.

Delivering home modifications: programme diversification

Despite the great similarity in the way that home modifications are done (when done well) in different countries, there is very little similarity in the funding and administrative mechanisms

employed across and even within countries to bring them into effect. The reforms in Australia in both disability services and aged care do have as part of their brief the delivery of equitable and uniformly available services to people wherever they may be located, and this in part is driven by the enormous variation that has been experienced in the past (Productivity Commission 2011a and Productivity Commission 2011b). During this period of transition differences remain, and there are no strategies in place currently to streamline service delivery across the programme types. For people older than 65 years of age home modifications are largely delivered through the Commonwealth Home Support Programme (CHSP) and the Home Care Package programme (HCP). The CHSP is delivered through grants from the Australian Department of Health to organisations across the country which are used to pay for modifications for people whose referral comes via a centrally administered My Aged Care (MAC) system. Older people who have higher support needs which will require greater ongoing assistance than the CHSP service are collectively funded to deliver are provided with a HCP (there are four levels of capped funding), which are held by an approved provider and disbursed based on their regular support needs and to pay for their assistive technology and home modification requirements as required. In both of these programmes clients are expected to make a client contribution, and whilst there is no fixed formula for calculating these in the CHSP and there is variation based on income and assets (calculations vary from state to state), around 50% is a rough average.

Prior to 2012 the same programme was available to younger people with disability under the age of 65 (then known as the Home and Community Care (HACC) programme). In 2016 each state in Australia continues to administer decreasing grants to this group until the National Disability Insurance Scheme (NDIS) gradually takes over national responsibility from 2018-2019. The insurance-based principles adopted by the NDIS which views home modifications and assistive technology as prudent investments for people with long-term disability has been informed in large part by the various state-based accident compensation schemes in Tasmania, Victoria, NSW and South Australia. For example, the Transport Accident Commission in Victoria⁵ regularly includes significant and often complex and costly home modifications as part of the package of support and care provided to recipients who have experienced significant disability following car accident trauma. The accident compensation schemes tend to employ project managers to oversee home modification work, and undertake regular procurement processes whereby they identify suitable project managers, as well as building and trades professionals, and occupational therapists. The differences in how programmes address home modifications is summarised in Table 2.

Table 2: Home Modification Programme Variability Australia

Programme Type	Method of Funding	Project Management	Level of Administration
Aged care (CHSP)	Grants to services	Various (state variations)	National
Aged care packages (HCP)	Individual, paid to approved services: home modifications contracted out	Various including contracting out	National
National Disability Insurance Scheme	Individual, contracts with registered providers	Various	National

⁵See, for example, <http://www.tac.vic.gov.au/providers/fees-and-policies/policy/home-modifications>.

Other disability (under 65)	Grants to services	Various	State
Accident Compensation Schemes	Individual, project managers and providers identified through procurement	Project Managers engaged	State

This brief sketch highlights that, despite there being good coverage across Australia in terms of the availability of a range of government subsidies, the diversity does not deliver equity nor any certainty about how the consumer accesses such services, nor how the work is initiated and managed. Added to the list of schemes and providers above is that delivered to eligible defence personnel through the Department of Veterans Affairs, and also people who are funded through the various state Health departments to have modifications which will facilitate their discharge from primary health care. In addition to the various subsidies and funding arrangements available to eligible participants, each of these programmes procures or grant-funds providers of home modifications who, in turn, tend to specialise according to programme rather than in scale of job or expertise in a particular area e.g. dementia. The result is a piecemeal and patchwork approach to a housing solution which offers different subsidies and variable access to options according to a person's characteristics.

In contrast to the above the UK's Disabled Facilities Grant (DFG) is available to people living in all tenures of housing, subject to need but not determined by eligibility for specific care and support programmes. This is a grant which is supplied from the Housing portfolio but now administered through the Department of Health (through the Better Care Fund initiative), and clearly has as its focus the built environment. One significant advantage of the DFG is that it addresses the single variable, namely the dwelling, which is common to all programmes which are differentiated by age, geography, disability or departmental remit. This allows the establishment of providers whose specialisation is in the delivery of home modifications to an increasingly diverse population, which in turn informs the quality improvement required in the industry to keep up with the growing demand our ageing population presents. In turn this generates a fully formed "industry" which arguably is the case in the UK with the locally available and easily recognisable Home Improvement Agencies (HIA), and their Quality Mark, the badge which recommends their specific expertise in this field of endeavour (Foundation (UK) 2015). This stands in contrast to the Australian experience, where home modifications resides as a sub-programme within a suite of diverse home-based service options available to consumers who are variously eligible for funding and/or subsidy at a state or federal level, based on their age or other characteristics. The UK model does not represent a ubiquitous solution, but provides pointers to how home modification programmes may need to be established and administered to meet the challenges of an ageing population.

Building on success to meet future challenges

From the above discussion there are a number of criteria which recommend certain initiatives and programmes of home modifications over others. Home modifications' impact upon the home environment suggests funding through housing-based programmes, rather than as an accessory to aged care, disability or health policy. This suggests:

- Housing-led policy/programme initiatives with integration to health and care initiatives
- Subsidies targeted to enable people to remain living at home
- Strategies for adequate supply to all people in all areas

- Increased specialisation in home modifications delivery to meet ever increasing diversity of need (not least due to the rapidly ageing population)

We have seen that grants work well for people who already have a disability, and also represent good value for money, but overall home modifications programmes have been delivered reactively once a person identifies as having a need which may result in them requiring expensive and debilitating residential care. What is required, however, to address the burgeoning ageing population worldwide is a system which prepares the home environment well in advance of acuity of need. How can we build on what we have and what we know works well to anticipate this need and encourage property owners to invest in solutions which will deliver safe and restorative environments for people to live? In addition to this, how can we ensure the already progressive strategy of altering the environment to enable an individual to function with the utmost independence can meet the expectations of consumer choice and control demanded of individualised funding approaches?

In contrast to the regulatory approach recommended to ensure the future supply of suitably accessible homes, it is proposed that a voluntary approach is adopted to purposefully retrofit existing housing to a standard which will render it safer and more practical for householders as they age, or as their needs change and demand specific accessible features. This approach would primarily target private home owners and investors who lease to private tenants, and would include some level of government subsidy available, based on means- and income-tests, combined with incentives, possibly in the form of tax credits, to encourage people to incorporate accessible design into the renovations they undertake in their homes.

Programmes directly funded by government are essential to the provision of homes suitable to enable older people to remain functionally independent in their homes and to remain connected to family and community. They are also crucial to enable an ever-increasing array of ongoing services to be delivered in the home instead of relying on people to move into specialist residential care facilities in order to receive the health and other support they may require as they get older. As we have seen, however, government funding can be limited in its effect by narrow, departmental- and portfolio-focused outcomes, with the result that applied services like home modifications are forced to operate more in accordance with administrative imperatives than in with regard to best practice. To some extent this identifies the limitations of government, and demands a response which is more based in the community and more closely aligned to the industry itself.

The role of peak industry bodies

The authors of this paper are executive directors of their respective organisations which represent primarily the providers of home modifications. Drawing on our past, current and prospective activities we conclude by determining the most useful roles such bodies can play to meet the challenges laid out in the paper, and considers the most effective way to fund these bodies.

Collaboration with community organisations and other peak bodies

The paper has highlighted how our respective organisations have been working within and alongside collaborations of peak bodies to ensure that reforms in the delivery of home-based care incorporate adequate provision for the modification of the home environment. Membership of broad alliances wields the strongest influence while smaller collaborations successfully convey a more direct message about the impact of home modifications. In particular collaborating with a consumer group and highlighting how a home modification renders a specific benefit can send a powerful message. In the UK there has been a strong call for greater cooperation between the housing-led initiatives of the Home Improvement

Agencies (HIA) and health and social services to ensure that a wrap-around service is available to people who are most vulnerable in the community. The Better Care Fund⁶ is joining up adaptations with health and social care such that modifications to make homes dementia-friendly are a real possibility. In Australia work is commencing between Home Modifications Australia and Alzheimer's Australia to look at projects which evidence the benefit of home modifications in enabling people with dementia to remain living at home. These collaborations are important in honing the specialisation and expertise required to deliver specific solutions to individuals with an increasing diversity of need, and at the same time increasing the capacity of the home modifications sector to ensure it is capable of supplying this as and when it is required.

Working with government

The process of reform cannot be enacted by governments operating in isolation. In an increasingly consumer-focused environment it is inappropriate for policy to be developed without incorporating the views, and considerable expertise, of the end-user of the services and products under consideration. Home modifications are complex and costly, and involve a range of specialised professions, and so reform will also require the collaboration of the industry which currently delivers it to the community. There is a need for a significant increase in the availability of accessible high quality information to assist consumer choice and decision-making, which is of benefit to both individuals and government who fund them. Peak and industry bodies are able to engage with their members and represent a single voice in this process of collaboration.

Foundations (UK) has held the contract to be the national body for Home Improvement Agencies in England since 2000. Although it increasingly has to diversify its income to deliver a service, the value of the contract is more than just monetary. The official link to government automatically raises its level of influence among providers, commissioners, other housing and care bodies, manufacturers and the general public. The contract also means it is not a membership organisation, providing a level of independence from the industry which means that it can:

- advise government without undue influence of members, while reflecting the views of providers;
- work with commissioners of services to develop provision for the benefit of service users rather than providers;
- give rigorous advice to providers on any deficiencies in their delivery models; and
- bring these varied organisations together to collaborate on policy and improve delivery.

A well-resourced industry body independent of government is able to reflect back on the performance of government policy and the performance of its departments, and is able to advise where there needs to be cross-departmental cooperation and collaboration, something which is often difficult to do from within government itself. A critical role played by peak bodies is pointing out to government where amongst its departments it needs to establish links and to avoid approaching important community issues from a purely departmental, budgetary perspective. This includes pointing out during budget cycles and

⁶See <https://www.gov.uk/government/publications/better-care-fund-how-it-will-work-in-2015-to-2016>

election campaigns how public resources might be best spent on improving housing infrastructure through a combination of subsidies and incentives⁷

Home Modifications Australia (MOD.A) evolved from a well-funded state-based (NSW) industry body formed in 1994 to become a national member-based organisation which currently relies on membership fees, commercial activities, sponsorships and events, and organisational reserves, to undertake lobbying and policy activities for the sector. Approaches for funding will be made shortly to the national government, but as has already been stated this is problematic in an environment where all future funding will be channelled through the individual. It is critical that organisations like MOD.A and Foundations continue to offer useful and constructive consultancy-style advisory services which inform government about the experiences not only of the industry but of the consumer which the industry serves. Continuously extolling the advantages of the linkages between government, the industry and the end user is the key to this mutually beneficial relationship, and opportunities afforded by social media provide one of the means to make this engagement explicit.

Resourcing the membership

The view of the authors is that peak bodies serve a useful purpose and deserve funding, but recognise the competitive fiscal environment in which we operate and the need for alternative funding streams. The change to individualised funding means that governments are increasingly moving away from providing grants to services, and by extension their industry peaks, and instead channelling public funds toward the end-user of services in discreet packages. In this environment peak bodies need to channel their energies toward the industry they represent and the needs of their members, stakeholders and end users, and working out what if any utility they provide to governments in particular endeavours.

MOD.A's operational budget 2016-2017 is very much focused on income from sources other than government grants. The lack of funding has necessitated a rethinking of how organisations can survive without becoming captive to the particular interests. To generate income a sponsorship/partnership approach has been adopted, which involves conducting a number of events, including an annual conference, where sponsors can promote their goods and services. An important consideration for both prospective sponsors and members alike is the potential that MOD.A wields in broadcasting the benefit of home modifications to the broader community, so that marketing can be directed to consumers as well as to providers. This will become an increasingly important market for peak and industry organisations, and will give pointers to their funding models, but for the time being it needs to be acknowledged that, for all the talk about "consumer-directed funding" there will continue to be a tendency amongst government departments to prefer to deposit public funds within agencies rather than in the hands of individual serve users themselves (Pulford 2015). This will result in agencies having to continue to market to other non-government and for-profit agencies who operate essentially as "fund-holders" for individuals, with peak bodies continuing to provide advice about best to achieve this for both the individual's and the service's benefit.

In the UK, by co-ordinating delivery of HIA services across the country Foundations is able to facilitate collaboration so that 'all ships rise'. This includes sector specific training offers, quality assurance system, case management system, charitable hardship fund and conferences. These are the "bread and butter" of membership organisations, made possible through the services Foundations UK has been able to provide as a result of government

⁷See, for example MOD.A's election platform and its pre-budget submission (federal) 2016: <http://s3-ap-southeast-2.amazonaws.com/wh1.thewebconsole.com/wh/6294/images/MOD-A-Election-Platform-2016-FINAL2.pdf> and <http://s3-ap-southeast-2.amazonaws.com/wh1.thewebconsole.com/wh/6294/images/MOD-A-Pre-Budget-Submission-2016-2017---FINAL.pdf>.

funding. This indicates a mixed model funding approach, seed-funded if necessary by government for MOD.A, which recognises the utility of a direct link with the industry (and by extension its end users), and funds the capacity to maintain and enhance this.

Focusing on and enhancing quality

Finally, and arguably most importantly, as the arm of government lengthens and the distance increases between its funding and regulation and the impact these have upon the individuals who receive services, checks and balances which safeguard and measure the quality of goods and services increase in value. The question of quality, and ensuring that both public and private funds, in an increasingly user-pays environment, is paramount, and deregulation has meant it is more and more difficult for government to implement and monitor this.

In the UK Foundations has for a number of years implemented its Quality Mark system, which accredits providers against a number of required standards, and then gives the customer the confidence to purchase based on the attachment of the Quality Mark to a provider. In Australia MOD.A has embarked on a similar process of working toward a quality standard which will spell out statements of quality which are relevant to home modifications (building, occupational therapy assessments, client interface etc.), and become a standard under the International Standards Organisation's (ISO's) suite of standards, which determine quality amongst providers. This approach endeavours to address both the requirements of the industry to articulate what quality is within home modifications, and of the various sectors which procure home modifications, such as the disability and aged care sectors, all of which have their own general standards which need to be met in order for public funds to be provided (either through services or individuals). A work in progress, it is anticipated that this will be completed in late 2016 with and submitted for endorsement in early 2017. Similar to its predecessor in the UK this standard will generate training and other information sharing opportunities for MOD.A, which will help to consolidate expertise as well incorporate new and innovative practice and codify these, and regenerate training and information sharing of newly acquired best practice. This virtuous circle of continuous learning and best practice cannot be implemented through government agencies, and organisations such as Foundations and MOD.A are required for their sectors to grow and respond the increased challenges posed by government-led, progressive reforms.

Conclusion

The challenge of ageing is common across the world, and positive responses and solutions will not emerge from government policy alone, but from the constructive collaboration amongst government agencies, consumers and community-based organisations. Home modifications are key to ensuring that the home environment is suitable to the challenges which progressive government policy is placing upon it to deliver positive health and wellbeing outcomes and to receive increased government-funded services. Peak industry bodies such as Foundations in the UK and Home Modifications Australia, and the emerging Home Modifications Canada, have much to offer in the way they engage with their areas of expertise and grow resources which will enable people to remain living at home for longer. The capacity of these organisations to constructively engage with industry services and consumers, to research and promote best practice, and to identify and require excellence in service provision through quality standards, makes them invaluable to governments engaged in these reforms.

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