



# Staying put: Housing that enables in older age

Never Stand Still

Finding the Best Fit : National Reference Group Meeting – 5<sup>th</sup> November 2015

Associate Professor Catherine Bridge

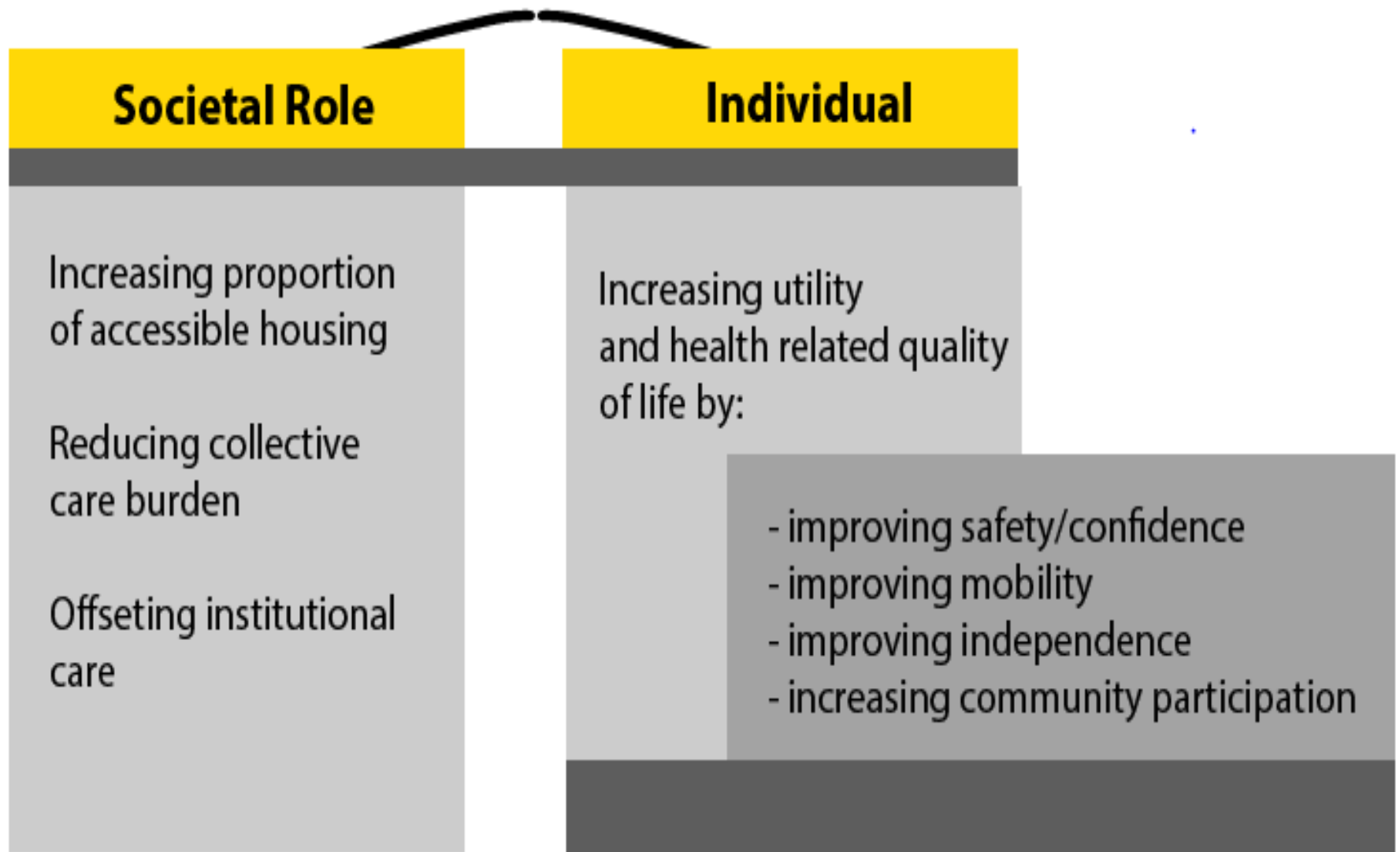
Home Modifications are changes made to the structure of the home environment to improve independence and safety and to reduce any risk of injury to carers e.g. widening doors, removing structural barriers and the installation of grabrails, handrails, lifts, automatic shut offs, etc.

# Overview

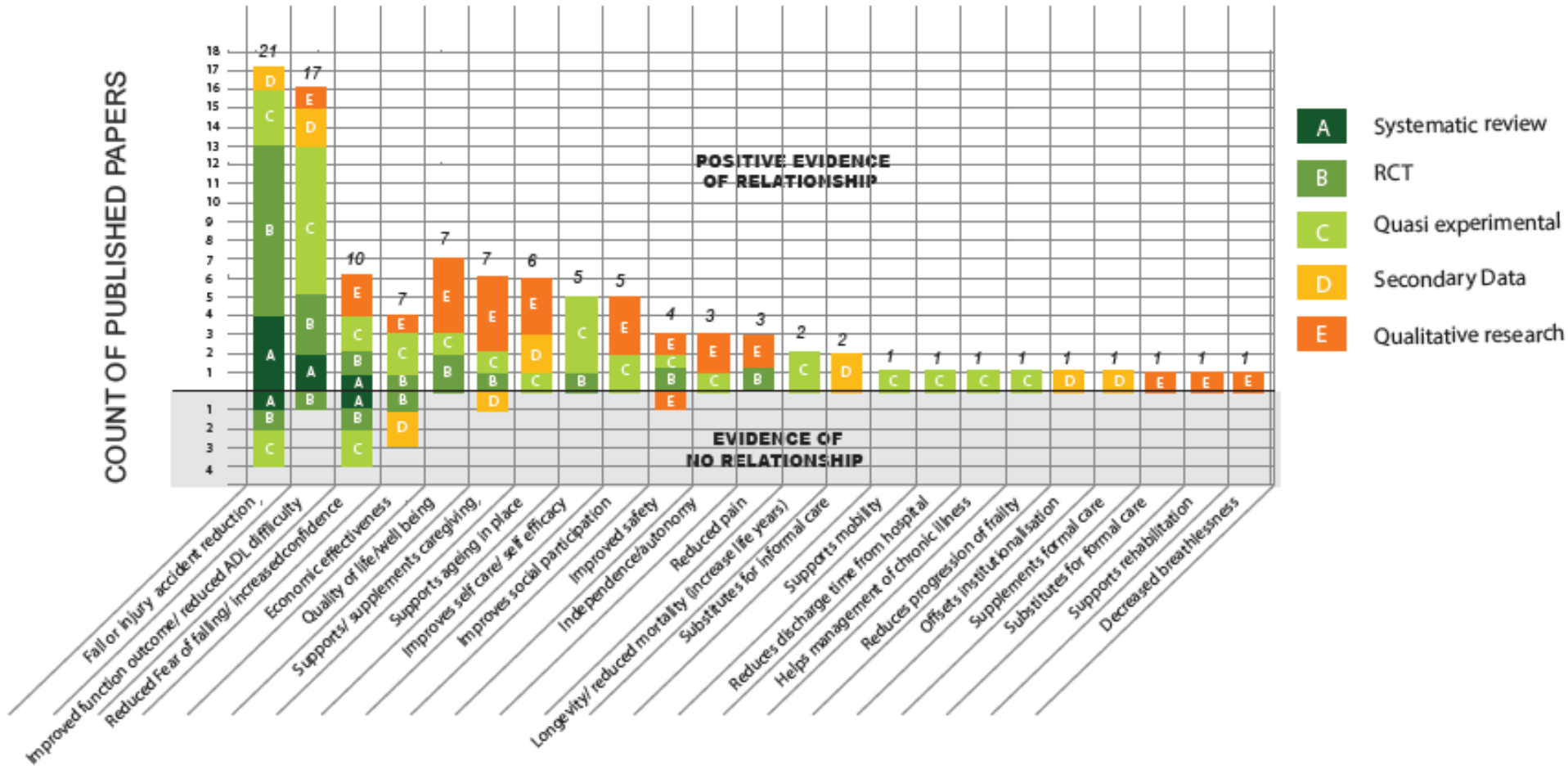
- What do we mean when we talk about housing modification and staying put?
- What do we know about housing modification impacts?
- What is the relationship between housing design, bespoke modification and self care?
- What is the value of DIY modifications to individuals and the economy?
- Questions



# Dual Role of Home Modifications

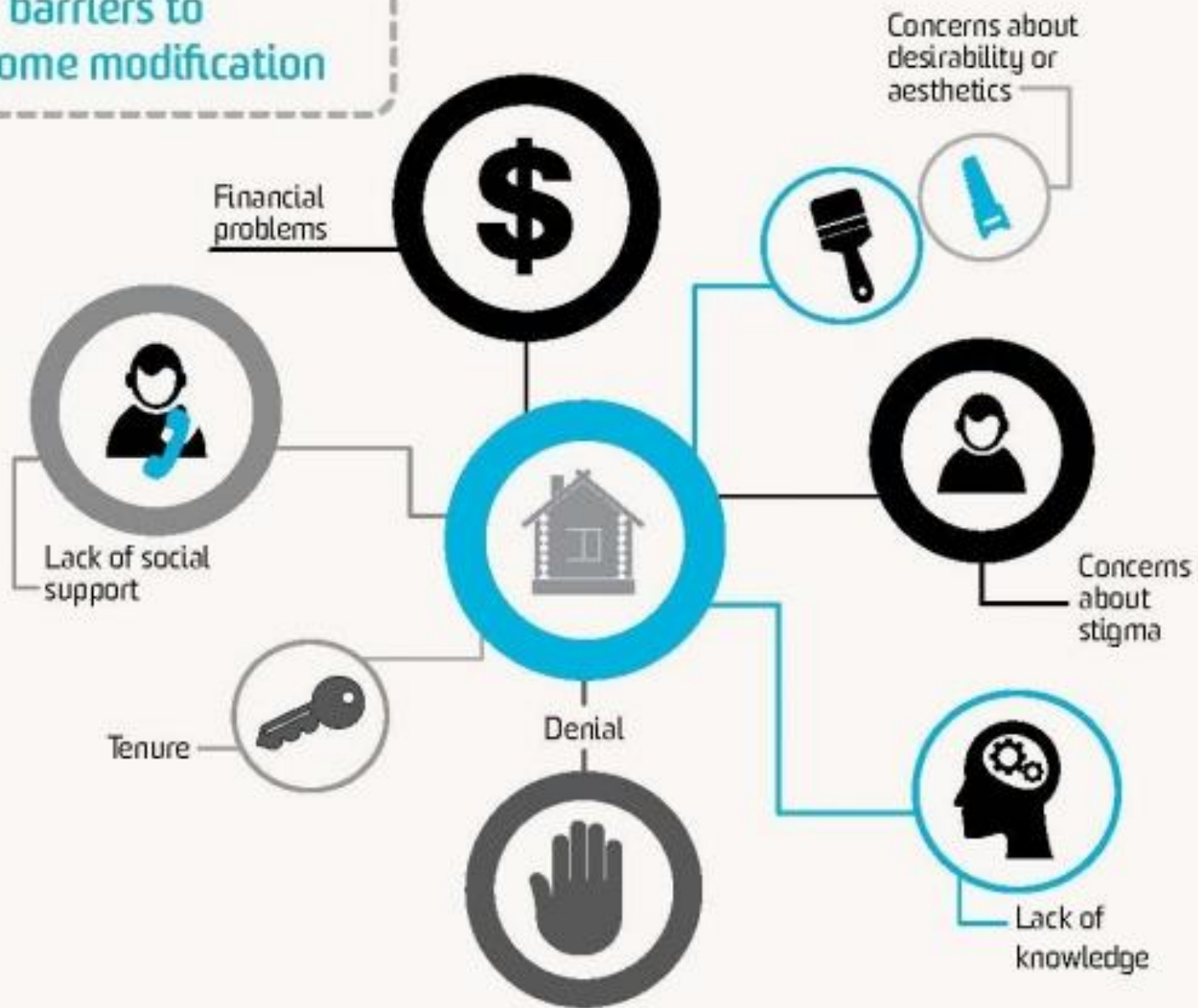


# Results of Systematic Review of Home Modification Impacts



Source: Carnemolla & Bridge, 2014

## 7 barriers to home modification



# Home Modification that is not aspirational



Source: <http://www.express.co.uk/news/uk/459535/Mum-s-fury-after-council-WIPES-OUT-front-garden-to-install-40k-disabled-ramp-for-daughter>

# Home Modifications options

## 1 VERTICAL LIFT



## 3 LANDSCAPE MODIFICATION



## 2 RAMP



# Why might someone need home modifications?

*“I spent over 12 months as an inpatient ... because government funding would not help with a bathroom. (trans., p. 318)”* (Productivity Commission, 2011, p. 142).

*“the demand for housing from people with disability will almost certainly exceed supply for many years to come”* (Community Housing Federation of Australia, 2014).



# Why do carers need home modifications?

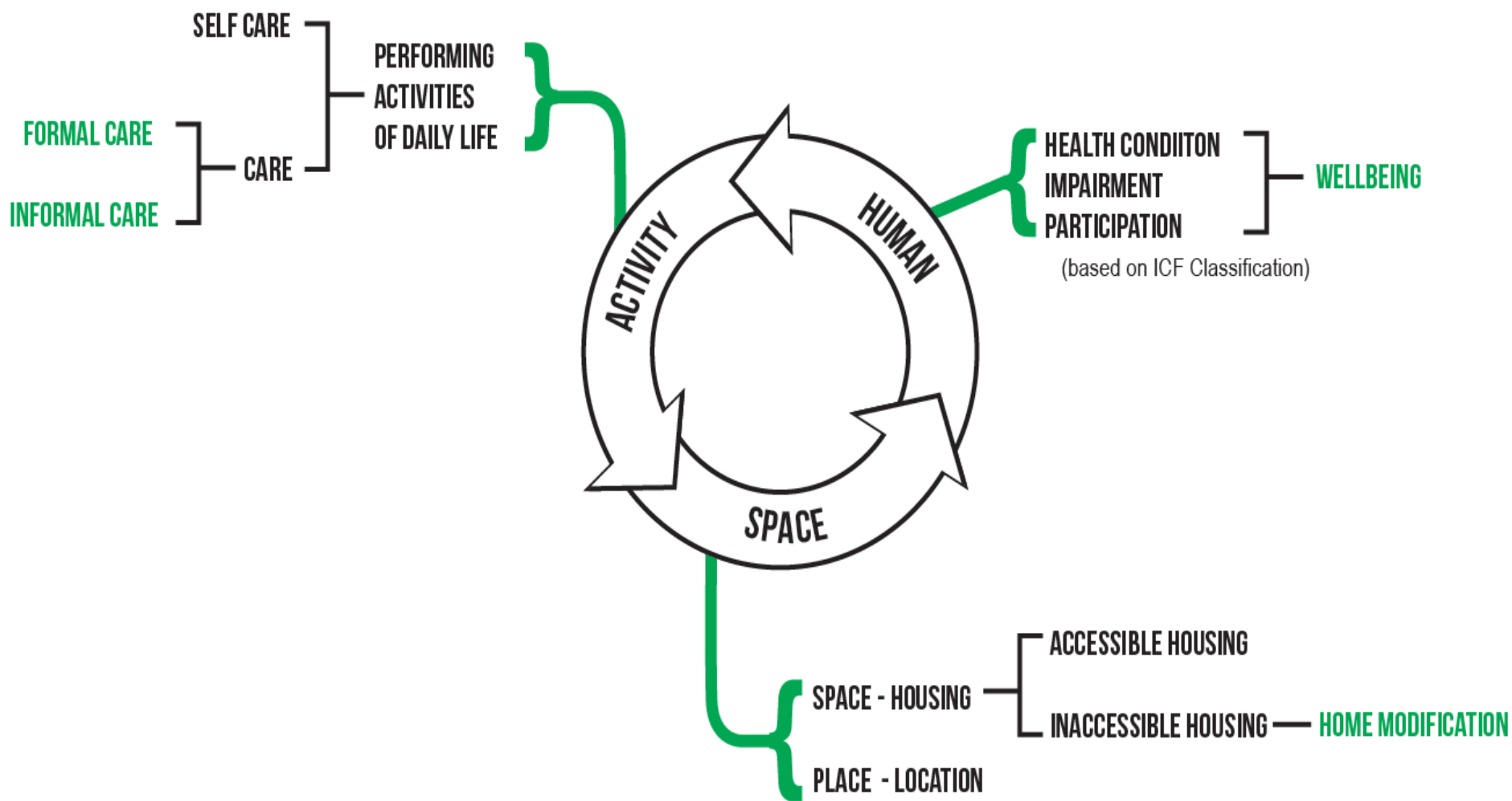
Caring is physically, emotionally, financially and mentally demanding. Caring for a person with disability increases the risk of:

- Injury to carers (back injuries, lack of sleep)
- Reduced carer wellbeing (burnout and general health issues)
- Financial impoverishment arising from:
  - premature retirement from the workforce
  - minimal superannuation
  - higher costs e.g. specialised transport, specific housing needs.

Carers are often ageing themselves and this increases the above risks.



# Application of human/activity/space model to care-giving, wellbeing and the home modifications



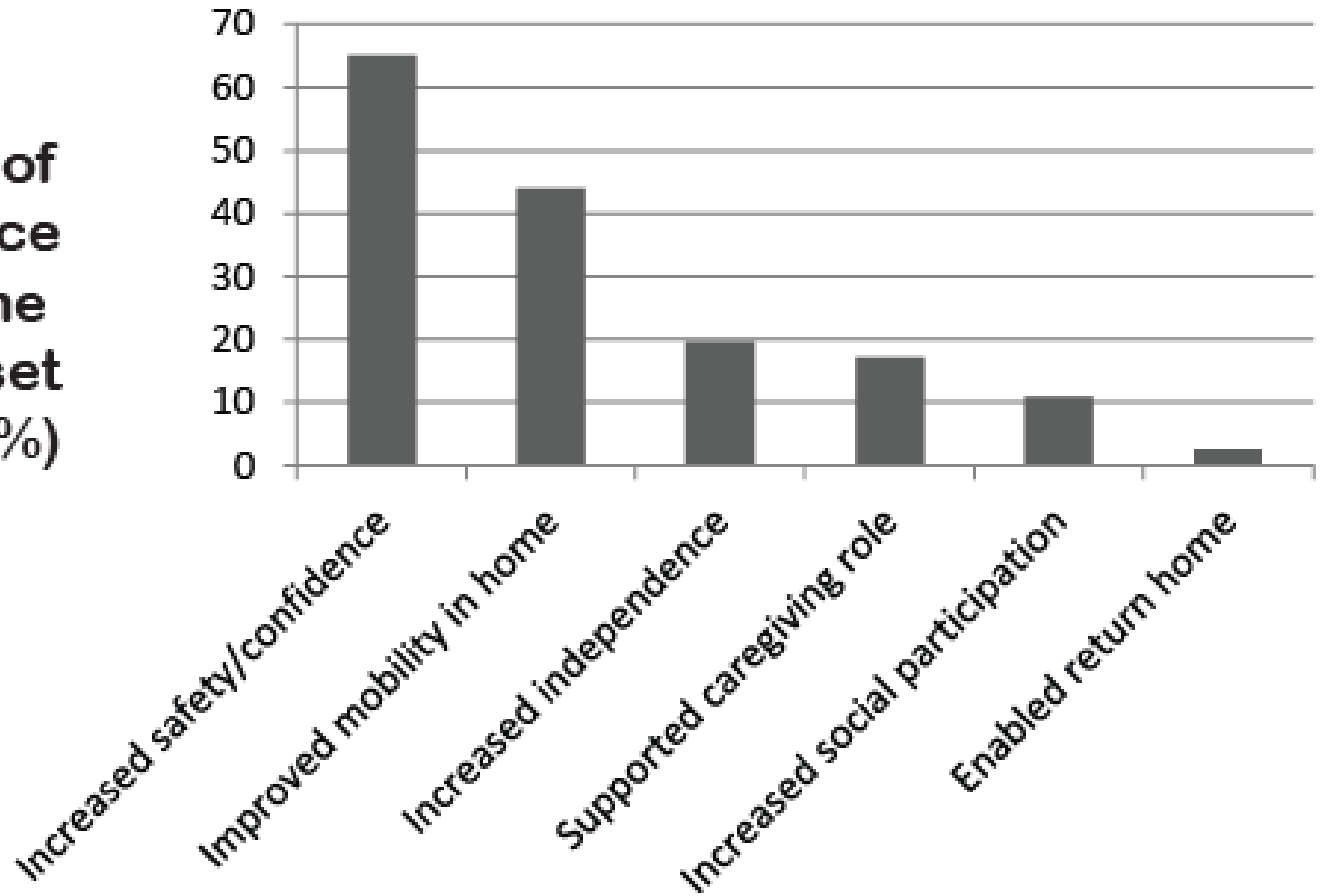
Source: Carnemolla, 2015 adapted from Bridge (2008)



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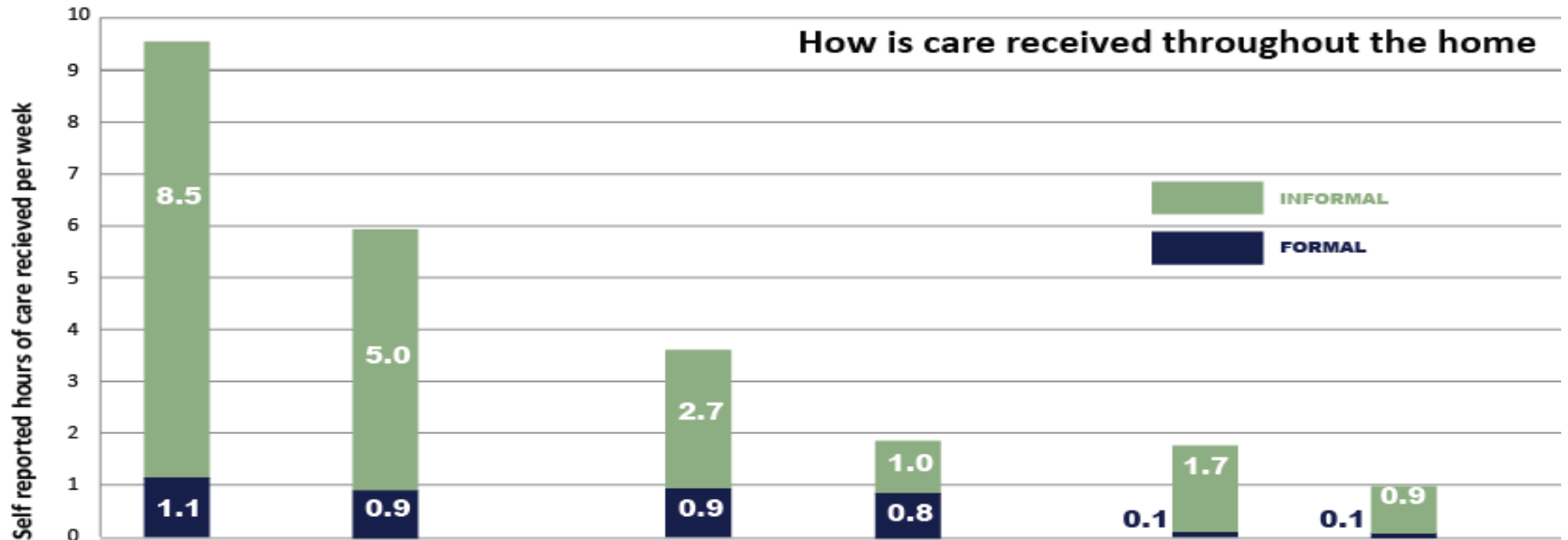
# Themes identified as home modification effects in NSW Study

Frequency of occurrence of theme in the dataset (%)



Sample of 157  
HACC Home  
Modification  
recipients

## How is care received throughout the home



### BEFORE

Average care  
**9.6**  
hours per week

### AFTER

Average care  
**5.9**  
hours per week

## Moving about the house

**41.1%**

reduction in informal caregiving hours

**18.1%**

reduction in formal caregiving hours

### BEFORE

Average care  
**3.6**  
hours per week

### AFTER

Average care  
**1.8**  
hours per week

## Bathing and showering

**63.0%**

reduction in informal caregiving hours

**11.1%**

reduction in formal caregiving hours

### BEFORE

Average care  
**1.8**  
hours per week

### AFTER

Average care  
**1.0**  
hours per week

## Toileting

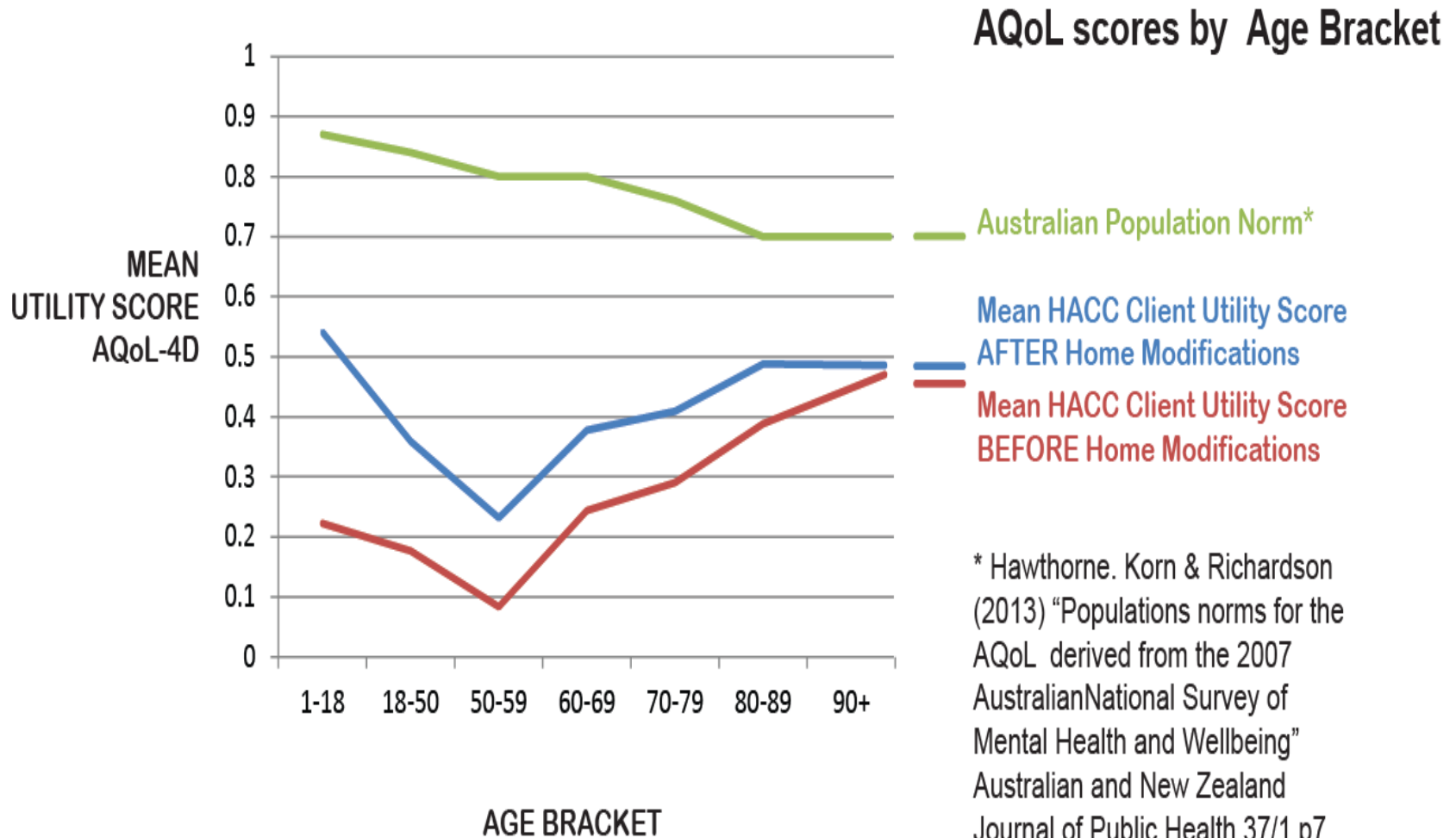
**47.0%**

reduction in informal caregiving hours

**0.0%**

reduction in formal caregiving hours

# Change in Quality of Life following home modification

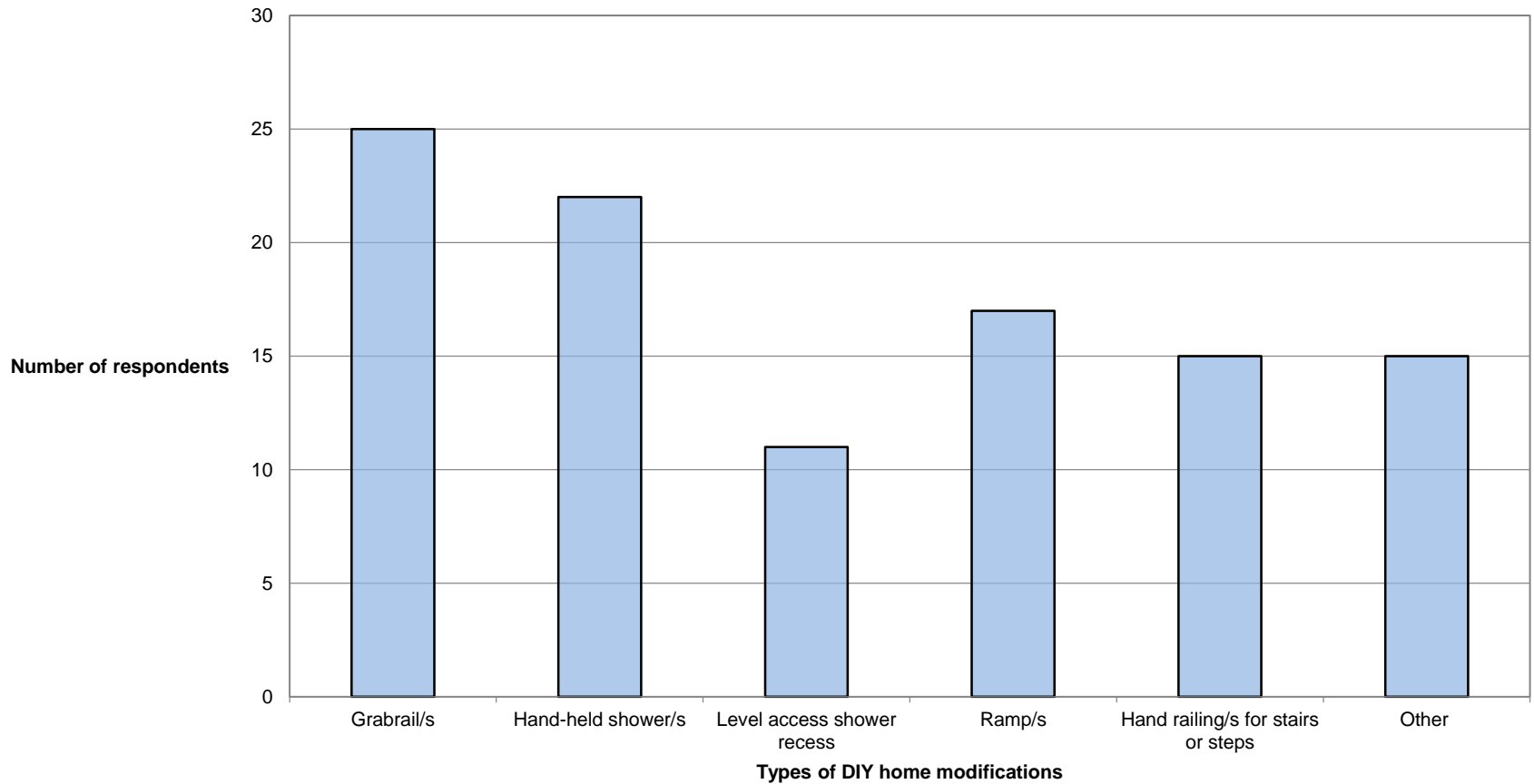


# DIY home modifications

- “A home modification project that is undertaken by a person with a disability themselves or with the assistance of family members or friends” (Bleasdale, McNamara, Zmudzki & Bridge, 2014)
- Economic analysis-increasing segment of DIY market



# Types of DIY home modifications that were undertaken by respondents



# Overview of Preliminary Qualitative Findings

Key stakeholder interviewees (n = 12)

*Why do people choose to do DIY home modifications?*

- **Aesthetics**
- **Availability/Ease**
- **Confidence**
- **Control**
- **Cost**
- **Expertise**
- **Independence**
- **Knowledge**
- **Time**
- **Trust**
- **Sustainability**



Source: Chris Nicholls, SCIA, 2009



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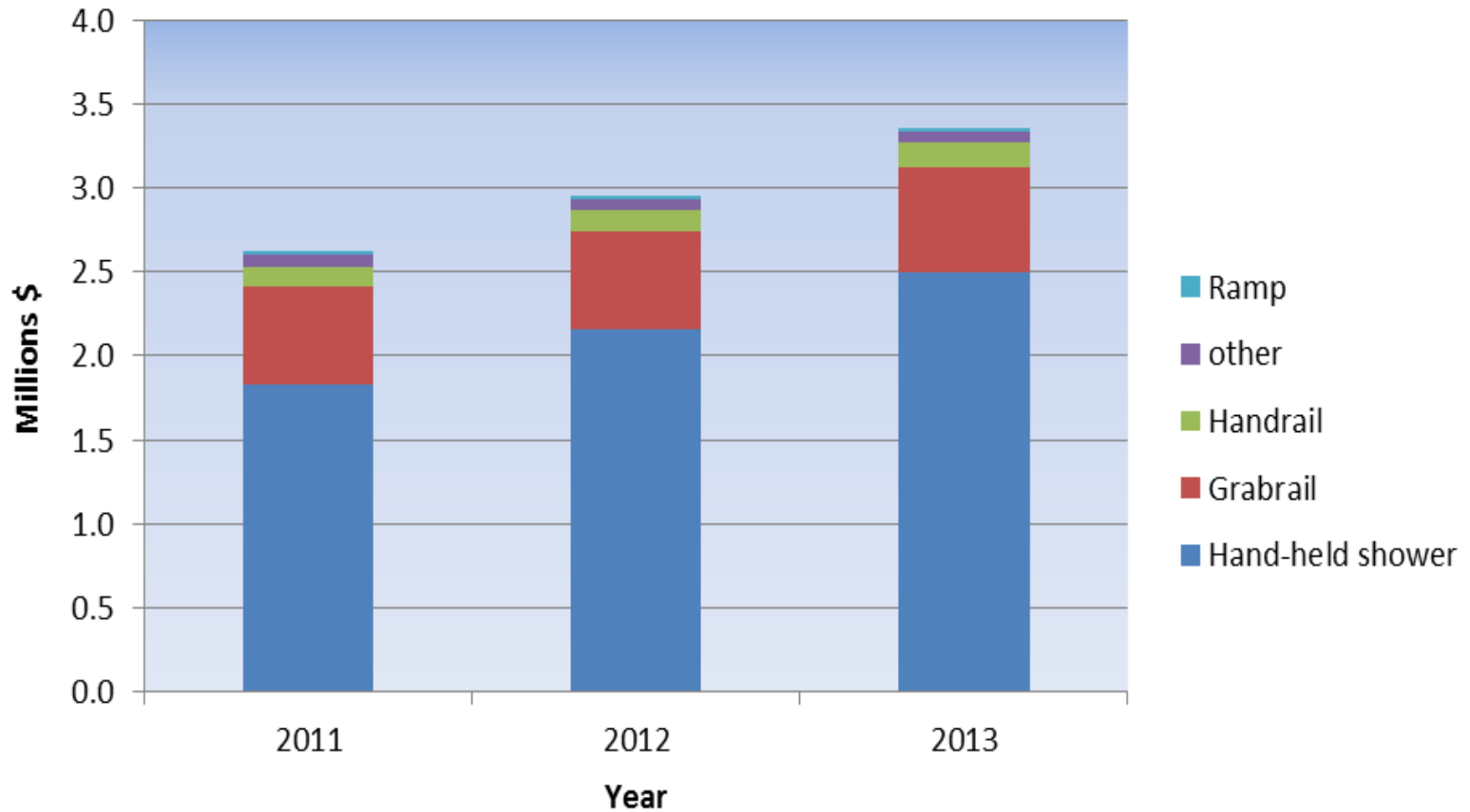
# Choice and control, confidence in personal ability

- ◆ DIY “gave my dad a feeling of control and satisfaction” (C16)
- ◆ “Choice of products used and control of how/where installation took place” (C32)
- ◆ “We had total control of the project with the builder of our choice. Works completed to a high standard to complement the home” (C28)
- ◆ “It was good to be confident of the quality of the work as we had experienced poor quality home modifications done “professionally” ... previously” (C26)

# Time constraints, cost and control over project

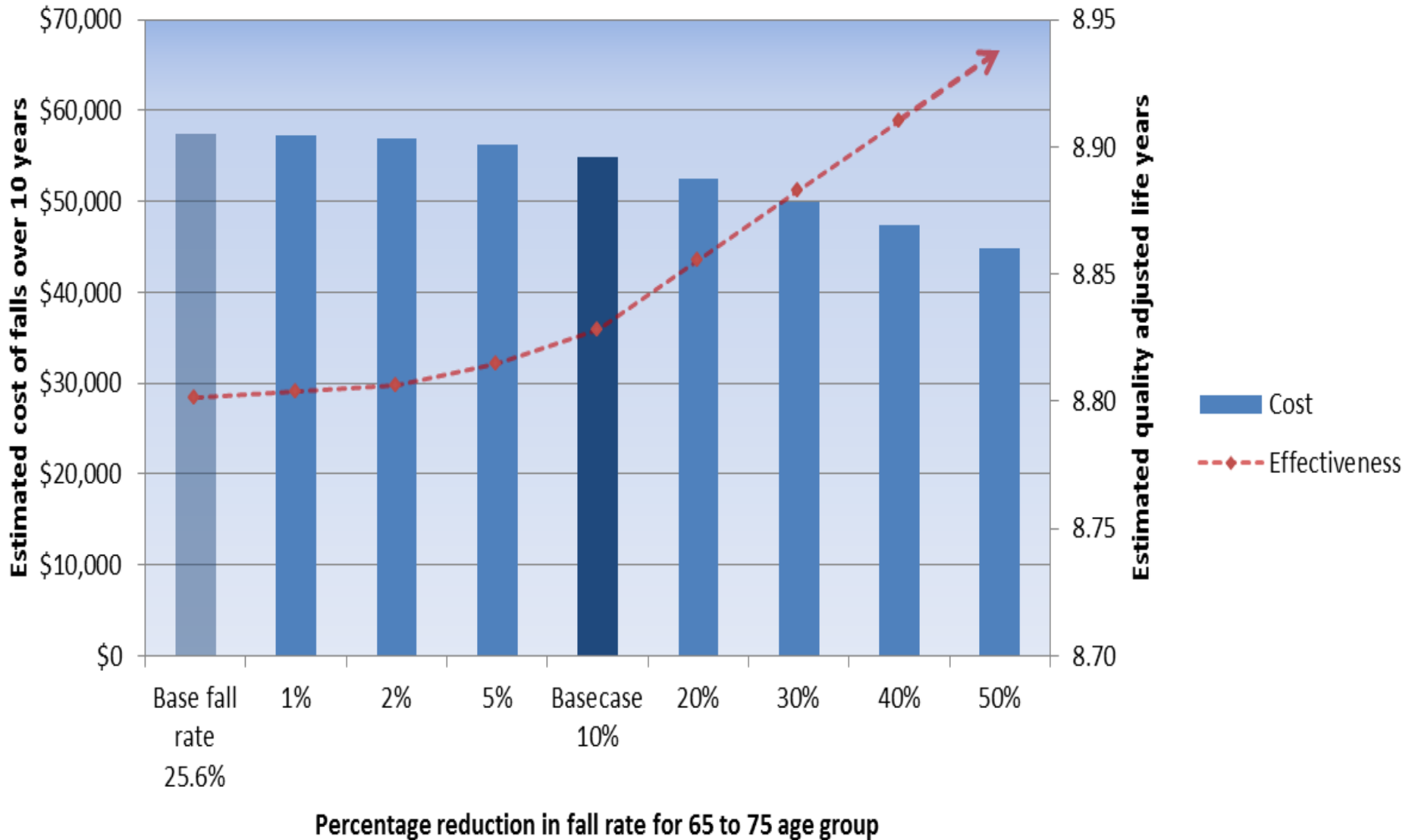
- ◆ “Could do it in my own time and make it specific to personal needs” (C14)
- ◆ “Control over the timeframe, builder, materials and design.” (C6)
- ◆ “Able to do it quickly at lower cost than engaging trades persons”(C34)
- ◆ “Was good to have my family assist with the planning. To have it done by the organisation that arranged the OT would have been to[o] expensive” (C27)
- ◆ “Designing to suit your own need and budget.” (C21)
- ◆ “Cost saving, home owner had more control, faster” (C22)

# Total DIY Sales by Product Group 2011 to 2013



# Cost Effectiveness Scenarios

Over estimated 10 year timeframe



# Economic cost effectiveness of DIY home modification

- Cost of DIY modifications not government funded, yet substantial offsets to government funded services.
- A base case 10% reduction in falls shows average reduction in cost of \$2,508 per fall averted and an increase of 0.03 quality of life years.
- Modelling shows annual cost offset to health and aged care services is estimated at \$3.75million for NSW but home hardware till data indicates potentially 3-4 times this quantity of modifications indicating a net saving above 10 million and potentially as high as 15 million per annum.
- At the base rate scenario, a DIY home modification subsidy of up to \$2000 would remain cost effective.

