2. Housing infrastructure standards and quality control mechanisms

In recent years the appropriateness of applying urban standards for housing, water, sewerage and other environmental health systems to indigenous communities, particularly remote ones, has been questioned. Different lifestyles, more demanding conditions and remoteness (resulting in increased maintenance costs) have supported the argument for the development of appropriate standards. Some jurisdictions have already begun developing appropriate standards with a national initiative occurring along similar lines.

Appropriate standards and their effective application are essential to improve environmental health conditions in indigenous communities. Whatever standards prevail, the means of applying them are currently a problem in many jurisdictions. In some, building control and health legislation may not legally apply to indigenous communities, while in others there is no administrative processes capable of effectively overseeing the standards. Creative and conventional mechanisms must be explored and implemented to ensure that infrastructure is properly installed and to ensure the best use of resources.

Keynote address one: Housing infrastructure standards and quality control mechanisms

Stephi Rainow,
Ngnampa Health Council, SA

The Ngnampa Health Council was created in 1984 after it was noticed that there was a high level of infectious diseases in the Aboriginal community. A team called the UPK Review was set up by the SA Health Commission to look at Aboriginal health in the state. The main finding was that people were not able to undertake public health measures at home because there was a high failure rate of health hardware (stoves, hot water units, washing machines etc).

The main reasons for the failure of the health hardware were not the actions of the tenant but rather:

- Poor design: health hardware could not cope with the conditions in the environment;
- Poor supervision of contractors; and
- Poor construction of facilities.

Nine healthy living practices were drawn up by the UPK Review :

1. Capacity to wash (particularly children under 5)
2. Wash clothes and bedding
3. Remove waste
4. Improve nutrition
5. Reduce crowding
6. Separate dogs from kids
7. Control dust
8. Temperature control
9. Reduce trauma – Our practical experience has indicated this should be the number one priority in future.

Simple changes were made to the design of the houses to increase their longevity including the following:

- Dust and waterproof power outlets
- No glass or gyprock was used in the construction
- Vandal proof tap handles

The issue of drainage had been identified as an area of concern. Problems result from poor workmanship in installing the health hardware appliances due to lack of supervision. As a result, SA Health Commission now processes all drainage applications, conducts all inspections, and requires all builders to be licensed.

The lack of maintenance had been identified as the main problem. The money for maintenance had previously been going direct to the communities where it was being inefficiently used as a result of poor management.

In order to gain funding for housing maintenance, the Ngnampa Health Council approached the CHIP branch of ATSIC and was granted the funding required.

The money is now pooled regionally into Regional Service Funds (RSF) and it is from this that maintenance hardware and tradespeople are funded

With better management, the same amount of money is being spent on the maintenance of the housing, but the facilities are improving across the board as can be seen in the following tables 3, 4 and 5.

Table 3 : Cost of maintenance per household

Year	Money going to	$/ household/ year
1994	Community	$1000
1997	Regional Service Funds	$1042

Table 4 : Community and Supplied Facilities (community A)

Facilities	1986	1994	1997
Cold water working	70%	100%	100%
Hot water working	45%	80%	96%
Waste removal working	35%	70%	87%

Table 5: Community and Supplied Facilities (community B)

Facilities	1986	1998
Cold water working	58%	100%
Hot water working	31%	95%
Waste removal working	51%	95%

Source: Nganampa Health Council Internal Housing Assessment Report

Further concerns that have been raised are:

1. Aquifers – those communities on bore water have increased in population and water use, but the quantity and quality of the water is not known. An in-depth water study looking at the quality of the water is currently being undertaken.

2. Hot water – not enough hot water and there is still a high failure rate of hot water units

3. Temperature in housing – data logging of the housing is being conducted.

Key note address two: Housing for Health

Paul Pholeros,
HealtHabitat, NSW

The National Housing for Health program was founded in central Australia in 1986 with the indigenous community involved from the beginning and at the core of the program. Any program designed for housing for the indigenous community has to involve indigenous people if it is to get any community support.

The National Housing for Health program operates on a small budget and spends approximately $3 000 to $5 000 per house which includes all travel and repair costs.

Only safety and health issues are addressed by the program. In carrying out the surveys, various items are not just looked at, but they are tested (eg. Does the stove work? Do the taps work? What temperature is the fridge operating at?). Once the appliances have been tested a record is made of what is and is not operating. Should any item/s be noted as non-functioning, then it will be repaired on the spot if this is possible. If not, then repair or replacement in the following week will be arranged, or if it is a major appliance or failure, in the following three months.

A criticism by the National Housing for Health program is that too many surveys are conducted and failures only noted with no follow up remedial work and repair. The reasons repairs or correct work are not undertaken for Aboriginal housing have been noted. They include :

1. The perception that the problems are insignificant. The National Housing for Health program started by repairing 12 houses and has now increased that number to 700. Some may say that this is minute when compared to the 96 000 Aboriginal houses in Australia. But for those 700 houses repaired, there has been a major difference to the quality of life for those people who live in them.

2. Myths –for example *"that Aboriginals trash their homes"*. This has been found to be untrue and the real problem is that the appliances are unsuitable for the environment or that workmanship in construction and/or installation is poor.

3. Separation of policy and practice procedures

4. Separation of survey and fix procedures

The underlying problems with Aboriginal housing which must be addressed are

- Poor workmanship
- Poor design
- Poor thinking
- Poor supervision of construction and maintenance