



## Healthhabitat: a brief history

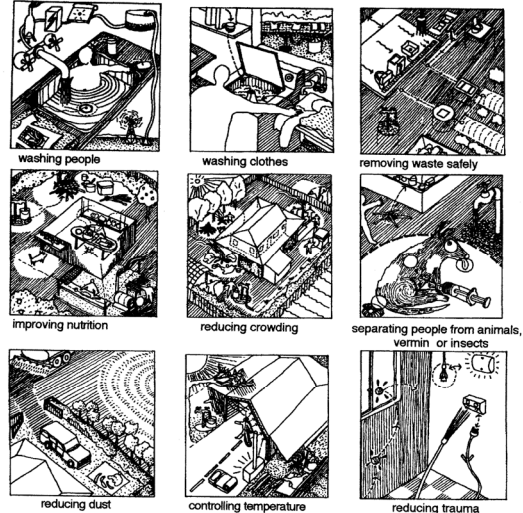
The three directors of Healthhabitat (HH) met first in 1985 in the Anangu Pitjantjatjara Lands, north west South Australia.

**Dr Paul Torzillo** was the medical officer working at the Pukatja (Ernabella) health clinic for the newly formed Nganampa Health Council. **Stephan Rainow** had lived and worked in the area since 1977. He spoke the local Pitjantjatjara language, and, whilst trained as an anthropologist, had also worked on landscape and community development projects.

**Paul Pholeros** had been engaged as an architect by Nganampa Health Council to carry out additions to a small health clinic in Fregon. He was also involved with projects at Uluru and the Mutitjulu community in the Northern Territory.

They were 'thrown' together by Yami Lester, at the time, Director of Nganampa Health Council. Yami Lester saw that despite the Aboriginal (Anangu) control of the health service in the region and the improved treatment of illness, *health* had not improved. He proposed that medical services and a healthy living environment were *both* required to achieve health gain.

## UPK



The three directors, of what years later was to become HH, were invited by Yami Lester and Punch Thompson to work with a team of local anangu to 'stop people getting sick' or in the local language 'Uwankara Palyanku Kanyintjaku'. For reasons of brevity this became known as the **UPK** report.

Between 1987 and 1990 UPK became regarded nationally as a yardstick for environmental intervention in Indigenous communities. For example the Royal Commission into Aboriginal Deaths in Custody made specific reference to the importance of the UPK model and recommendation that it be widely implemented (Recommendation 76). The reasons for UPK's success are set out below:

- the initiative and motivation were provided by local Indigenous people
- immediate action - there was 'no survey without service', the Dr Fred Hollows principle that insisted on improvements *during* not *after* the work.
- a strong health priority, known as the nine Healthy Living Practices, focussed limited

resources onto important targets

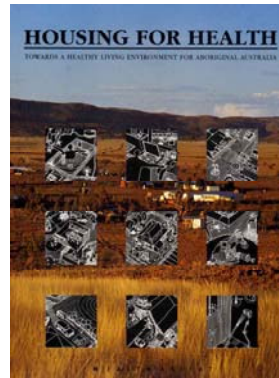
- strong liaison, using a predominately local anangu team, ensured all community members knew of the project

From 1987, when the final report was released, till 1989 no resources were given to UPK work. The apparently simple targets (the nine healthy living practices), unlike previous complex policy documents, were well defined and hard to achieve. They formed a locally understood standard with which to judge government provided services (housing, water supply, maintenance etc). These services often fell well short of the UPK mark. Agencies hoped UPK would go away but it remained.

Around 1989 many state and federal agencies jumped onto the UPK wagon. Reports, policies and guidelines all referred to UPK as a 'best practice' model.

Having worked together since 1985, the three soon to be partners of Healthabitat, became uncomfortable with the growing uninformed support by government agencies and departments of UPK. By 1990 the UPK work was 4 years old and the methods, focus and approach had developed. UPK, as practiced on the ground, had changed.

## Housing for Health, Pipalyatjara



The team proposed a research project (using mainstream housing research monies) that involved working in one of the smaller Pitjatjantjara communities (12 houses) that was part of the UPK review work for one year to assess;

- to what extent had UPK had an impact,
- was it possible to achieve ideal house function rates in the whole community for one year and at what \$ cost,
- what level of community involvement in all parts of the process would be possible,
- could standard tests be developed and used by local people to measure the function of housing in a more detailed and repeatable way than during the UPK review,
- could health gain be shown if house function levels were maintained over the full year?

With the main proportion of the \$40,000 grant being used for maintenance works (not research) to keep houses functioning and with strong local involvement (both \$'s and human resources) the project managed to maintain the 12 houses throughout the year.

The results were overwhelmingly positive and were recorded and published in great detail in *Housing for Health: Towards a better living environment for Aboriginal Australia* by Healthabitat in 1994.

The *Housing for Health* book was launched in Parliament House by the then Health Minister and Michael Dodson. The work then received the Royal Australian Institute of Architects Presidents Award. It has since sold over 5000 copies, many overseas, and provided the most concise statement of HH's aims and methods of how to improve health by immediately improving the immediate living environment.

It was the need to publish *Housing for Health* that brought about the name and the formal Healthabitat partnership.

The three partners funded the production of the initial publication and determined that any profits that may eventually occur through sales be given to Nganampa Health Council for research or project work related to environmental health. The second edition/printing was handed over to the health council for distribution and profit.

The publication of the *Housing for Health* book confirmed the partnership philosophy that no profit should be made from people living in poor conditions.

Since UPK much of HH's work has questioned the status quo. It has rocked the boat of housing and health work and means it is often unpopular with agencies bureaucracies. This has had a direct impact on the day to day structure of HH.

All three partners have always had their 'real jobs' to provide income. The

work of HH's work involves housing advocacy, development of better tools for the assessment and fixing of houses and issues relating better design and health. HH has not worked as a consultancy where fees and income are a daily requirement.

### **The recent history; Healthabitat Pty Ltd**

At the Federal-State Housing Ministers Conference in Launceston, April 1997, HH made a brief presentation on *Housing for Health* project work around Australia. The Federal Housing

### **Housing for Health**



Minister at the time, Senator Newman, asked HH to prove the data presented as she, and the assembled state ministers, did not believe it was a true picture of Indigenous housing in Australia.

Over three weeks HH presented house function data and supporting information to the Senator's staff and departmental representatives visited past projects to confirm the validity of *Housing for Health*.

Minister Newman then requested a briefing about how the Indigenous housing situation could be improved. HH advised on a series of actions which were supported by the Minister and staff of the Department of Social Security (to then become the Department of Family and Community Service). The achievements of this period are noted below:

- discussions with States regarding the principles of safe, health and sustainable housing,
- assessment of the State's housing strategic plans,

- production of the National Indigenous Housing Guidelines (1<sup>st</sup> edition),
- use of data from ongoing Housing for Health projects and considering the implications for future action, this led to the *National Framework for Design and Construction of Indigenous Housing*,
- formulating a detailed proposal for a national 1000 house Fixing Houses for Better Health Program : a national safety and health assessment and immediate fix program.

With the approval of the 1000 house Fixing Houses for Better Health (FHBH 1) Program, Healthabitat formed a company with the three original partners becoming directors. Nothing about the structure, aims or motives of HH has changed; only the work has increased.

HH charges fees whenever possible and uses these resources to fund further improvements to the Housing for Health process or to seed critical areas of research. Examples of both are shown below;

### **The Housing for Health (HfH) process;**

- since 1999 development of a database program for immediately specifying and recording all fix work in the field,
- annual reviews with field teams of the database, survey fix methods, tools and subsequent improvements,
- recruitment of managers in 5 states to run HfH projects and providing all the resources to assist these highly talented and creative managers to work more effectively in the field,
- development and construction of training aids for Indigenous team members,

- better tool kits for local teams,



- building local team self esteem (work caps, electricity and water demonstration boards for training, certificates for team members on the project's completion)



- a system to assist the licenced trades record work completed on houses
- development of Indigenous maintenance teams to continue the work started by FHBH, this is called the Maintaining Houses for Better Health program
- development of a Housing for Health course run conjointly between the Faculty of Health Sciences and the Faculty of Architecture at the University of Sydney. Since its commencement in 1998, the course has accepted Indigenous students from around Australia to attend block teaching sessions in Sydney. Building slowly in 2003 it had participating students from the faculties of Nursing, Planning, Architecture, Health Sciences as well as department

bureaucrats keen to learn about links between housing and health.

### **Research into important housing design issues related to health**

There would be little point continually fixing houses if the overall standard of house design and construction did not improve. Much detailed information is learned through fixing houses in the FHBH/HfH projects. This has helped initiate practical research projects to improve the 'front end' of the design process. Some examples follow;

- the National Hot Water System trial (finding the best systems in a variety of water conditions and community demands) with CAT, ATSIC
- the Waste Water project (ATSIC, University of Wollongong, Nganampa Health Council)
- Kitchen designs to improve nutrition (FaCS, HH)
- Maintaining Houses for Better Health (FaCS, HH)
- The first and second editions of the National Indigenous Housing Guide (FaCS, HH many individual inputs from around Australia in edition 2)
- Trachoma Improvement in central Australia (Christian Blind Mission, Nganampa Health Council, Rio Tinto, CAT, University of Melbourne and University of WA, HH)
- Temperature & Health in Aboriginal Housing: A Case for Temperature Control In Aboriginal Housing In Western NSW ( NSW Health, Department of Aboriginal Affairs NSW, Aboriginal Housing Office NSW, ATSiS, HH)
- Energy and water for health (Paul Pholeros, Nganampa

Health Council, Aboriginal Housing Authority of SA

In the 2001 Federal Budget, FaCS was allocated \$9 million for Fixing Houses for Better Health (FHBH 2/3/4) projects, which will survey and fix 1500 houses in remote Indigenous communities over four years.

From 1999 to January 2004, over 2700 houses have been surveyed and improved in most areas of Australia. There have been 81 projects in 5 states a territory and a region.

Healthabitat remains committed to projects that improve the living environment and chances of a healthy life.

Paul Pholeros  
Paul Torzillo  
Stephan Rainow

February 2004

**Fixing Houses for Better Health and Housing for Health Projects represents a total of 2701 houses, 81 communities, from 4 states and 1 territory and 1 region**

