



Association to Resource Co-operative Housing

## **Co-operatives Meeting the Challenges of Their Ageing Residents and Residents with a Disability**

**Final Report  
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## **1. Introduction**

The aims of this research were the following:

- Research existing community based packages of care for older people from Non-English speaking background and people with physical/or other disabilities with consideration given to suitability for continued living in a housing co-operative.
- Identify and document innovative existing models in other states that may be applied to the co-op model.
- Explore the possibility of linking high level community based packages of care for older people and people with physical disability/or other disabilities, to members within the co-op environment focusing on the transition needs of the frail elderly within such communities.
- Through consultation with members from up to six aged and special needs housing co-ops, find the best way to remain in the co-op for as long as possible, whilst extending the capacity of the co-op to provide appropriate care.

For the purposes of this research, and in response to issues emerging through consultation with cooperative members, the concept of care covers the following:

- Nursing care in the home.
- Assistance with personal non-nursing care in the home (bathing, feeding, grooming and so on).
- Assistance with household activities (cleaning, repairs, gardening, laundry etc.)
- Physical modification of the home.
- Re-location to more suitable premises.

## 2. Current programs of home care and nursing assistance to the ageing and those with a disability in NSW

### 2.1 Care coordination and provision

The NSW Office of Ageing has produced a discussion paper on a 'Healthy Ageing Framework'.<sup>1</sup> Appended to it is a list of existing care coordination models, programs and pilots. That list is appended to this report.

Of these, the two main government-funded non-nursing level care programs are:

- The Home and Community Care (HACC) program funded 60% by the Commonwealth and 40% by the State, administered by the State. HACC services are delivered through a range of providers from 12 large agencies to many hundred small agencies.
- Community Aged Care Packages (CACPs) which are intended to provide low-level residential care at home. This is a fully Commonwealth funded program. There is an overlap between what is provided through HACC and the CACPs.

One of the more significant smaller programs is Extended Aged Care at Home (EACH) which provides for high-level care in the home. The numbers in this program are small, with only three providers in NSW, all in Sydney, but with small numbers of places.

Aged residents in cooperatives, and residents with a disability can access the full range of these programs as long as they meet the financial eligibility criteria and after assessment and recommendation for a program through Aged Care Assessment Teams (ACAT) or their equivalent in some smaller programs.

Nursing care in the home is provided in NSW through Community Nursing Services provided through Area Health Services across NSW. Again, ACAT assesses and recommends the level of care.

### 2.2 Home modification

HACC funds home modification services to the ageing and those with a disability living in private accommodation. It does not extend this to tenants of public housing. For the purposes of HACC, tenants of housing co-operatives are defined as public housing tenants and so cannot receive HACC funded home modifications.

However, tenants in housing co-operatives could purchase home modification from HACC funded services on a user pays basis.

## **2.3 Hostels and Nursing Homes**

The situation here has changed dramatically in recent years. Where the Commonwealth once assisted with capital for building hostels and nursing homes, it no longer does so. The Commonwealth provides subsidies to hostels and nursing homes to accommodate residents through a licensing agreement through which the managers of hostels and nursing homes are allocated a number of bed days per annum.

It is up to the company or organisation which wishes to build and operate the hostel or nursing home to raise the capital to do so.

In the view of staff in the Office of Ageing, this basically means that the development of new hostels and nursing homes is only possible through the existing private and not-for-profit (largely religious-based) providers.

There are a small number of nursing homes that have been built by the State government, but there is no on-going program. I am aware of a proposal being discussed with the NSW government to assist with capital funding for a nursing home for a mixed Indo-Chinese clientele in the Fairfield area. However, nothing firm has been agreed upon.

### 3. The needs of ageing cooperative members and members with a disability

To date, discussions have been held with members of three cooperatives targeting seniors and a written response has been received from one other cooperative with ageing members.

All of those consulted said their primary concern was that cooperative members remain living in their own homes for as long as possible. The issues members are facing at present in achieving this are the following:

- The need initially for minor modifications to assist with mobility within the house – rails for stairways, showers, baths, toilets; beds that can be raised and lowered; raised seating and so on.
- Appropriate alarm systems for emergencies such as falls.
- The need for some members to relocate from their present two-storey or upper storey accommodation into single storey accommodation.
- Assistance with minor home maintenance and repairs – changing light bulbs, heavy vacuuming and cleaning and so on.
- Personal care for a small but growing number of residents.

Further down the track, members anticipate the need for additional assistance:

- Increasing need for home modification to aid with mobility, including modifications to allow ease of access for wheelchairs.
- Increasing personal care shading into home nursing care.
- Assistance with preparing meals.

The two Vietnamese and the Tamil cooperative have also begun thinking about a time when for some members, living at home, despite the best of available assistance, is no longer a possibility. They have expressed interest in the possibility of establishing hostel and nursing home care that to at least some extent continues to maintain the connection of these members to the general membership of the cooperative. The ultimate expression of this would be a hostel and/or nursing home managed by the cooperative. The Vietnamese cooperatives have begun investigating this actively, and the Tamil cooperative is interested in the possibility of converting a neighbouring Council owned premise to hostel accommodation.

## 4. Care in the home

### 4.1 HACC

Few cooperative members consulted to date have needed to access home support services available, and those who have, have mainly accessed assistance with general housework. In most cases their level of frailness or disability is not at a stage where they require assistance, but they are aware that they will need the assistance in the future.

Some have been assessed by ACATs and are receiving various combinations of HACC provided and community nurse provided care.

The Office of Ageing discussion paper notes, 'The plethora of community care services has made it difficult for older people who are trying to plan their own care as well as service providers trying to coordinate care for clients. Bluntly, it is very difficult to get access to the advice, support and care services needed within the current system.....(and this is exacerbated by ) no joint planning arrangements between the vast number of providers, rigid boundaries around particular kind of care, and a lack of flexibility and limits on choice of care for individuals. With this comes fragmentation, which means no easy points of access.'

Consultations with the CALD cooperatives indicate that the access of their older residents and those with a disability are further complicated by two over-riding factors:

- Lack of facility in English.
- Lack of culturally appropriate service providers.

Discussions with senior staff in HACC and the Office of the Ageing indicate that they would be receptive to a proposal for an action/research project to test models of service provision to cooperative members, particularly CALD residents. There is a substantial amount of funds available for research such as this. However, there is an urgency to getting proposals in as the funds must be allocated by June 30.

An issue in terms of piloting models is that the numbers of cooperative residents for whom some level of home care is needed is still small, and dedicating culturally appropriate staff to these few may present an uneconomic prospect for the funder.

However, HACC is moving toward a focus in innovative services aimed at early intervention and prevention on the one hand, and an emerging concept of 'healthy ageing' on the other. Both of these could present opportunities for developing pilots with ageing populations where demand for direct service provision remains low. The latter in particular could be of interest as it looks at aspects such as maintenance of physical activity, diet, social support as determinants in healthy ageing.

**Recommendation 1**

***That ARCH and representatives from the Vietnamese and Tamil cooperatives submit for HACC research funds for an action/research project on innovative models of health ageing/ early intervention with ageing CALD populations using cooperative housing as the context.***

## **4.2 Community Aged Care Packages (CACP) and Extended Age Care in the Home (EACH)<sup>ii</sup>**

Both these Commonwealth programs are intended to provide higher levels of care than the general HACC program. EACH provides for care in the home for aged persons with complex care needs, that is, assessed as needing high level residential care or the equivalent nursing home care. The Commonwealth funds a provider \$32 per place per day under CACP and \$107 per place per day under EACH. While there is no limit to the number of hours a person may be eligible for under either program, in practice, a sustainable program provides an average of 6 hours per person per week under CACP and an average of 21 hours per person per week under EACH. ACAT assessment is necessary for eligibility to the programs.

EACH is not seen as a replacement for nursing homes; there is a recognition that approximately 40% of those on EACH will need nursing home care eventually.

CACP and EACH packages do not go directly to the individual for them to purchase a service. Instead, approved providers are allocated a number of places based on the number of persons over 70 per thousand of a population within HACC regions; 108 places are allocated per 1000 persons over 70, with 20 of these allocated for EACH.

The programs as they are designed present barriers to individual co-operatives becoming providers of either CACP or EACH:

- Providers must be approved. At present that means demonstrating expertise in providing aged care as well as access to high level residential respite and access to necessary life saving/ therapeutic equipment. At present, co-operatives could not demonstrate this.
- A base of 20 eligible persons is considered the minimum number in order TO adequately provide funding assistance to conduct a stand alone EACH program. At present neither the Tamil nor the Vietnamese co-operatives (the three co-operatives with a large enough pool of older tenants from which to draw) have anywhere near these numbers.
- Even if a co-operative had sufficient eligible persons, they would still need to be located in a HACC region where these 20 could form part of the 108 places available in the region, competing with other eligible aged for these positions.

Some options present themselves:

- Co-operatives entering into MOU's or partnerships with existing providers to allocate a certain number of places for the co-operatives tenants.
- Co-operatives entering into consortia with individuals or groups with expertise in aged care provision and seeking approval as stand alone providers.
- Co-operatives if they get provider status opening up their programs to aged persons in their ethnic community who are not members of the co-operative.

There is already precedent for ethno-specific groups and organisations entering into MOU's with existing providers to cluster allocate places in hostels and nursing homes for their ageing members. The Trans Cultural Aged Care Service has the role of facilitating the development of these partnerships.

***Recommendation 2***

***ARCH facilitate interested co-operatives to develop MOU's with existing aged care providers for allocation of places under CACP and EACH for their tenants. Where appropriate and desirable, ARCH should encourage ethno-specific co-operatives to engage the Trans Cultural Aged Care Service in these negotiations.***

## 5. Home modifications

### 5.1 The Issues for co-operative members

In consultations with co-operative members from five housing co-operatives, the following issues were identified in relation to home modifications they have either had to make or anticipate making in order for their ageing members to maintain themselves in their accommodation for as long as possible.

- A lack of clarity about what level of modification co-operatives can undertake without seeking written approval.
- A lack of clarity about which agency OCH will accept as having the authority to assess the need for modification.
- Concerns about the responsiveness of OCH when approval has been sought.
- A lack of clarity about from where funds for modifications should come.
- Questions about OCH's policy on relocating tenants who have been in multi-storey accommodation to single storey accommodation and the impact of this on the property portfolio of the relevant co-op.

### The legal responsibility for disability access

The majority of cooperative housing is under head-lease from OCH to the cooperatives. Judgement in a recent case before the Consumer, Trader and Tenancy Tribunal indicates that the Tribunal believes that under the Disability Discrimination Act 1992 the Department of Housing is required through housing co-ops to assist with maintaining disability access in the properties it head-leases to cooperatives.

Home modifications and maintenance are available to aged persons and those with a disability who own their accommodation through the Home and Community Care (HACC) program. Discussions between OCH and HACC have made it clear that HACC sees tenants of community housing, including cooperative housing as not eligible for assistance in this area.

### OCH Disability Policy<sup>1</sup>

This section summarises the current OCH Policy in relation to the concerns raised by co-op members.

#### General framework of the Policy

The Policy states its purposes as follows:

For OCH, the Policy ensures that the needs of people with a disability are properly considered when decisions are being made about service delivery

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<sup>1</sup> NSW Community Housing Disability Policy. November 2003.

outcomes. This includes OCH taking expert advice, where appropriate, about the needs of people with a disability.

For the community housing sector, the Policy ensures that providers are effectively managing their responsibilities towards tenants and applicants with disabilities and their families.

Five principles underpin the Policy:

- Principle 1. Clients with a disability receive non-discriminatory housing services in a way that is consistent with best practice.
- Principle 2. Best use is made of available resources in providing community housing services to clients with a disability.
- Principle 3. The OCH and community housing providers understand their respective roles and responsibilities in the provision of community housing to community housing clients with a disability.
- Principle 4. The OCH and community housing providers make fair and transparent decisions as they discharge their responsibilities towards community housing clients with a disability.
- Principle 5. The OCH and community housing providers work with tenants with a disability, families, carers and support services to provide responsive housing and support.

The Policy identifies Key Roles of OCH and of community housing providers. The roles relevant to issues in this report are the following:

(a) OCH

FUNDING	To resource community housing providers to deliver community housing services
REGULATING	To ensure community housing resources are used equitably, efficiently and effectively
ASSET MANAGEMENT	To ensure housing stock is acquired and maintained to meet the needs of community housing clients

(b) Community housing providers

TENANCY MANAGEMENT SERVICES	To maintain a waiting list of applicants eligible for community housing; determine priorities for housing from this list; allocate properties; <i>establish, maintain and terminate tenancies</i>
PROPERTY MANAGEMENT SERVICES	To identify housing needs; recommend capital properties for acquisition and disposal; maintain the properties to an adequate standard and meet the costs on those properties; and acquire and dispose of leasehold properties

There are six Functional Areas identified for implementing the Policy, of which the following have relevance to the issues under discussion:

Area 1: Planning and Resource Allocation.

Area 2: Equitable Access to Community Housing.

Area 3: Asset Management

Area 5: Co-operation with Government and non-Government Partners

This report now goes on to consider each of these Areas and the strategies assigned to them under the Policy in the light of the issues raised by co-operative members.

### **Area 1: Planning and Resource Allocation.**

#### **Strategies and comment**

*(a) The OCH will seek the views of people with a disability and/or their representatives in planning processes and policy development.*

This report should be seen in the light of this strategy. It is a contribution to assist OCH in ensuring that its planning processes and policy development take into account the particular issues of co-operative housing members who are ageing or are people with a disability.

It is arguable that co-operative members ought to be seen as a different kind of community housing tenant as members enter into their tenancy with the expectation of remaining in the tenancy for life. The intent of the co-operative program continues to be to confer on tenants a sense of ownership of their properties, which is not the case with other community housing tenants. The co-operative program places the management of the properties and the tenancies in the hands of the tenants, as is the underlying philosophy of co-operative housing.

In such a situation, the context for developing policies and procedures ought to aim at enabling as much co-operative self-determination on the management and maintenance of properties as possible.

This report argues that the present OCH Disability Policy lacks this necessary and clarity and certainty for co-operative members.

*(b) Community housing providers will take into account the housing needs of people with a disability when planning services.*

*(c) Community housing providers will take into account the views of people with a disability and/ or their representatives in planning and managing their services.*

*(d) In their business plans, community housing providers will specify actions to be undertaken to assist community housing clients with disabilities*

There is at present no specific process through which cooperative housing associations receive assistance in the area of planning for their ageing members and those with a disability. It is unlikely that many cooperatives are aware of OCH's Disability Policy unless they specifically target people with a disability or have had to seek approval for home modifications for ageing members.

Clearly, those cooperatives that are specifically targeted for people with a disability have experience and expertise both in assessment of the nature of disability and

potential home modifications that may be necessary and also care and support issues. However, this expertise is not being tapped in a structured way at this stage. Caution will also have to be exercised in using this expertise, as ageing members may not want to see themselves as people with a disability but rather as frail aged.

## **Area 2: Equitable Access to Community Housing.**

### **Strategies and comment**

*(a) The OCH will work with community housing providers to identify and acquire stock that is appropriate and accessible to people with a disability, where this is physically possible, and within resource constraints.*

It would appear that in the many cases in the past stock was acquired or transferred to co-operatives on the basis of the family patterns, age and health issues of the tenants at the time. That resulted in co-ops housing tenants in dual storey accommodation. In some instances, it perhaps should have been foreseen by both OCH and by the co-operative that a time would come when this kind of accommodation would prove a barrier to aged tenants maintaining their independence. It certainly should have been foreseen for those co-ops that were established particularly for seniors, for example the Tamil Seniors Cooperative and Van Lang.

It is unclear to members of these co-ops whether they can approach OCH for substitute or additional single storey accommodation into which to move tenants having difficulties in this way. It is also unclear to them to what extent OCH is willing to modify the two storey premises if there is no option of alternative accommodation.

This matter is discussed further under Area 3 below.

*(b) The OCH will ensure that the provision of training for community housing providers covers (at a minimum) awareness about the needs of people with a disability and the impact of these needs on housing provision.*

*(c) Community housing providers will identify and reduce barriers to community housing for people with a disability.*

*(d) Community housing providers will maintain linkages with relevant organisations in order to support the equitable access of people with a disability to community housing.*

*(e) As part of the application/ assessment process, community housing providers will identify the nature and level of support needs that community housing clients require to sustain independent living.*

The training currently provided through ARCH does not specifically deal with developing awareness of cooperative members of issues specific to their ageing members or those with a disability.

### Area 3: Asset Management

#### Strategies and comment

*(a) The OCH may seek advice from appropriate professionals, in addition to that obtained by the community housing provider, on options to meet the needs of a person with a disability who has been identified as a priority to be housed.*

*(b) Community housing providers will seek formal advice from appropriate professionals when requesting, planning and undertaking modifications of properties for specific community housing clients with a disability.*

The Policy provides no guidance as to whom OCH considers appropriate professionals in this context. This leaves co-ops unclear as to whom they could ask for advice that would be acceptable to OCH when it comes to seeking OCH approval for home modifications.

For the purposes of receiving HACC home modification and maintenance services, aged persons who own their own accommodation must be assessed by an Aged Care Assessment Team (ACAT). From discussions with OCH and those coop members who have sought approval for modifications, it would appear that ACATs are an appropriate authority.

However, ACATs have long waiting times, and it would be useful to identify other professionals that would be acceptable to OCH.

*(b) Within the constraints of property and resource availability, the OCH will work with the community housing provider to identify cost effective options to acquire and/or modify suitable stock to meet the specific locational and housing needs of a community housing client with a disability where that person has been identified as a priority for community housing and a community housing provider cannot meet this need from its own resources.*

*(c) The OCH will consider the relative costs of options in meeting the housing needs of clients with a disability when deciding which option to implement.*

The OCH Policy does not have a schedule of potential modifications and the acceptable range of costs for these to guide the decision making on 'cost effective options' for modification of stock. Home modification services under HACC do have such schedules and costs and perhaps OCH should adopt an acceptable and authoritative schedule.

There is also no indication how tenants will need to get quotations for proposed modifications, or whether and in what circumstances OCH would have the work carried out through the Department of Housing itself.

This report has also previously raised the question of the lack of clarity in the Policy on how OCH would deal with situations where home modifications are not possible or would be cost ineffective and where transfer of the tenant would be the preferred alternative. This is particularly in relation to the provision of substitute or alternative accommodation for the coop in order that it does not lose its over all stock numbers.

*(d) Community housing providers will consider the needs of community housing clients with a disability when preparing asset management plans.*

The training currently provided through ARCH does not specifically deal with developing awareness of cooperative members of issues specific to their ageing members or those with a disability.

*(f) Community housing providers will advise the OCH of the needs of specific community housing clients with a disability requiring modified properties, where the provider cannot meet these needs from its own resources.*

The OCH Policy does not make it clear what is meant by the term 'its own resources'. At present, coops are unclear what they are expected to meet from their own maintenance budgets or from surplus funds. This is leading to some members paying for their own minor modifications as coops are unwilling to spend money and have OCH then intervene and tell them they have spent funds inappropriately.

Discussions with OCH staff indicate that OCH expects 'minor modifications' – hand-rails being the clearest example – to be met from coops maintenance budgets. However, in the absence of a clear schedule of modifications and costs it is difficult for coops to make the kind of decisions that would help them achieve the responsiveness to changing need that the OCH Policy promotes.

## **Area 5: Co-operation with Government and non-Government Partners**

### **Strategies and comment**

*(a) The OCH will develop agreements with other government and non-government parties to clarify their role and responsibilities in meeting the community housing needs of specific groups of people with a disability.*

It is not clear whether OCH has in fact developed any of these agreements, but the consultations with cooperative members suggests that there would be clear benefit in doing so.

An obvious area is that between OCH and the Department of Health around cooperative and other community housing landlords and tenants access to ACATs to carry out assessments of the need for home modification to meet the needs of ageing tenants and those with a disability.

There may also be an opportunity for OCH to develop an agreement with HACC to provide a similar service through its home modification service.

*(b) Community housing providers will seek to access relevant expertise from government and non-government services to meet the housing needs of people with a disability.*

As indicated before, it would be helpful for OCH to clarify who it would consider 'relevant expertise' specifically for the purpose of assessing the need for home modifications for the aged and those with a disability.

*(c) Community housing providers will develop service delivery processes that promote the inclusion of people with a disability and their formal and informal supports.*

The training currently provided through ARCH does not specifically deal with developing awareness of cooperative members of issues specific to their ageing members or those with a disability.

## **Conclusion and recommendations**

The present OCH Disability Policy provides a general framework for the roles of OCH and community housing services, including cooperatives, in ensuring that the needs of tenants and potential tenants are taken into account in the provision of social housing.

The OCH Policy seeks to enable community housing services to acquire or modify accommodation to enable the tenancing and the maintenance of tenancy within social housing by the aged or those with a disability.

However, the Policy is imprecise in many areas that are of concern to members of housing cooperatives. Overall, the Policy does not assist cooperatives to know clearly what level of independent decision-making they can have in relation to undertaking necessary home modifications. In particular, it does not offer clarity in either the scale of modification cooperatives can take without the need for OCH approval, or from what source of funds cooperatives are expected to meet the cost of any modifications.

This is beginning to critically effect the capacity of cooperatives to be responsive speedily to changes in the access needs of their member tenants.

### **Recommendation 1**

ARCH and OCH jointly develop a schedule to be attached to the OCH Disability Policy that clearly identifies the following:

- The authority OCH will accept as the assessor of the need for and types of modification for members of housing cooperatives who are ageing or have a disability.
- The range of likely modifications.
- The reasonable range of cost for these modifications.
- The form of approval OCH will require for different levels of modification before a cooperative can undertake the proposed work – written notice only, structural plans, jointly managed projects etc.
- What costs OCH expects will be met by cooperatives and what sources of their funds they can use for this purpose.

Note for me: HACC divides its home mod schedules into Minor that are under \$5000, Complx that are \$5000 - \$20000, and major that are over \$20000 – but don't apply

particular kinds of changes to these costs as they vary from region to region. Most money from HACC is going into the Minor and that's where most need is re falls and aged as its bathroom and kitchen reno stuff. DOH via Resitech used to be responsible for Complex, but are no longer. Currently there is debate about the reasonable cost of even the minots. Anne suggests go with Home Owners Warrantry schedule. Also Anne says makes sense to get into a partnership with Home Mod services to provide the work.

## **Recommendation 2**

OCH fund ARCH to develop a training module aimed at assisting cooperatives to acquit their roles toward their ageing members and those members with a disability as described in the Disability Policy.

## 6. Hostels and Nursing Homes

As discussed in section 3 of this report, it will be very difficult, if not impossible, for individual co-operatives to develop stand along hostel or nursing home facilities. However, there is already precedent for ethno-specific groups and organisations entering into MOU's with existing providers to cluster allocate places for their ageing members. The Trans Cultural Aged Care Service has the role of facilitating the development of these partnerships.

### *Recommendation*

*ARCH facilitate interested co-operatives to develop MOU's with existing aged care providers for allocation of places under CACP and EACH for their tenants. Where appropriate and desirable, ARCH should encourage ethno-specific co-operatives to engage the Trans Cultural Aged Care Service in these negotiations.*

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<sup>i</sup> Office of Ageing, Department of Ageing, Disability and Home Care, Healthy Ageing Framework. Health and Support Discussion Paper. May 25<sup>th</sup> 2004.

<sup>ii</sup> Material here was collected from a meeting between ARCH; interested co-operatives; Tim Horton, Executive Officer, Program Development (North), Aged Care & Planning Branch, Department of Health and Ageing; Kathyne Bradley, Project Officer, Program Interface and Management Support Section, Aged Care Branch (NSW), Department of Health and Ageing