

152 SECTION F INDICATOR 4: Programmes that are based on available evidence.

Evidence-based strategies and programs targeting various age groups and environments have been presented in Section C & D. Many of these programs have been recommended by the World Health Organisation and adopted by the New Zealand government then implemented into community through contracting various agencies with appropriate roles and responsibilities to do so. For example, Violence, CPTED principles and Road safety programmes to name a few.

Presented in this section is a case study which describes taking an evidence based resource developed from research funded by the Public Good Science Fund and applying it into practice beyond the research project. Applying the “*Goodhomes for Good Lives*” into practice demonstrates how the Marlborough community have drawn on the each other, particularly the older adults in our community, to do this by sharing, connecting, giving, taking notice and being active (i.e. the Five ways to Wellbeing) to apply the evidence into practice. Note that by applying the Five ways to Wellbeing is an evidence based strategy that can be used to foster empowerment and action from an individual to a whole community.

“**Goodhomes for Good Lives**”- The Evidence

Goodhomes for Good Lives was a research programme aimed to promote a positive experience of ageing, encourage older people to be valued and to continue to live in the places where they feel connected to. It was a collaborative research project lead by Centre for Research, Evaluation and Social Assessment, (CRESA), and involving Public Policy & Research, Auckland University and the Building Research Association of New Zealand (BRANZ¹); bringing together expertise in housing, health, the built environment, energy, neighborhoods and communities.

The research was carried out in five communities around New Zealand. Marlborough was one of these communities. The research first found that older people often put off repairs because they felt it was too hard and would cost too much. These findings were then transformed into three practical tools to assess the home, work out what repairs need to be done and who is the best person to do them. It was a new approach to helping people maintain their homes, stay healthy and have more choices about their housing as they grow older.

The assessments and solutions draw on a wide range of evidence base such as hazards known to cause slips, trips and falls, the effects of mould and cold, damp housing on health and wellbeing and measures that can be taken to prevent these conditions, and evidence on measures to create an energy efficient home.

Turning Evidence into practice – testing the readiness and capacity to integrate the Goodhomes Tools into community practice

Around the time that the research was coming to the end of its program, the Marlborough community were also beginning the process towards accreditation as an International Safe Community and had identified safety at home as an area of concern and older people as a vulnerable group to falls, crime, and putting off house maintenance and repairs. Based on experiences through the research, community members considered the Goodhomes tools a valuable tool to empower older people and to increase safety and wellbeing in Marlborough community.

A group of agencies and community groups was formed by Marlborough District Council to work together to continue to deliver the Tools. This included representatives from the Office of Senior Citizens, Marlborough Greypower, Marlborough Age Concern, Public Health Service – Nelson Marlborough District Health Board, Police, Fire Service, Community Law, Citizens Advice, Rural Women, Projecx Marlborough, Work and Income NZ. This group brought in a range of expertise. For example:



- Many of the members had been involved in the research and had identified gaps that the community would need to fill before the tools should be distributed more widely. Community members had concerns for the potential to create more harm than good if offering a tool without some localised handy tips and local contacts of who is there to help. Initially this delayed the distribution of the tools. As a result a “Goodhomes: Marlborough Handy Tips guide” was created.
- Understanding how the people for whom the Tool was intended like to receive the information and receive support for taking action
- Knowledge of:
 - frequent causes of disputes between tradespeople and older adults
 - property management
 - the issues and frequency of which callers target older people and the degree of crime and violence that can arise
- Public Health Service – Nelson Marlborough District Health Board had formed a partnership project with CRESA to assess the readiness and capacity of the communities to integrate the Goodhomes tools into practice. As part of this partnership, CRESA provided Public Health with an evaluation guide from which the implementation could be measured.
- Together participating agencies and community groups formulated the following questions which indicated a level of potential empowerment the tools generated²:
 1. read the tool
 2. found the tool useful
 3. taken any actions, and to give an example
 4. talk about/shared it with others
- Each agency and community group had relationships with other representatives outside of the range of group members. This meant that presentations and distribution activities were able to be shared covering a wider reach.
- Costs of printing resources were met by Public Health, Greypower Marlborough, and Marlborough District Council. Sharing the costs reduced the costs for each agency able to assist with funding.

Next steps

The next steps the community takes to promote and distribute the Tools will be informed by the community based on the findings from the Public Health Project to “*to assess the readiness and capacity of the communities to integrate the Goodhomes tools into practice*”.



Table 1 shows the key issues from the Public Health report that were been identified along with a community capacity rating.

N	Issue	Community capacity rating
1	Empowering older people	Increasing
2	Those living at home with ageing related cognitive decline	Limited
3	Organisational internal processes	Range of capacities observed, mostly limited
4	Landlord/tenant scenario	Limited, some promising activities
5	Mould, Cold and Damp housing	Pending success of local insulation providers applications
6	Callers	Increasing
7	Rural maintenance and repair services	Limited
8	Finding an elder friendly handyman	Increasing
9	Concerns with quality of repairs	Fully available
10	Firesafety	Fully available

Several key points were identified:

- The tremendous and valuable role of the older volunteers in the community has resulted in stimulating a high level of interest and action within a relatively short period of time. In particular this includes volunteers from:
 - Office of Senior Citizens (Marlborough and Nelson and Tasman)
 - Greypower Marlborough
 - Volunteers from Age Concern Marlborough
 - Rural Women (Top of the South)
- The home is a frequent place where criminal offending occurs (see evidence present in table in Criteria 5). This could be in the form of callers. Goodhomes steering group recognised this was a key issue facing older people and have included advice on how to deal with these.
- Early evidence from the distribution of the tools in Marlborough shows that about half of older people offered the Tool will take it up. Most who took the Tool read it and used it, even if it was to be reassured that they are doing the right things to keep their home a safe and healthy place to live. People have also shared it with others. Taking time to connect, give and be active improves wellbeing and promotes the value of older people.
- A connected community is the best form of building a resilient community, improving the sense of safety, and an efficient form of natural surveillance
- People living in poorer housing are also likely to live in an area with higher levels of crime
- The clients of Maori providers (predominantly Maori and Pacific Island people or others living in areas of higher deprivation) are particularly burdened by unhealthy, unsafe housing because of their low incomes and over-representation in rental housing.



- Wet damp mould housing is the most frequently cited issue from Maori providers which exacerbates respiratory conditions, of which both Maori and Pacific people are more likely to have. As quoted by Asthma society and respiratory nurse: *“The house is a major trigger for respiratory problems. When the triggers in the home cannot be minimised, the dosage of medication has to be increased”*
- Increased medications also increase the risk of falls.

This takes the project up to the time of writing. Priority continues to be placed on the value of the community development approach to building on the current Marlborough community’s capacity to achieve the goal of empowering older people and create safe housing, homes, and community connections.

Source:

http://dnwssx4l7gl7s.cloudfront.net/nefoundation/default/page/-/files/Five_Ways_to_Well-being_Evidence.pdf

www.goodhomes.co.nz

http://www.branz.co.nz/cms_display.php?st=1&sn=200&pg=7438

Te Hauora o Ngati Rarua, Te Korowai Trust, Age Concern Marlborough, Marlborough GreyPower, Marlborough District Council, Projex Marlborough, NZ Fire Service

