



Central Australian  
**Aboriginal Congress**  
ABORIGINAL CORPORATION | ICN 7823

# Input into Remote Indigenous Housing Review

10 February 2017

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## Central Australian Aboriginal Congress

Central Australian Aboriginal Congress is a large Aboriginal community controlled health service based in Alice Springs in the Northern Territory. Since its establishment in 1973, Congress has developed a comprehensive model of primary health care delivering quality, evidence-based services on a foundation of cultural appropriateness. Congress has an extensive expertise on developing and implementing approaches to health that take account of the social determinants of health such as poverty, housing, and early childhood development.

## Background

On 18 November 2016, the Minister for Indigenous Affairs, Senator the Hon Nigel Scullion announced an independent Remote Housing Review of the National Partnership Agreement on Remote Indigenous Housing (NPARIH) and the Remote Housing Strategy (RHS). The Review is looking at:

- the effectiveness of the NPARIH and RHS (what has worked or not worked);
- the level of demand in remote Indigenous communities and options for addressing these needs in the future;
- changes required to make remote Indigenous housing more sustainable ; and
- how an investment in housing can lead to better outcomes in a range of areas, including the COAG Closing the Gap targets.

The review includes all Aboriginal remote communities covered under NPARIH but not public housing in urban centres.

An expert panel has been appointed to conduct the Review, which is due to report to the Minister by the end of February 2017. Submissions to the Review closed early January 2017. Given the short timeframes for the review this paper is not comprehensive. It focuses on the particular views and experience of Congress on housing, health and wellbeing from an evidence-based / community perspective in Central Australia.

**Central Australian Aboriginal Congress  
Aboriginal Corporation**

ABN 76 210 591 710 | ICN 7823  
PO Box 1604, Alice Springs NT 0871  
(08) 8951 4400 | [www.caac.org.au](http://www.caac.org.au)



**Aboriginal health  
in Aboriginal hands.**

## Summary

- 1. The housing situation for remote Aboriginal and Torres Strait Islander communities remains very poor,** despite gains made in recent years through additional government investment. The level of need remains particularly high in the Northern Territory, where future investments in housing must take account of significant increases in the Aboriginal population (an extra 2,500 people in Central Australia alone over the next ten years).
- 2. Sustained investment in housing is an important strategy to 'close the gap' in health and well-being** for Aboriginal families in remote communities. An adequate supply of culturally appropriate, well-maintained housing will:
  - support early childhood development, including school attendance;
  - address mental health and social issues, including suicide and family violence;
  - promote physical health, including through reducing infectious disease in childhood and the development of chronic disease later in life;
  - reduce the burden of disease from smoking; and
  - reduce exposure to particulates from dust and smoke.
- 3. It is critical that the health and social returns on the investment in housing in remote Aboriginal communities and town camps are maximised.** In the Central Australian context this means ensuring that housing:
  - is designed to fit with local Aboriginal ways of living;
  - is well-constructed;
  - includes adequate resources for repairs and maintenance; and
  - takes account of the needs of local Aboriginal health staff.
- 4. The effectiveness of recent housing investments in remote Aboriginal communities in the Northern Territory has been undermined by poor policy processes and service delivery structures.**
- 5. To maximise the health and wellbeing returns, increased and ongoing housing investments in remote Aboriginal housing must be coupled with:**
  - *the re-establishment of Aboriginal community-controlled housing organisations, to manage new and existing housing stock;*
  - *the establishment of an NT Aboriginal Community Controlled Housing Body, guided by the Aboriginal Housing NT (AHNT) Committee established by APONT; and*
  - *the regular collection of data on housing stock and overcrowding to monitor implementation and drive strategic investment and planning.*
  - *environmental health officers in independent Aboriginal controlled organisations*

## 1. The level of need

- a. Additional government investment in housing through NPARIH and other programs has reduced overcrowding in remote Aboriginal and Torres Strait Islander communities:** nationally, the proportion of Aboriginal and Torres Strait Islander people in remote areas living in houses where one or more additional bedrooms are required has fallen from 52% in 2002 to 38% in 2014-15 [1].
- b. Nevertheless, the housing situation for remote Aboriginal and Torres Strait Islander communities remains very poor.** For example:
- nationally nearly half (46%) of Aboriginal and Torres Strait Islander people over 15 in very remote areas live in houses where one or more additional bedrooms are required; two in five (41%) live in houses with major structural problems; and over a third (35%) live in houses with facilities that are not available or do not work [1]. See *Figure 1* for details; and
  - improvements have been offset by population increases. While outside the period covered by NPARIH, it is instructive that in the Northern Territory between 2001 and 2011 the proportion of Aboriginal people living in overcrowded houses fell, but the actual number of such people rose slightly [2].
- c. The level of need remains particularly high in the Northern Territory,** where over half (52%) of Aboriginal and Torres Strait Islander people live in overcrowded houses [1]. See *Figure 2*.
- d. Investments in housing must take account of expected future increases in the Aboriginal and Torres Strait Islander population.** In Central Australia alone, the Aboriginal population is forecast to increase by over 2,500 (from around 17,250 to 19,800) from 2016 to 2026; in the next twenty-five years the Northern Territory Aboriginal population is set to increase by around 34,000 people (from around 74,000 in 2016 to 108,000 in 2041) [3].

## 2. The link between housing and health / wellbeing

It is not the purpose of this paper to present a detailed review of the literature linking health and housing. Nevertheless, there are a few important links which we would like to emphasise which are commonly observed at the community level in Central Australia and supported by the evidence. In particular, sustained investment in culturally appropriate, well-maintained housing is required to:

- a. support early childhood development.** Given the fact that early childhood development is now known to set the foundations for physical health and social and emotional wellbeing across the lifespan, a recent study that looked at the association between housing and child development in the Australian context is highly significant [4]. It finds that '*Indigenous children live in starkly inferior housing circumstances [compared to] non-Indigenous children*' and that overcrowding and poor living conditions contribute to their poorer physical and socio-emotional outcomes, concluding that '*improvements in housing can be expected to translate into gains in child development outcomes for Indigenous children*' (p52-3). This is consistent with an association between lower housing standards and decreased school attendance observed in Northern Territory remote Aboriginal communities [5].

- b. address mental health and social issues including suicide and family violence.** Insecure or overcrowded housing is associated with a range of mental health issues such as depression, anxiety and suicide [6]. The social stress associated with over-crowding may also be a contributor to family and sexual violence [7, 8]. In 2012-13, one in ten Aboriginal and Torres Strait Islander adults reported overcrowded housing as a stressor in their lives [9].
- c. promote physical health.** A range of communicable diseases are associated with overcrowded and/or poorly maintained housing, including bacterial ear infections and scabies, Rheumatic Heart Disease, trachoma and bronchiectasis. Recurrent infections can undermine healthy childhood development and educational outcomes and contribute to the development of chronic disease in later life [7].
- d. reduce the burden of disease from smoking.** Poorly designed, overcrowded houses increase the exposure of the family to tobacco smoke, with increased risk of respiratory disease and (for children and babies), heightened risk of Sudden Infant Death Syndrome, asthma, and ear infections [10].
- e. reduce Particulate Matter (PM) exposure.** Particulates in dust and smoke (from bushfires or wood fires for cooking) are associated with a range of respiratory and other conditions, particularly in children. Poorly designed and maintained houses and lack of investment in community infrastructure (e.g. sealing of roads, vegetation of public spaces) contributes to increased exposure to such particulates [11].

### 3. Ensuring appropriate and sustainable housing

Building and maintaining houses in remote Aboriginal communities and town camps is a necessary but expensive investment. Given this, it is critical that the health and social returns on that investment are maximised. In the Central Australian context this means ensuring that housing:

- a. is designed to fit with local Aboriginal ways of living.** There are some general cultural rules which can be expected to affect the design and placement of houses in remote Aboriginal communities and/or town camps. These might require the provision of outside living areas, space for extended families and visitors, second bathrooms etc., supported by access to well maintained public facilities. However, each community has its own very specific history, ways of living, relationships to land, and social relationships, so the design and placement of effective housing require close collaboration and consultation with each community.
- b. is well-constructed.** Unfortunately, poor supervision and the use of low quality materials often means that many remote community houses are poorly constructed, resulting in numerous negative health, safety and social impacts. Independent oversight of certification and completion processes is therefore essential [12].
- c. includes adequate resources for repairs and maintenance.** Only a small minority of damage to remote Aboriginal houses is through deliberate vandalism – the high need for repairs and maintenance is overwhelmingly the result of poor construction, overcrowding, and poor design [13]. Adequate resources for and prompt response to the need for repairs and maintenance (especially for food storage and preparation, electricity, water and sewerage) is essential or houses will undermine rather than protect and support health and wellbeing.

- d. takes account of the needs of local Aboriginal health staff.** Provision of safe, functional houses for these staff is an important way to support their important role in the effectiveness of local primary health care services.

#### 4. Policy and service delivery that supports positive results

While continued investment in new housing is required, the NPARIH funding since 2008 has helped reduce overcrowding in remote Aboriginal communities. Unfortunately, the success of the program has been undermined by poor policy processes and service delivery structures. In particular, the abolition of Indigenous Community Housing Organisations (ICHOs) and transfer of housing stock to the NT Government has resulted in [14]:

- a. limited and ineffective consultation** with communities about their housing needs;
- b. disempowerment of local communities** in decision-making about housing, coupled with lack of flexibility and transparency in decision-making;
- c. lack of clear processes and responsibilities for repairs and maintenance** leading to excessive delays meaning that many houses fail to meet the standards necessary for healthy living;
- d. limited employment opportunities for local Aboriginal people** in the management of housing stock, the construction of houses, or repairs and maintenance;
- e. culturally inappropriate policies and procedures** that do not take account of local Aboriginal ways of living coupled with inadequate support for housing residents; and
- f. lack of attention to the specific needs of homelands / outstations and town camps.**
- g. conflicts of interest in monitoring of building standards and housing maintenance** as the Northern Territory Government has responsibility for monitoring its own work<sup>1</sup>.

Accordingly, along with an increased and ongoing investment in remote Aboriginal housing, a way forward in the Northern Territory must include

- a. the re-establishment of Aboriginal community-controlled housing organisations,** to take manage new and existing housing stock in such a ways as to maximise the health and wellbeing returns on housing investments. The success of regionally-based Aboriginal community controlled health services demonstrates that such organisations, with appropriate support and regulation, will be the most effective way of delivering and maintaining effective and sustainable housing solutions through:
  - sound financial planning and management systems, with ongoing resources and expertise to support these;

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<sup>1</sup> The public health risks arising from this conflict of interest became evident to Congress recently when a NT government childcare centre transferred to Congress was found to have exposed asbestos fibres in the building and probably lying above ground in the back yard (we are awaiting the results of independent testing on probable asbestos).

- facilitating genuine community involvement in planning the location and design of houses;
  - developing a responsive, competent and cost effective maintenance system; and
  - training and employment of local Aboriginal staff in construction, maintenance and management;
  - implementing regional approaches that understand the relationships between remote communities, and between them and town camps.
- b. establishment of an NT Aboriginal Community Controlled Housing Body**, to provide a peak role for Aboriginal housing organisations and support the development of the Aboriginal community housing sector, including through collaborative planning with the Australian and Northern Territory Governments alongside Aboriginal community representatives. The Aboriginal Housing NT (AHNT) Committee established by Aboriginal Peak Organisations of the Northern Territory (APONT)<sup>2</sup> includes representation from 13 Aboriginal communities, homelands, outstations and regional centres and should be supported as the Aboriginal community representative body at this level, including to guide the development and implementation of the new policies in Aboriginal housing.
- c. regular collection of data on housing stock and overcrowding** in communities to monitor implementation and drive strategic investment and planning by the NT-wide decision-making body. This needs to include quantitative data (for example, overcrowding levels, population and housing numbers, proportions of houses needing major repairs, asbestos register) with qualitative data based on local / regional community knowledge (for example to take account of which communities relate to each other and to which town camps, and levels of need at a community level (for example, which houses / areas / town camps receive visitors, how many and when?).
- d. environmental health officers in independent Aboriginal controlled organisations.** The role of monitoring the quality of work done in building, repairing and maintaining houses should be done by positions that are funded for this purpose with the legislative powers to undertake the role. Such positions should be independent, located in Aboriginal controlled organisations that are not responsible for the building, repairs and maintenance of housing.

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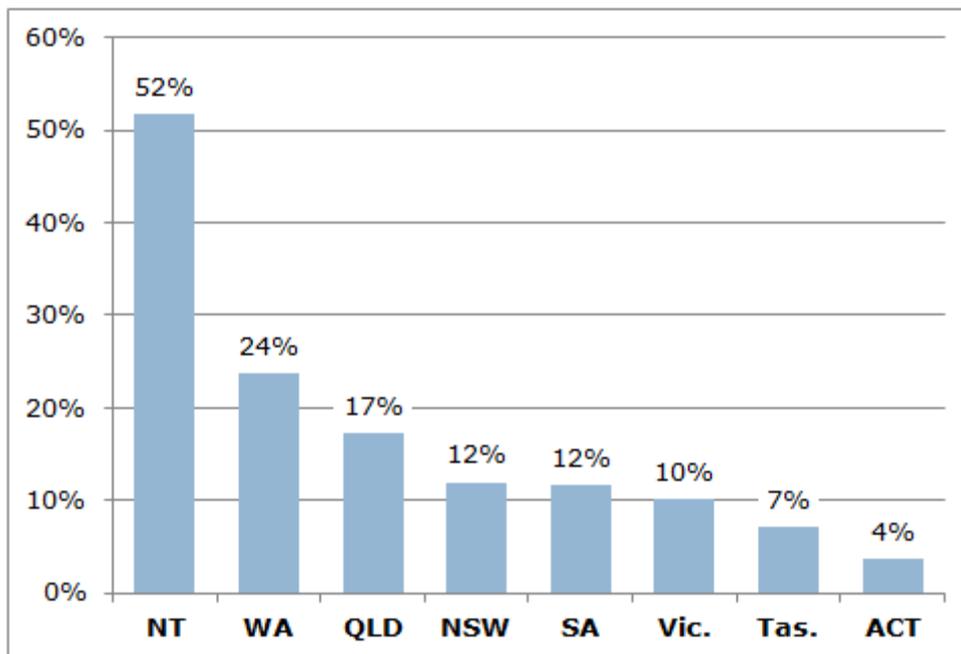
<sup>2</sup> APONT is an alliance between the Northern Land Council (NLC), Central Land Council (CLC), Aboriginal Medical Services Alliance Northern Territory (AMSANT), North Australian Aboriginal Justice Agency (NAAJA) and Central Australian Aboriginal Legal Aid Service (CAALAS).

## Figures

**Figure 1: Proportion of Aboriginal and Torres Strait Islander people in Australia by household overcrowding / functioning (2014-15) [1]**

	Remote	Very Remote	All remote
<b>One or more additional bedrooms required</b>	24.2	46.2	38.2
<b>Two or more additional bedrooms required</b>	14.0	28.7	22.9
<b>Has major structural problems</b>	26.0	41.0	35.8
<b>Has facilities that are not available or do not work</b>	15.3	34.8	27.7

**Figure 2: Proportion of Aboriginal and Torres Strait Islander people living in houses where one or more additional bedrooms required, by State / Territory (2014-15) [1]**



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