



Central Australian
Aboriginal Congress
ABORIGINAL CORPORATION | ICN 7823

Discussion Paper: Housing and Health

March 2018

Central Australian Aboriginal Congress

Central Australian Aboriginal Congress is an Aboriginal community controlled health service based in Alice Springs in the Northern Territory. Since our establishment in 1973, we have developed a comprehensive model of primary health care delivering quality, evidence-based services on a foundation of cultural appropriateness. Led by our Board, we have developed extensive expertise on approaches to health service policy and delivery that take account of the social and cultural determinants of health, including poverty, housing, and early childhood development.

Purpose of this paper

Congress has produced this paper as a contribution to the evidence base around Aboriginal housing in the Northern Territory. We acknowledge and respect the expertise of the many other organisations involved in Aboriginal housing, and especially the Aboriginal organisations providing housing, land and infrastructure services and the peak bodies that represent those sectors.

What we believe we can contribute as an Aboriginal community controlled health service is a perspective on housing as a social determinant of health and wellbeing. We have developed this paper in the hope that our perspective can be helpful in developing a collaborative cross-sectoral approach to housing that works for Aboriginal people and supports them to live healthy lives.

We welcome feedback on this paper and the ideas and evidence it contains; please see our contact details at the end of the document.

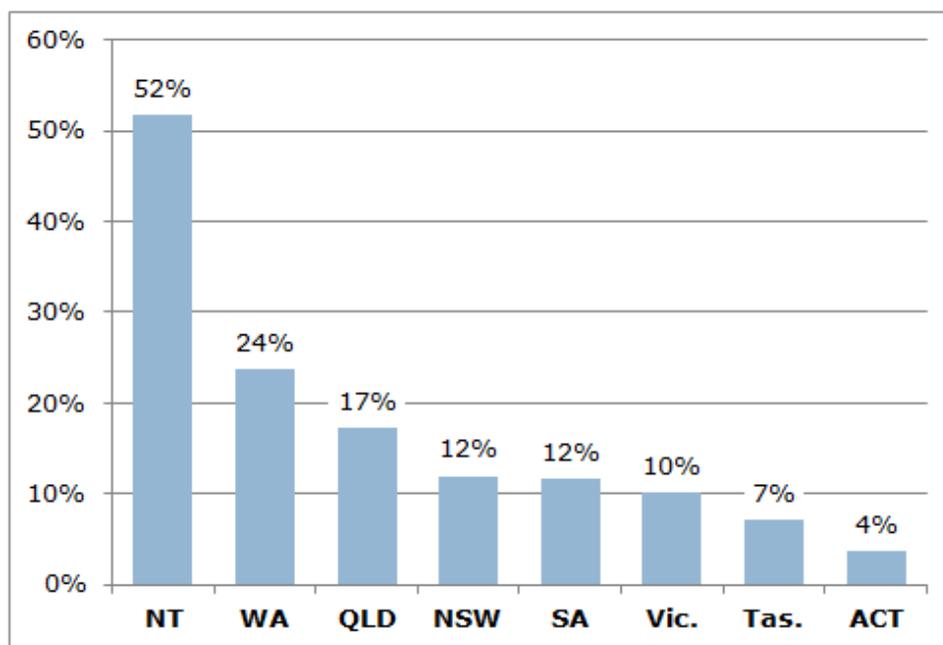
Background

Housing and overcrowding

Over the last decade, additional government investment in housing through programs such as the National Partnership Agreement on Remote Indigenous Housing (NPARIH) has reduced housing overcrowding in Aboriginal Australia. Nevertheless the housing situation for Aboriginal communities remains very poor, particularly in remote areas and in the Northern Territory. In 2008, nearly three in every five (57%) Aboriginal Territorians were living in overcrowded houses¹; this has improved but still over half (52%) were in overcrowded houses in 2014 [1] (Figure 1).

¹ Overcrowded houses are houses where one or more additional bedrooms are required.

Figure 1: Proportion of Aboriginal and Torres Strait Islander people living in overcrowded houses, by State / Territory (2014-15)



Population growth

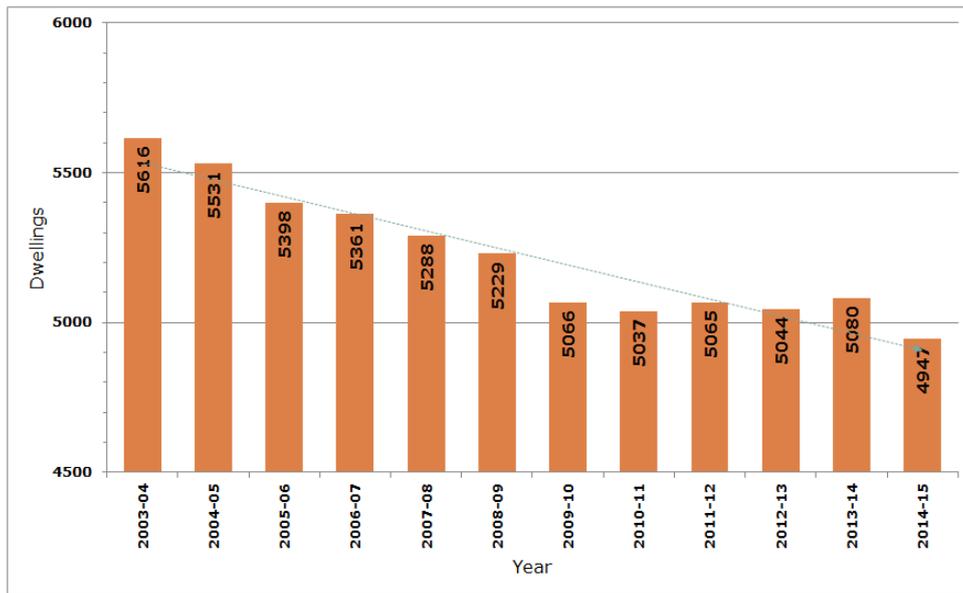
The increased investment in recent years has been offset by population increases. For example, in the Northern Territory between 2001 and 2011 the proportion of Aboriginal people living in overcrowded houses fell, but the actual number of such people rose slightly [2]. It is important, therefore, that funding for housing take account of expected future increases in the 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].

Public housing

While government has increased investment in remote housing, there has been a reduction in urban public housing stock – in the twelve years to 2014-15, there was a 12% decline in the number of public housing dwellings available for low-income families in the Northern Territory [4] (Figure 2).

In some cases this is due to the transfer of public housing stock from government to non-government providers, but is also due to public housing being sold to private developers, leading to substantial increases in the number of families (most of them Aboriginal) on the waiting list for public housing in urban areas of the Northern Territory (a 72% increase in families on the public housing waitlist in Greater Darwin and Alice Springs, between 2000 and 2015) [4].

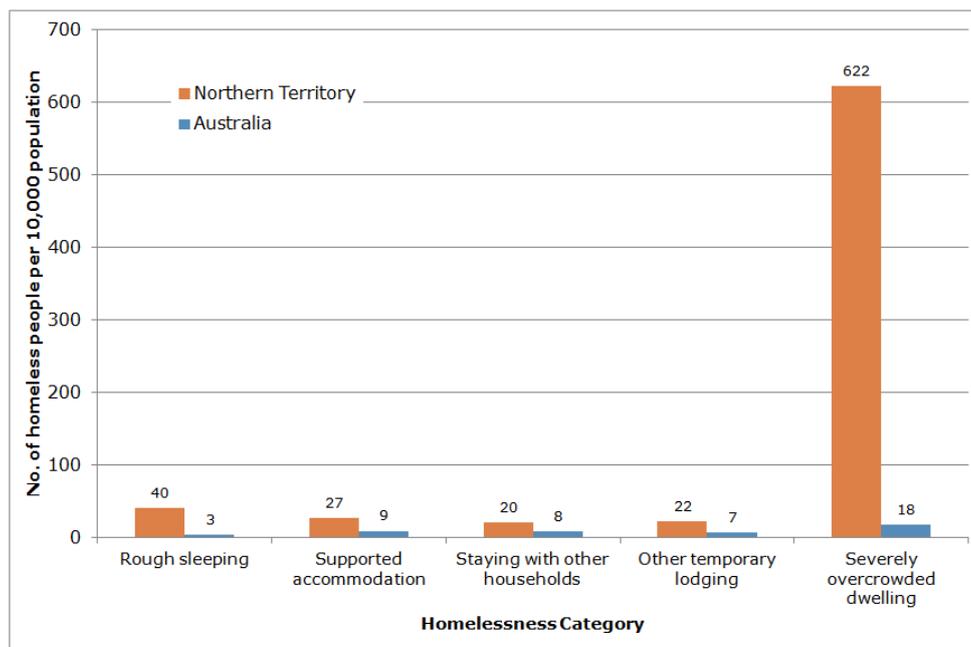
Figure 2: Northern Territory Public Housing Stock: Number of dwellings, 2003-04 to 2014-15



Homelessness

Homelessness is a significant problem for Aboriginal people in the Northern Territory: at the time of the 2011 Census, one in four (25% or about 14,000) Aboriginal people were classified as homeless in the jurisdiction [5]. In understanding this figure, it is important to note that the great majority of those people (92%) were living in severely overcrowded houses², with the rest being in supported accommodation, improvised shelters, or sleeping out [6] (Figure 3).

Figure 3: NT and national comparisons of people experiencing homelessness by homeless category



² Severely overcrowded houses are houses where four or more additional bedrooms are required

This also indicates how Aboriginal culture and ways of living reduces the number of people who are without a home altogether – in many cases, Aboriginal people without housing are likely to stay with family. This adds to overcrowding in many dwellings and may also lead to whole families becoming homeless, for example if they thus breach public housing or private rental conditions [7].

The link between housing and health / wellbeing

There is a huge literature on the link between health and housing, and this paper doesn't aim to describe them all³. Nevertheless, there are a few important links which are commonly observed at the community level in Central Australia and supported by the evidence which should be useful for service delivery organisations and policy makers.

- 1. Early childhood development.** A child's experience in the first few years of life is 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 [8]. 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 [9].
- 2. Mental health and social and emotional wellbeing.** Insecure or overcrowded housing is associated with a range of mental health issues such as depression, anxiety and suicide [10]. The social stress associated with over-crowding may also be a contributor to family and sexual violence [11, 12]. In 2012-13, across Australia one in ten Aboriginal and Torres Strait Islander adults reported overcrowded housing as a stressor in their lives [13].
- 3. 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, and bronchiectasis. Recurrent infections can undermine healthy childhood development and educational outcomes and contribute to the development of chronic disease in later life [11].
- 4. Exposure to tobacco smoke.** 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 [14]. 12% of the burden of disease that the Australian Aboriginal and Torres Strait Islander population experienced in 2011 is caused by tobacco use [15].
- 5. Exposure to smoke and dust.** Particulates in dust and smoke (from bushfires, burning of rubbish, or cooking fires) 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 [16].

³ Healthhabitat's *Housing for Health – the guide*, is a directory giving detailed guidance on designing, building and maintaining the living environment to improve safety and health especially in remote Aboriginal communities. It is available at: <http://www.housingforhealth.com/>

Housing solutions

Meeting housing needs across the diversity of Aboriginal communities in the Northern Territory is highly complex, with a large number of factors to be taken into consideration. However, Congress supports the following strategies in particular as they impact most directly on the health and wellbeing of Aboriginal families.

- 1. Housing that is designed to fit with local Aboriginal ways of living.** Local Aboriginal cultural rules will affect the design and placement of houses in 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. Each community has its own specific history, ways of living, relationships to land, and social relations, so the design and placement of housing requires close collaboration and consultation with each place.
- 2. Houses that are well-constructed to support health and wellbeing.** Poor supervision and the use of low quality materials often means that many Aboriginal community houses are poorly constructed, resulting in numerous negative health, safety and social impacts. Independent oversight of certification and completion processes is therefore essential [17]. Housing must also include adequate, safe and affordable access to essential utilities such as clean water, electricity, and waste disposal; and facilities for the safe storage and preparation of food.
- 3. Funding that includes adequate resources for repairs and maintenance.** The high need for repairs and maintenance in Aboriginal housing is overwhelmingly the result of poor design / construction and overcrowding [18]. 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. Particular attention is needed on the identification, registration and safe removal of asbestos in Aboriginal community housing.
- 4. Access to affordable, appropriate social housing that takes accounts of the needs of Aboriginal families.** Increasing housing stock is important to meet the long and increasing waitlists for social housing. In addition, as nearly three-quarters (72%) of public housing households are Aboriginal [19], housing design, eligibility rules and tenancy conditions must be appropriate to Aboriginal ways of living, and be flexibly implemented in order to support stable tenancies as the basis of family wellbeing.
- 5. Integrated housing, health and social and emotional wellbeing services.** Many Aboriginal families in remote or social housing are significantly disadvantaged, and may face difficulties with alcohol and substance abuse, poverty, access to education, ill health, and mental health / social and emotional wellbeing. Integrated approaches (using, for example, a case-management model) are needed so that local service providers (e.g. housing providers, health services, child protection, family violence services, police) are able to work collaboratively to address the holistic needs of those Aboriginal families that require support.
- 6. Housing that meets the needs of local Aboriginal health staff.** Provision of safe, functional houses for all staff in remote communities is an important way to support their important role in the effectiveness of local health care services.

Policy to support health and wellbeing

Government investment since 2008 has helped reduce overcrowding, especially in remote Aboriginal communities. Unfortunately, at the same time a number of government policy reforms have undermined the health and wellbeing benefits that could be expected to flow from the increased investment. The cuts in urban public housing stock have been described above (see page 2); alongside these cuts came the abolition of Indigenous Community Housing Organisations (ICHOs) and transfer of housing stock to the NT Government. This has resulted in the disempowerment of local communities in decision-making; poor processes for repairs and maintenance such that many houses fail to support healthy living; limited employment opportunities for local Aboriginal people; culturally inappropriate policies and procedures; and conflicts of interest in monitoring of building standards and housing maintenance [20].

Accordingly, Congress advocates for a housing system in the Northern Territory that supports the health and wellbeing of Aboriginal families by including the following.

1. Increased investment in housing for both remote and urban areas as an important underpinning strategy to 'close the gap' in health and well-being for Aboriginal families. An supply of culturally appropriate, well-maintained housing appropriate to the needs of the population will:

- support early childhood development, including school attendance;
- help address mental health and social and emotional wellbeing 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.

2. Maximising the the health and social returns on housing for families in the Northern Territory through:

- housing that is designed to fit with local Aboriginal ways of living;
- houses that are well-constructed to support health and wellbeing and that include adequate and affordable access to essential services
- funding programs that include adequate resources for repairs and maintenance, including the safe removal of asbestos where needed;
- access to affordable, appropriate social housing that takes accounts of the needs of Aboriginal families
- integrated housing, health and social and emotional wellbeing services; and
- housing that meets the needs of local Aboriginal health staff.

3. The re-establishment of Aboriginal community-controlled housing organisations, to take manage new and existing housing stock in a way that maximises 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;
- 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.

4. Establishment of well-resourced, regular, collaborative NT-wide decision-making processes, including 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)⁴ includes representation from thirteen Aboriginal communities, homelands, outstations and regional centres and should be supported as the Aboriginal community representative body at this level.

5. Regular collection of data and reporting on housing stock and overcrowding to monitor implementation and drive strategic investment and planning by the NT-wide decision-making processes. This needs to include regularly collected and publicly available quantitative data (for example, on overcrowding levels, population and housing numbers, proportions of houses needing major repairs, and an accurate asbestos register) with qualitative data based on local / regional community knowledge.

6. Environmental health officers in independent Aboriginal 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 organisations that are not responsible for the building, repairs and maintenance of housing.

Contact for feedback

Congress welcomes feedback on this paper. If you would like to comment, contact:

Dr John Boffa (Chief Medical Officer Public Health)
Phone: (08) 8951 4401
Mobile: 0418 812141
Email: john.boffa@caac.org.au

⁴ 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).

Notes

1. Australian Bureau of Statistics (ABS). 4714.0 - *National Aboriginal and Torres Strait Islander Social Survey, 2014-15*. 2016 [2 February 2017]; Available from: <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/4714.02014-15?OpenDocument#Publications>.
2. Australian Institute of Health and Welfare (AIHW), *Housing circumstances of Indigenous households: tenure and overcrowding*. 2014, AIHW: Canberra.
3. Northern Territory Department of Treasury and Finance, *Northern Territory Population Projections Main Update (2014 Release)*. 2014: Darwin.
4. NT Shelter, *NT Shelter Housing Factsheets - Ten Year Housing Affordability Report Card*. 2016, NT Shelter: Darwin.
5. Australian Institute of Health and Welfare, *Homelessness among Indigenous Australians*, in *Cat. no. IHW 133*. 2014, AIHW: Canberra.
6. NT Shelter, *Resetting the Homelessness and Housing Button for the Northern Territory? Parity 2016*. **29**(8): p. 34-35.
7. Australian Housing and Urban Research Institute, *Indigenous homelessness*, in *AHURI Research and Policy Bulletin Issue 134*. 2010, AHURI: Melbourne.
8. Dockery A M, et al., *Housing and children's development and wellbeing: evidence from Australian data*, . 2013, Australian Housing and Urban Research Institute Melbourne.
9. Silburn S, et al., *Unpacking Educational Inequality in the Northern Territory*, in *Research Conference 2014: Quality and Equity*. 2014.
10. Reeves A, et al., *Reductions in the United Kingdom's Government Housing Benefit and Symptoms of Depression in Low-Income Households*. *American Journal of Epidemiology*, 2016. **184**(6): p. 421-429.
11. Bailie R S and Wayte K J, *Housing and health in Indigenous communities: key issues for housing and health improvement in remote Aboriginal and Torres Strait Islander communities*. *Aust J Rural Health*, 2006. **14**(5): p. 178-83.
12. Wild R and Anderson P, *Little Children are Sacred: Report of the Northern Territory Board of Inquiry into the Protection of Aboriginal Children from Sexual Abuse*. 2007, Northern Territory Government: Darwin.
13. Steering Committee for the Review of Government Service Provision (SCRGSP), *Overcoming Indigenous Disadvantage: Key Indicators 2014*, P. Commission, Editor. 2014, Commonwealth of Australia: Canberra.
14. Thomas D P and Stevens M, *Aboriginal and Torres Strait Islander smoke-free homes, 2002 to 2008*. *Australian and New Zealand Journal of Public Health*, 2014. **38**(2): p. 147-153.
15. Australian Institute of Health and Welfare, *Australian Burden of Disease Study: Impact and causes of illness and death in Aboriginal and Torres Strait Islander people 2011*, in *Australian Burden of Disease Study series no. 6. Cat. no. BOD 7*. 2016, AIHW: Canberra.
16. Clifford H D, et al. *Environmental health challenges in remote Aboriginal Australian communities: clean air, clean water and safe housing*. *Australian Indigenous Health Bulletin* 15(2) 2015; Available from: <http://healthbulletin.org.au/articles/environmental-health-challenges-in-remote-aboriginal-australian-communities-clean-air-clean-water-and-safe-housing>.
17. Pholeros P and Phibbs P, *Constructing and maintaining houses*. 2012, Australian Institute of Health and Welfare & Australian Institute of Family Studies: Canberra / Melbourne.
18. Ware V-A, *Housing strategies that improve Indigenous health outcomes*. 2013, Australian Institute of Health and Welfare & Australian Institute of Family Studies: Canberra / Melbourne.
19. Northern Territory Department of Housing, *Annual Report 2015-16*. 2016, Northern Territory Government: Darwin.
20. Aboriginal Peak Organisations of the Northern Territory. *Aboriginal Remote Housing Forum*. 2015. Darwin: APONT / NT Shelter / Central Australian Affordable Housing Company.