



Central Australian
Aboriginal Congress
ABORIGINAL CORPORATION | ICN 7823

Submission in response to the

National Housing and Homelessness Plan Issues Paper

October 2023

**Central Australian Aboriginal Congress
Aboriginal Corporation**

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***Aboriginal health
in Aboriginal hands.***

Recommendations

Recommendation 1. Increased investment in housing for both remote and urban areas as an important underpinning strategy to close the gap in health and wellbeing for Aboriginal families.

A 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.

Recommendation 2. Maximise 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, and
- Integrated housing, health and social and emotional wellbeing services.

Recommendation 3. Continued commitment to Aboriginal community-controlled housing organisations (such as Aboriginal Housing NT / AHNT), to manage new and existing housing stock in a way that maximises the health and wellbeing returns on housing investments. This is in alignment with the Closing the Gap Priority Reform Two: *Building the Community-Controlled Sector*.

Recommendation 4. Establishment of well-resourced, regular, collaborative NT-wide decision making processes, including the Australian and Northern Territory Governments alongside Aboriginal community representatives, equivalent to the NT Aboriginal Health Forum structure that exists in the health sector. AHNT should be supported as the Aboriginal community representative body at this level.

Recommendation 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 (e.g. 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. This is in alignment with Closing the Gap Priority Reform Four: *Shared Access to Data and Information at a Regional Level*.

Recommendation 6. Environmental health officers in 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.

Recommendation 7. Substantially improving community housing to ensure that public housing and housing in Aboriginal communities meet the challenges of changing environmental conditions, including:

- Maximising energy efficiency (e.g. insulation, external shading, cross-ventilation)
- Use of resilient building materials
- Energy and water efficient appliances and fixtures
- Installation of appropriate air conditioning

Note

* In this document we use the term 'Aboriginal' as the most appropriate term in the Central Australian context to refer to Australia's First Peoples.

Central Australian Aboriginal Congress

1. Central Australian Aboriginal Congress (Congress) is a large Aboriginal Community Controlled Health Service (ACCCHS) based in Mparntwe (Alice Springs). Established 50 years ago, Congress is one of the most experienced organisations in the country in Aboriginal health, a national leader in primary health care, and a strong advocate for the health of our people. Congress delivers services to more than 17,000 Aboriginal people living in Mparntwe and remote communities across Central Australia including Ltyentye Apurte (Santa Teresa), Ntaria (Hermannsburg), Wallace Rockhole, Utju (Areyonga), Mutitjulu, Amoonguna, Imanpa, Kaltukatjara (Docker River), and Yulara.
2. Since the 1970s, we have developed a comprehensive model of primary health care that includes:
 - Multidisciplinary clinical care;
 - Health promotion and disease prevention programs; and
 - Action on the social, cultural, economic and political determinants of health and wellbeing.
3. This submission primarily responds to the following consultation questions:
 - Q1. *How can governments and community service providers reduce homelessness and/or support people who may be at risk of becoming homeless in Australia?*
 - Q2. *How can governments, across all levels, best work with communities to support better housing outcomes for Aboriginal and Torres Strait Islander people?*
 - Q6. *How can governments, the private and community sectors, help to improve sustainable housing and better prepare housing for the effects of climate change?*

History and context

4. Central Australian Aboriginal Congress began at a meeting on 9 June 1973. Our first service was a 'Tent Program' to provide shelter to Aboriginal people coming into Alice Springs for medical care and to access other essential services.
5. Our submission in response to the National Housing and Homelessness Plan Issues Paper has been developed based on decades of advocacy by Congress on the social determinants of health, of which housing is a fundamental pillar. Over many years, Congress has written submissions to governments urging community-driven action on the factors essential for good health and economic and social participation. Housing is constantly raised by Congress as an issue impacting on health that governments must work to address. Some of these submissions made by Congress with recommendations addressing housing as a social determinant of health include:
 - *Submission to the Australian Government's development of a National Health and Climate Strategy (2023)*¹
 - *Submission into the Inquiry into Community Safety, Support Services and Job Opportunities in the Northern Territory (2022)*²

- *Submission in response to the draft of the 10-Year Generational Strategy for Children and Families in the Northern Territory (2021)*³
- *Submission to the National Climate Resilience and Adaptation Strategy (2021)*⁴
- *Response to Protecting Australia’s Children Discussion Paper (2021)*⁵
- *Congress Food Security Position Statement (2021)*⁶
- *Submission to the National Preventive Health Strategy (2020)*⁷
- *Discussion Paper: Housing and Health (2018)*⁸
- *Input into the Closing the Gap Refresh Process (2018)*⁹
- *Response to the Draft National Alcohol Strategy 2018-2026 (2018)*¹⁰
- *Input into Remote Indigenous Housing Review (2017)*¹¹
- *Submission to the Northern Territory Alcohol Policies and Legislation Review (2017)*¹²
- *Submission to the Independent Inquiry into Regional, Rural and Remote Education (2017)*¹³
- *Rebuilding Family Life in Alice Springs and Central Australia: the social and community dimensions for change for our people (2011)*¹⁴

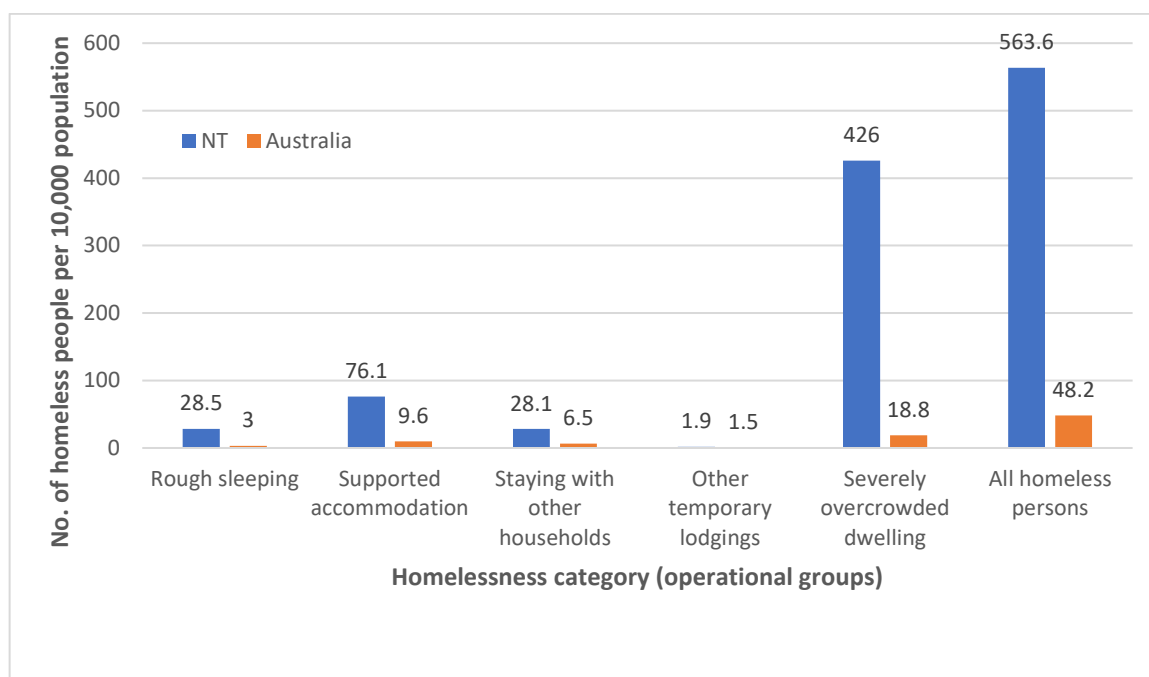
6. Much of the content provided in this submission has been drawn from our 2018 *Discussion Paper: Housing and Health*, with updated data provided where it exists.

Addressing homelessness and overcrowding

Response to consultation question 1. How can governments and community service providers reduce homelessness and/or support people who may be at risk of becoming homeless in Australia?

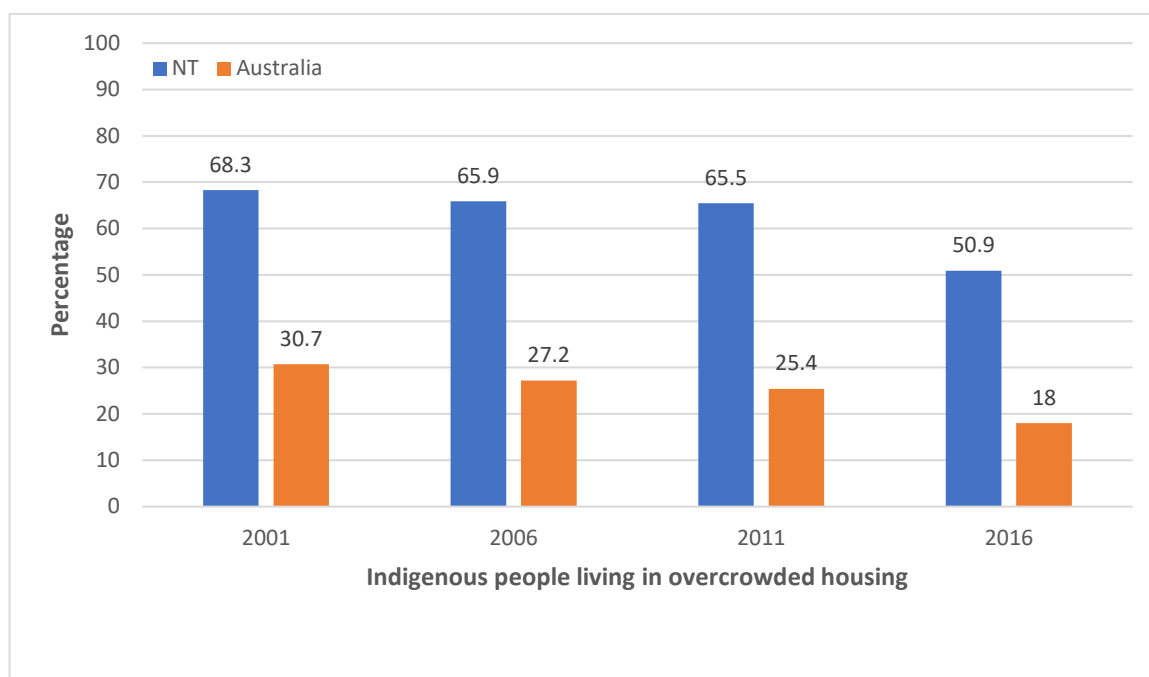
7. Homelessness is a significant problem experienced by Aboriginal people in the Northern Territory. Aboriginal and Torres Strait Islander Territorians experience the highest rates of homelessness in Australia at 1,865 people per 10,000.¹⁵ Further to this, according to the 2021 Census, Aboriginal and Torres Strait Islander people make up 87 per cent of homeless persons in the NT,¹⁶ which results in a significant overrepresentation. Of those experiencing homelessness in the NT, more than three quarters (76 per cent) were living in severely overcrowded dwellings at a rate far exceeding that of Australia overall, as shown in the figure below.¹⁷

Figure 1: NT and national comparisons of people experiencing homelessness by category (operational groups), 2021



8. While homelessness and risk of homelessness is a problem across the NT, it is especially serious in very remote areas with three-quarters of homeless or marginally housed people living in these areas. Aboriginal people in remote areas are more likely than those in non-remote areas to be living in houses that are unfit for living in. These include houses with significant structural problems, that lacked basic household facilities, or that did not meet acceptable standards.¹⁸
9. A home is more than just shelter – it is also where people are safe, secure, happy and healthy by being connected with family, community and Country. For Aboriginal people, being homeless or house-less can mean sleeping rough on the streets or other public spaces, or staying in overcrowded houses usually with other family. Maintaining an open household, and connecting and sharing with visiting family members is a core element of many Aboriginal households; however, persistent overcrowding places additional pressure on families and infrastructure.
10. To make things harder, Aboriginal people face greater levels of disadvantage on the range of factors directly correlated with homelessness, such as poverty, unemployment, education levels and poor health. Additionally, the legacy of disempowering government policies over many decades has put pressure on Aboriginal family and kinship networks, which have traditionally provided support to family members in need.
11. Over the past decade, additional government investment in housing through programs such as the National Partnership Agreement on Remote Indigenous Housing (NPARIH) has seen slight reductions in overcrowding in Aboriginal Australia. Nevertheless the housing situation for Aboriginal communities remains very poor, particularly in remote areas and in the NT. In remote Central Australia, 42 per cent of households were reported in 2021 as being overcrowded (that is, needing one or more bedroom); this is a marginal improvement from 2001 when the proportion was 49 per cent of households.^{19 20}
12. Despite the gradual decrease in the proportion of Aboriginal people in the NT living in overcrowded houses since 2001, the region still experiences a significantly higher rate of Indigenous overcrowding than the national proportion (figure 2):

Figure 2: Aboriginal people living in overcrowding in the NT, comparison with national rate (2001, 2006, 2011, 2016)



13. Overcrowding, homelessness and poor housing condition have significant impacts on the health and wellbeing of Aboriginal people. There is a substantial literature on the link between health and housing with many of these links observed at a community level in Central Australia and supported by the evidence. These are described in the points that follow.
14. **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. In a study that looked at the association between housing and child development in the Australian context, it found that ‘*Indigenous children live in starkly inferior housing circumstances [compared to] non-Indigenous children*’²¹ and that overcrowding and poor living conditions contribute to poorer physical and social-emotional outcomes experienced by Indigenous children. This report concludes that ‘improvements in housing can be expected to translate into gains in child development outcomes for Indigenous children’²². This is consistent with an association between lower housing standards and decreased school attendance observed in NT remote Aboriginal communities.²³
15. **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.²⁴ The social stress associated with overcrowding may also be a contributor to family and sexual violence.^{25 26 27 28} Changes in the way data has been collected related to the impact of overcrowding as a stressor for Aboriginal and Torres Strait Islander people limits the ability to assess the harm attributed to overcrowding for Aboriginal people and track this over time;²⁹ previous data from 2012-13 suggested that overcrowded housing was reported as a stressor for one in ten Aboriginal and Torres Strait Islander adults.³⁰
16. **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 (RHD)³¹, acute post-streptococcal glomerulonephritis (APSGN)³² and bronchiectasis. Recurrent infections can undermine healthy childhood development and educational outcomes and contribute to the development of chronic disease in later life.³³ Further, the COVID-

19 pandemic highlighted the disproportionate risk experienced by Aboriginal people due to overcrowded and inadequate housing.

17. **Environmental health.** Poorly designed, overcrowded houses increase the exposure of occupants to smoke and dust, including tobacco smoke. 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 of such particulates.³⁴ Exposure to tobacco smoke is associated with increased risk of respiratory disease and, for children and babies, heightened risk of Sudden Infant Death Syndrome, asthma and ear infections.³⁵ Tobacco use is responsible for 12 per cent of, and is the leading risk factor contributing to, the total burden of disease among Aboriginal people.³⁶

Recommendation 1. Increased investment in housing for both remote and urban areas as an important underpinning strategy to close the gap in health and wellbeing for Aboriginal families.

A 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
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Supporting better housing outcomes for Aboriginal people

Response to consultation question 2. How can governments, across all levels, best work with communities to support better housing outcomes for Aboriginal and Torres Strait Islander people?

18. Meeting housing needs across the diversity of Aboriginal communities in the Northern Territory is complex. The following strategies have been proposed by Congress in our 2018 *Discussion Paper: Housing and Health* as they impact most directly on the health and wellbeing of Aboriginal families.

- **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 of extended families and visitor, 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.
- **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.³⁷ 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.

- **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.³⁸ 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.
- **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 a significant proportion of public housing households are Aboriginal (65% of tenancies in Alice Springs; 87% of tenancies in Tennant Creek; 71% of tenancies in Katherine; and 46% of tenancies in Darwin),³⁹ 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.
- **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.

19. In terms of the question of whether there may be benefits to having a separate plan for Aboriginal people, it is Congress' view that the overall *Housing and Homelessness Plan* should include a section within it that addresses housing outcomes for Aboriginal and Torres Strait Islander people.
20. Government investment over the past 15 years (since 2008) has seen some marginal reductions in overcrowding in remote Aboriginal communities, as described in paragraph 11 above. However, 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. These factors include deficits in available public housing stock, alongside the abolition of Indigenous Community Housing Organisations (ICHOs) in 2008 and transfer of housing stock to the NT Government.⁴⁰ This 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.⁴¹
21. Accordingly, Congress advocates for a housing system in the NT that supports the health and wellbeing of Aboriginal families as set out in the recommendations below.

Recommendation 2. Maximise 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
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Housing and climate change

Response to consultation question 6. How can governments, the private and community sectors, help to improve sustainable housing and better prepare housing for the effects of climate change?

22. Climate change has been identified by Congress' community-elected Aboriginal Board of Directors as one of the most significant threats to health and wellbeing for Aboriginal people.
23. Aboriginal people did not create climate change, but our peoples are amongst those who are most affected by it. In Central Australia, the impacts of climate change are likely to include:
 - Increased temperatures
 - More hot days, with the number of days per year over 35°C estimated to increase from around 90 currently to an estimated 118 by 2030 and 180 by 2070
 - More variable rainfall (for example, more average rainfall but greater variation of wet and dry periods and continuing droughts)
 - More extreme weather events such as storms, bushfires, cold snaps and heatwaves, and
 - Continued loss of biodiversity including of native fauna and flora which are sacred to Aboriginal people.
24. Whilst climate change affects everyone, the negative effects of climate change pose greater risks to some populations compared to others. Populations at particular risk include those living in poverty, those with pre-existing poor health, those in remote areas, and those living in poor housing. Aboriginal people living in the NT are particularly vulnerable on each of these factors.
25. To mitigate the impacts of climate change, Congress calls for substantial improvements in community and public housing to ensure the following:
 - That public housing and houses in Aboriginal communities are designed to meet the challenges of changing environmental conditions into the future, including increased heat and extreme weather events such as flooding, hail and variations in rainfall.
 - That designs for public housing and houses in remote Aboriginal communities maximise energy efficiency including passive cooling attributes of houses such as insulation, external shading and cross ventilation, as well as use of resilient building materials, energy and water efficient appliances and fixtures and installation of appropriate air conditioning.
 - That public housing is planned for, designed and managed by Aboriginal organisations and embodies the principles and components of climate adaptation and mitigation
 - That construction specifications and building codes are updated to meet the most rigorous standards, are consistent with the local environment and are legally enforced.
 - That the hardware for healthy living is properly and regularly maintained i.e. water supply, pumps, tanks, pipes, valves, taps, hot water systems, tubs and drainage pipes.

- That planning for houses takes into consideration the surrounding environment including yards and public spaces where shade and landscaping can contribute to cooling of houses, extend liveable outdoor spaces and provide safe travel around communities; and
- That infrastructure planning accommodates current and future shifts in seasonal mobility arising from reduced habitability of remote communities during extended hot periods. This might result in more temporary family accommodation options in major centres and increased investment in homeland infrastructure.

Recommendation 7. Substantially improving community housing to ensure that public housing and housing in Aboriginal communities meet the challenges of changing environmental conditions, including:

- Maximising energy efficiency (e.g. insulation, external shading, cross-ventilation)
- Use of resilient building materials
- Energy and water efficient appliances and fixtures
- Installation of appropriate air conditioning

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