



# Central Australian Aboriginal Congress

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Submission to the

House of Representatives Standing  
Committee on Social Policy and Legal Affairs

*Inquiry into homelessness in Australia*

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## Executive Summary

The concept of 'home' for Aboriginal people, and the relationship to kin and Country is central to Aboriginal culture and wellbeing. Despite the extreme challenges of colonisation, Aboriginal people have shown remarkable resilience in nurturing, maintaining and where necessary re-establishing connection to their homelands.

Any approach to addressing the high rates of homelessness in Aboriginal communities must be founded on the rights of Aboriginal peoples as established under international agreements to which Australia is a signatory, including the *United Nations Declaration on the Rights of Indigenous Peoples*.

Nationally, Aboriginal and Torres Strait Islander people are over-represented in the homeless population. The Northern Territory has by far the highest rate of Aboriginal and Torres Strait Islander homelessness in Australia: more than 1 in 5 Aboriginal Territorians were homeless in 2016. Almost 9 out of 10 (88% or over 10,700) are defined as homeless because they live in severely overcrowded dwellings. While homelessness and the risk of homelessness is a problem across the Northern Territory, it is especially serious in very remote areas with three-quarters of homeless or marginally housed people living in these areas.

The primary cause of homelessness in the Northern Territory is the lack of remote and public housing stock to meet the population needs. At the current slow rate of improvement it would take more than seventy years to build the required houses to address Aboriginal homelessness in the Northern Territory.

The incidence of Aboriginal homelessness in the Northern Territory is affected by:

- the protective effect of Aboriginal culture, as many Aboriginal people without a home of their own are able to stay with family and kin;
- the increased investment in the 2008-2018 National Partnership Agreement on Remote Indigenous Housing (NPARIH) which reduced overcrowding and homelessness, although at a slow rate;
- population growth, with the Northern Territory Aboriginal population set to increase by around 34,000 in the twenty-five years from 2016;
- government decisions to significantly reduce public housing stock available for low-income families;
- the reduction in the role of Indigenous Community Housing Organisations (ICHOs) resulting in a public housing system which is less effective in meeting the needs of the Aboriginal community.

Poverty is a significant contributor to homelessness, but in remote areas across Australia both poverty and inequality are worsening for Aboriginal people. Action to reduce poverty is a key primary prevention measure for homelessness.

Family violence is frequently an immediate cause of homelessness. The Northern Territory Government's 2019 package of reforms to deal with high levels of alcohol-related harm has shown very significant reductions in domestic violence

assaults and other measures of harm. These reforms can be expected to assist in addressing the high levels of homelessness in the jurisdiction.

The high rates of homelessness in the Northern Territory is due to inadequate and overcrowded housing. This has significant health and wellbeing effects on Aboriginal people throughout their lives, including:

- increased risk from epidemics such as the current COVID-19 pandemic;
- increased risk of other communicable disease;
- poorer early childhood development, with lower housing standards associated with decreased school attendance in remote Aboriginal communities;
- decreased mental health and social and emotional wellbeing;
- increased exposure to tobacco smoke; and
- increased exposure to smoke and dust.

Meeting housing needs across the diversity of Aboriginal communities in the Northern Territory is highly complex. The following strategies will impact most directly on the health and wellbeing of Aboriginal families:

- ensuring that housing is designed to fit with local Aboriginal ways of living;
- ensuring that houses that are well-constructed to support health and wellbeing;
- funding must include adequate resources for repairs and maintenance;
- 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
- ensuring adequate housing for local Aboriginal health staff.

Aboriginal community-controlled housing services, by understanding local cultural needs and knowing the local Aboriginal community are much more able to provide effective and appropriate housing and homelessness services.

Meeting the housing needs of Aboriginal communities requires data to be regularly collected and made public, to support planning (including identifying areas of greatest need), drive investment, and evaluate policies and programs.

A well-resourced, regular, collaborative NT-wide decision-making body on housing in the Northern Territory that includes representation from the Aboriginal Housing NT (AHNT) Committee of the Aboriginal Peak Organisations of the Northern Territory (APONT) as well as high level representation from the Commonwealth and Northern Territory governments would provide the basis for informed, needs-based collaborative planning to tackle housing and homelessness that includes and respects Aboriginal community experience and knowledge.

A national Aboriginal and Torres Strait Islander Voice to Parliament as recommended in the Uluru Statement would provide an important national forum for the oversight of, advice on and evaluation of Aboriginal homelessness and housing programs.

## Recommendations

1. That any approach to addressing the high rates of homelessness in Aboriginal communities must be based upon the rights to self-determination of Aboriginal peoples as established under international agreements to which Australia is a signatory, including the *United Nations Declaration on the Rights of Indigenous Peoples*.
2. High levels of government investment in culturally appropriate, well-maintained remote housing is critical to addressing the very high rates of Aboriginal homelessness in the Northern Territory. Such investment must be increased and sustained over the long term (beyond the 2018-2023 period of the current *National Partnership for Remote Housing Northern Territory*); guided by genuine Aboriginal community input; and must take account of future population increases.
3. Increased Northern Territory Government provision of urban public housing stock is urgently required to reverse decades of under-investment, to increase the numbers of public housing dwellings available across the Territory, decrease wait times and decrease very high rates of homelessness.
4. Aboriginal community-controlled housing organisations should be resourced to manage new and existing housing stock, with appropriate funding and regulation to support them to provide and manage culturally appropriate housing and reduce homelessness.
5. That the Australian Government commits to reducing poverty and inequality as a key way to prevent homelessness. This commitment should include an increase in the Newstart and similar citizenship entitlements of at least \$75 per week for all participants, and an additional loading on such payments for those in remote or very remote areas to address significantly higher costs of living.
6. To address domestic violence as a key contributor to homelessness, the Australian Government provides leadership for the national adoption of objectively evidenced policy approaches to reducing alcohol-related harm at a whole-of-population level, which include action on price and availability similar to those contained in the successful and world-leading Northern Territory Alcohol Policies and Legislation Reforms.
7. Significantly increased Australian Government investment in housing for Aboriginal communities, especially in remote areas to reduce severe overcrowding, must be a key part of any strategy to protect Aboriginal communities from future pandemics as well as other communicable diseases and other significant health and wellbeing risks

- 8. Government investment to protect and enhance the health and social returns on housing for families in the Northern Territory should include: (a) housing that is designed to fit with local Aboriginal ways of living; (b) houses that are well-constructed to support health and wellbeing and that include adequate and affordable access to essential services; (c) funding programs that include adequate resources for repairs and maintenance, including the safe removal of asbestos where needed; (d) Environmental health officers in independent Aboriginal organisations (e) access to affordable, appropriate social housing that takes accounts of the needs of Aboriginal families; (e) integrated housing, health and social and emotional wellbeing services; and (f) housing that meets the needs of local Aboriginal health staff.**
- 9. The Australian and Northern Territory Governments should invest in Environmental health officers located in independent Aboriginal organisations not responsible for the building, repairs and maintenance of housing to monitor the quality of work done in building, repairing and maintaining houses, with the legislative powers to undertake the role.**
- 10. All Aboriginal housing and homelessness programs should be delivered wherever possible for Aboriginal and Torres Strait Islander community-controlled organisation in recognition of their greater effectiveness in addressing the social, cultural and other needs of the Aboriginal community.**
- 11. The Australian Government should mandate State / Territory collection of data and reporting on housing stock and overcrowding to monitor implementation and drive strategic investment and planning at a regional / community by community level, and include these as part of the Close the Gap targets.**
- 12. The Australian and Northern Territory Governments should establish a well-resourced, regular, collaborative NT-wide decision-making body on housing in the Northern Territory, including the Australian and Northern Territory Governments alongside Aboriginal community representatives through the Aboriginal Housing NT (AHNT) Committee of the Aboriginal Peak Organisations of the Northern Territory (APONT).**
- 13. That the Australian Government commits to the establishment of a national Aboriginal and Torres Strait Islander Voice to Parliament, as recommended by the Referendum Council, as a key representative body to provide oversight, advice on, and evaluation of programs to tackle Aboriginal and Torres Strait Islander housing and homelessness.**

## Background

1. Central Australian Aboriginal Congress (Congress) is a large Aboriginal Community Controlled Health Service (ACCHS) based in Alice Springs. We are one of the most experienced organisations in the country in Aboriginal<sup>1</sup> health, a national leader in primary health care, and a strong advocate for the health of our people. 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 determinants of health and wellbeing.
2. Congress delivers services to more than 16,000 Aboriginal people living in Alice Springs and remote communities across Central Australia including Ltyentye Apurte (Santa Teresa), Ntaria (Hermannsburg), Wallace Rockhole, Utju (Areyonga), Mutitjulu and Amoonguna.
3. In recent years, led by our community-elected Board of Directors, we have developed extensive expertise on approaches to health service policy and delivery that take account of the social, cultural, economic and political determinants of health, including poverty, housing, and early childhood development.

## Culture, colonisation and self-determination

4. For tens of thousands of years, the concept of 'home' for Aboriginal people – of where a person is from and their relationship to Country – literally, their 'homeland' – has been central to our wellbeing.
5. The subsequent processes of colonisation including dispossession from Country; the forcible removal of children from families; the suppression of culture and language; and the experience of racism and discrimination have deeply challenged our people's capacity to maintain the relationship to our homelands.
6. In the face of these challenges, Aboriginal people have shown remarkable resilience in nurturing, maintaining and where necessary re-establishing connection to their homelands. However, for many Aboriginal people and families colonisation has led to 'spiritual homelessness', a state of disconnection from homeland, family, kin, and culture which has profound effects on the health and wellbeing of individuals, families and communities [1, 2].
7. Any approach to addressing the high rates of homelessness in our communities must recognise this underlying process of colonisation and its effects. It should therefore be founded on the rights of Aboriginal peoples as established under international agreements to which Australia is a signatory,

including the *United Nations Declaration on the Rights of Indigenous Peoples* [3], which states:

*Article 21: Indigenous peoples have the right ... to the improvement of their economic and social conditions, including... housing, sanitation, health and social security.*

*Article 23: Indigenous peoples ... have the right to be actively involved in developing and determining health, housing and other economic and social programmes affecting them and, as far as possible, to administer such programmes through their own institutions.*

**Recommendation 1.** That any approach to addressing the high rates of homelessness in Aboriginal communities must be based upon the rights to self-determination of Aboriginal peoples as established under international agreements to which Australia is a signatory, including the *United Nations Declaration on the Rights of Indigenous Peoples*.

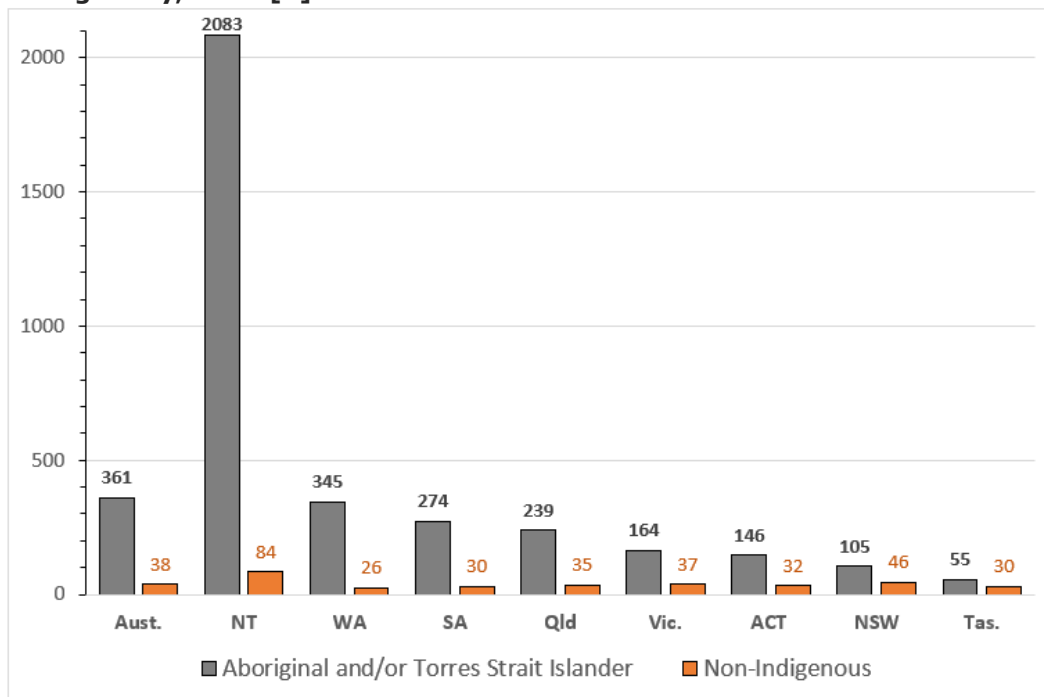
## Addressing the Terms of Reference

### Term of Reference 1: The incidence of homelessness

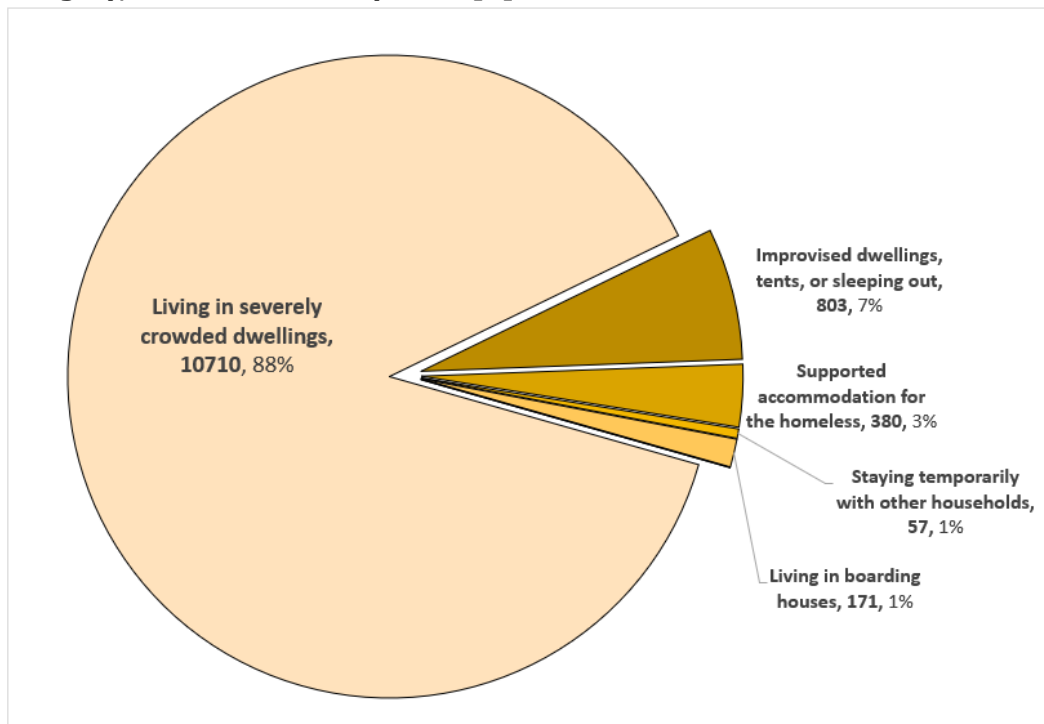
8. Nationally, Aboriginal and Torres Strait Islander people are over-represented in the homeless population. On Census night in 2016, 1 in 28 Aboriginal and Torres Strait Islander people were homeless (an estimated total of 23,437 across Australia), about ten times the rate for non-Indigenous people [4].
9. The Northern Territory contributes disproportionately to these figures. The jurisdiction has by far the highest rate of Aboriginal and Torres Strait Islander homelessness in Australia and over half (12,131 or 52%) of the national number of homeless Aboriginal and Torres Strait Islander people live in the Northern Territory. More than 1 in 5 Aboriginal Territorians were homeless in 2016, 25 times the rate for non-Indigenous people (*Figure 1*).
10. The Australian Bureau of Statistics' definition of homelessness comprises six categories and includes those people living in severely overcrowded dwellings, defined as one that needs 4 or more extra bedrooms to accommodate the people who usually live there [5]. In 2016, almost 9 out of 10 (88% or over 10,700) homeless Aboriginal and Torres Strait Islander people in the Northern Territory fell into this category, with a further 800 (7%) living in improvised dwelling, tents, or sleeping out (*Figure 2*).



**Figure 1: Rate of homelessness persons per 10,000 population, by jurisdiction and Aboriginality, 2016 [4]**

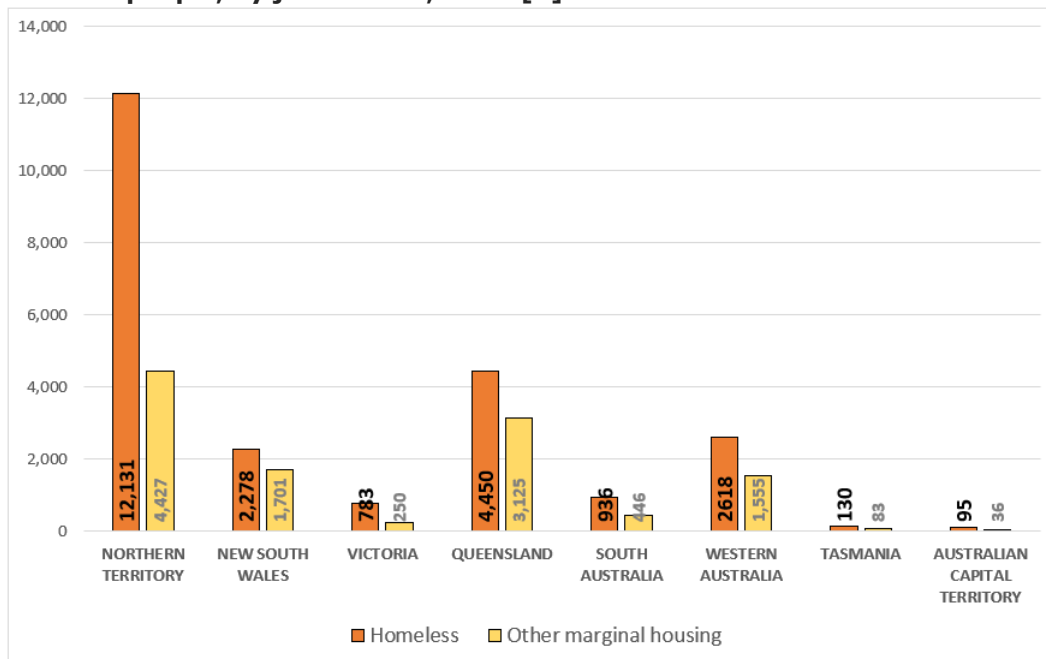


**Figure 2: Homeless Aboriginal and Torres Strait Islander people, by homelessness category, Northern Territory 2016 [4]**



11. As well as over 12,100 Aboriginal people in the Northern Territory who are homeless, there are more than 4,400 who are marginally housed and at risk of homelessness, predominantly those who are living in 'other crowded dwellings', defined as dwellings that that need three extra bedrooms to accommodate the usual residents adequately [5] (Figure 3).

**Figure 3: Numbers of homeless and marginally housed Aboriginal and Torres Strait Islander people, by jurisdiction, 2016 [4]**



12. While homelessness and the risk of homelessness is a problem across the Northern Territory, it is especially serious in very remote areas with three-quarters (73%) of homeless or marginally housed people living in these areas (Figure 4).

**Figure 4: Number of homeless and marginally housed people in the Northern Territory, by remoteness category, 2016 [4]**



## Term of Reference 2: Factors affecting the incidence of homelessness

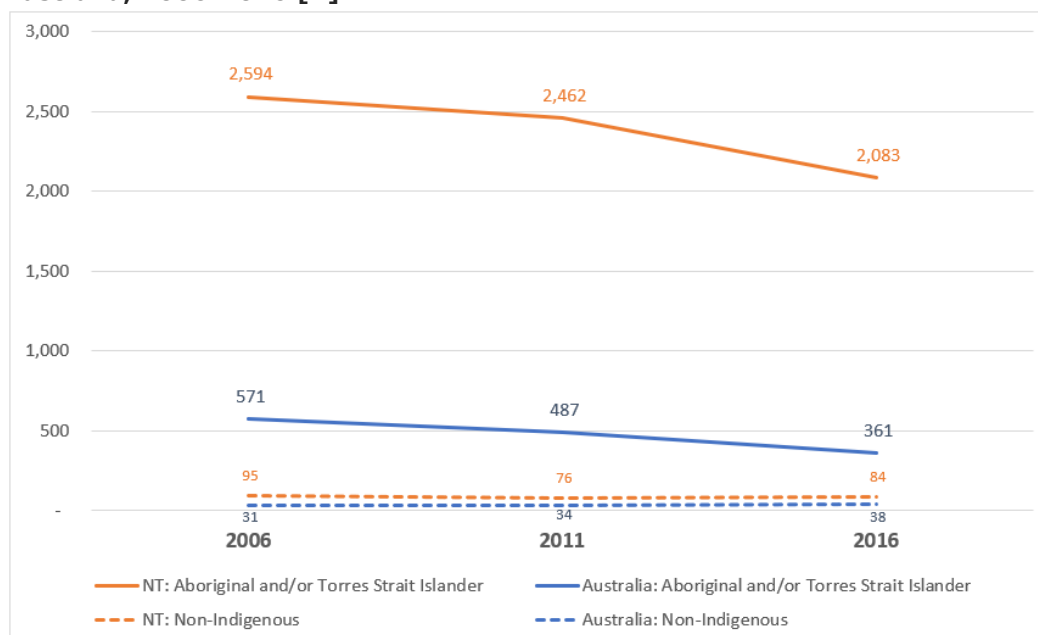
### The protective effect of Aboriginal culture

13. Aboriginal culture is founded on sharing through extended networks of family and kin. Many Aboriginal people without a home of their own will therefore be able to stay in other dwellings within those family networks. This has a positive effect in reducing the number of people who are living rough (primary homelessness), for example on the streets, in river beds (Alice Springs) or in the 'long grass' (the Top End). However, it does add significantly to overcrowding in many dwellings (secondary homelessness). As well as the health effects of living in such overcrowded houses (see below), this may also lead to whole families becoming homeless, for example if they breach public housing or private rental conditions [6].

### Increased investment in remote housing offset by population growth

14. The National Partnership Agreement on Remote Indigenous Housing (NPARIH) saw a significant injection approximately \$1.7 billion into remote housing in the Northern Territory over the period 2008-2018 [7]. This has reduced housing overcrowding and the rate of homelessness for Aboriginal people in the Northern Territory (*Figure 5*). However, it should be noted that the actual number of homeless Aboriginal people in the Northern Territory only fell by around 1,800 from 2006 to 2016, that is at about 180 per year. At this rate, and with the same level of investment, it will take almost seventy years for homelessness amongst Aboriginal people in the Northern Territory to be eliminated.

**Figure 5: Rate of homeless people per 10,000 population by Aboriginality, NT and Australia, 2006-2016 [4]**



15. The 2019 National Partnership for Remote Housing Northern Territory is expected to provide another \$1.1 billion of Commonwealth and Northern

Territory Government funding for remote housing over the years 2018-23 [8]. As long as this investment is guided by genuine Aboriginal community input this can be expected to see further reductions in the rate of homelessness.

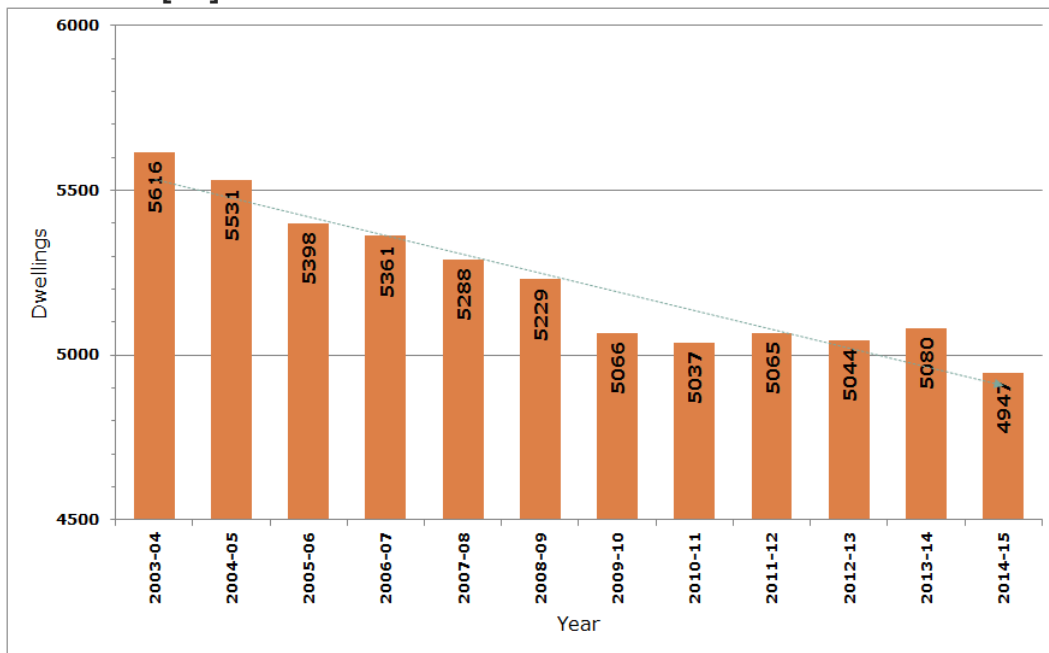
16. However, gains since 2008 and into the future are unfortunately being offset by population growth, and by government policies leading to the decline of public housing stock and the reduction in the role of Indigenous Community Housing Organisations (ICHOs).
17. The increased investment in recent 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 [9]. 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 coming decades 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) [10].

**Recommendation 2.** High levels of government investment in culturally appropriate, well-maintained remote housing is critical to addressing the very high rates of Aboriginal homelessness in the Northern Territory. Such investment must be increased and sustained over the long term (beyond the 2018-2023 period of the current *National Partnership for Remote Housing Northern Territory*); guided by genuine Aboriginal community input; and must take account of future population increases.

### Decline in public housing stock

18. 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 (*Figure 6*).
19. 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) [11]. Currently, the wait time for public housing in Alice Springs is 4 to 6 years, worse than it was ten years ago (3 ½ years).

**Figure 6: Northern Territory Public Housing Stock, number of dwellings, 2003-04 to 2014-15 [11]**



**Recommendation 3.** Increased Northern Territory Government provision of urban public housing stock is urgently required to reverse decades of under-investment, to increase the numbers of public housing dwellings available across the Territory, decrease wait times and decrease very high rates of homelessness.

### Reduction in the role of Indigenous Community Housing Organisations (ICHOs)

20. Alongside the cuts in public housing stock in the Northern Territory came a significant reduction in the role of ICHOs following the 2007 Northern Territory Emergency Response (NTER) and 2008 National Partnership Agreement Indigenous Housing (NPARIH). Despite the increased funding under NPARIH (see above) these reforms saw the transfer of housing stock managed by locally-based ICHOs to the NT Government, with ICHOs playing a more limited role as tenancy managers in some communities only [12]. This sidelining of local Aboriginal control over housing stock 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; reduced local employment opportunities for Aboriginal people; culturally inappropriate policies and procedures; and conflicts of interest in monitoring of building standards and housing maintenance [13]. All of these factors increase levels of overcrowding in existing houses and contribute to the high levels of Aboriginal homelessness in the Northern Territory.
21. The success of regionally-based Aboriginal community controlled health services in the Northern Territory demonstrates that such ICHOs, with appropriate support and regulation, are 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.

**Recommendation 4.** Aboriginal community-controlled housing organisations should be resourced to manage new and existing housing stock, with appropriate funding and regulation to support them to provide and manage culturally appropriate housing and reduce homelessness..

### Term of Reference 3: Housing overcrowding

22. See paragraphs 8 to 12 above.

### Term of Reference 4: Early intervention and prevention

#### Poverty

23. Poverty is strongly correlated with homelessness [2]. In remote areas across Australia both poverty and inequality are worsening for Aboriginal people, with Aboriginal incomes falling and the income gap to non-Indigenous people widening [14].
24. Aboriginal people are disproportionately dependent on citizenship entitlements such as the Newstart Allowance, the Parenting Payment and the Youth Allowance [15]. These are inadequate to meet the needs of families and their children, especially in remote areas where the cost of living is much higher, especially for food [16].

**Recommendation 5.** That the Australian Government commits to reducing poverty and inequality as a key way to prevent homelessness. This commitment should include an increase in the Newstart and similar citizenship entitlements of at least \$75 per week for all participants, and an additional loading on such payments for those in remote or very remote areas to address significantly higher costs of living.

#### Family violence and alcohol

25. Family violence is frequently the most immediate cause of homelessness [2]. Harmful alcohol consumption, especially binge drinking, is strongly correlated to increased levels of family violence, with women often the victims. Alcohol and drug use can, of course, also lead directly to homelessness [17].

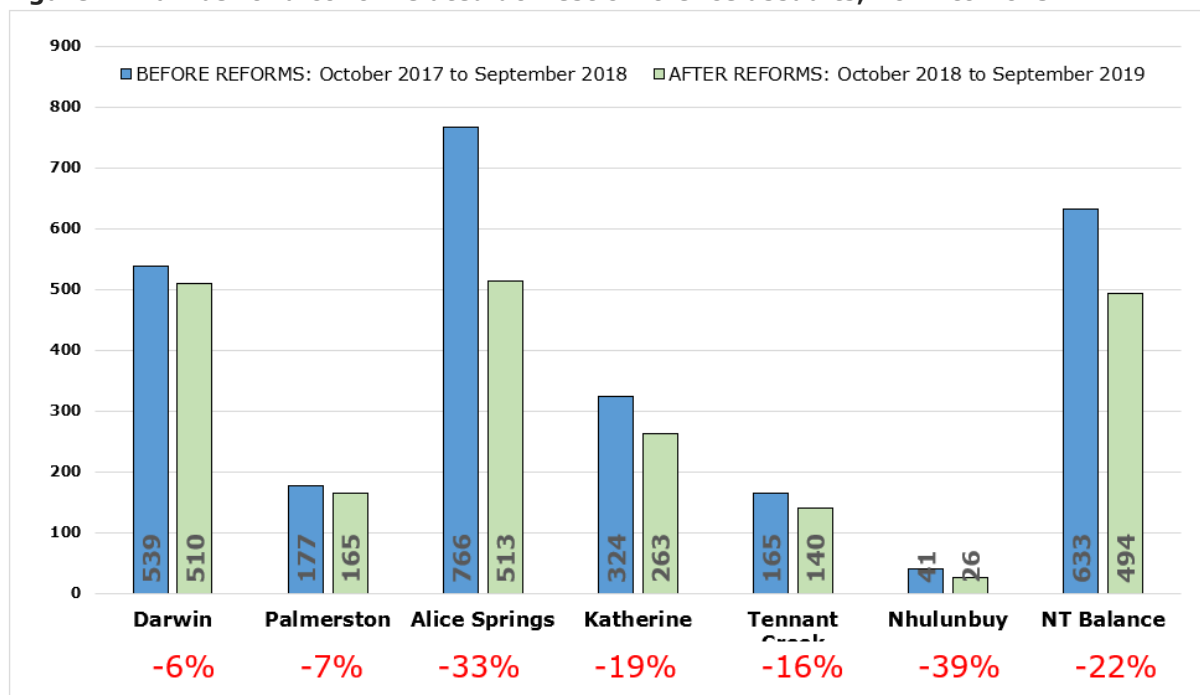
Addressing high levels of harmful alcohol use is therefore a key way to prevent homelessness.

26. In October 2019 the Northern Territory Government introduced a package of reforms to deal with the jurisdiction’s long-standing issue with high levels of alcohol-related harm, including family violence. The reforms included [18]:

- a floor price to prevent the sale of cheap alcohol;
- a Banned Drinkers Register (BDR) to reduce the access to take-away alcohol by problem drinkers;
- Point of Sale Interventions at all bottle shops in three regional centres;
- a new Liquor Act that includes risk-based licencing and greater monitoring of on-licence drinking; and
- a commitment to high quality, ongoing independent evaluation.

27. These reforms are informed by the best available evidence from around the world on what works to reduce alcohol related harm. Over the first full year of operation they have demonstrated very significant reductions in alcohol-related harm across the Northern Territory including a reduction of 550 domestic violence assaults where alcohol was involved (down 21% from 2,644 to 2,094 – see Figure 7).

**Figure 7: Number of alcohol-related domestic violence assaults, 2017 to 2019**



28. These results provide objective evidence for population-level reductions in harmful drinking, addressing the issues of harmful alcohol use as a key trigger for homelessness, either directly or through its association with domestic violence.

**Recommendation 6.** To address domestic violence as a key contributor to homelessness, the Australian Government provides leadership for the national adoption of objectively evidenced policy approaches to reducing alcohol-related harm at a whole-of-population level, which include action on price and availability similar to those contained in the successful and world-leading Northern Territory Alcohol Policies and Legislation Reforms.

## Term of Reference 6: The needs of Indigenous Australians

### Housing, homelessness, health and wellbeing

29. The high rates of homelessness in the Northern Territory are very largely the result of inadequate and overcrowded housing (see paragraphs 8 to 10 and *Figure 2* above). This has significant health and wellbeing effects on Aboriginal people throughout their lives.
30. The inadequacy and inequity of housing in the Northern Territory, and its potentially deadly effects on the health of Aboriginal people, has been brought into sharp relief by the COVID-19 pandemic.
31. Fortunately at the time of writing, due to swift, evidence-driven action and the efforts of Aboriginal communities and organisations, there has been no community transmission of COVID-19 in a remote Aboriginal community in the Northern Territory. However, should there be an outbreak, overcrowded housing and poorly installed and maintained infrastructure will undermine conventional public health responses. Physical distancing, self-isolation and quarantine are very difficult to implement effectively in severely overcrowded houses with inadequate health hardware such as plumbing, cooling/heating, cooking and food storage, power supply.
32. Poor housing thus puts Aboriginal people at significantly greater risk during the current or future viral pandemics. Protecting Aboriginal communities from such pandemics must include addressing the high levels of overcrowding in houses, particularly in remote areas.
33. There are a range of other health risks posed by severely overcrowded housing including:
  - a. *Communicable disease.* Overcrowded housing is a major factor in the transmission of other infectious diseases, including bacterial ear infections and scabies, Rheumatic Heart Disease, and bronchiectasis. For children, recurrent infections can undermine healthy childhood development and educational outcomes and contribute to the development of chronic disease in later life [19].
  - b. *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 [20]. 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 [21].

- c. *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 [22]. The social stress associated with overcrowding may also be a contributor to family and sexual violence [19, 23]. In 2012-13, across Australia one in ten Aboriginal and Torres Strait Islander adults reported overcrowded housing as a stressor in their lives [24].
- d. *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 [25]. 12% of the burden of disease that the Australian Aboriginal and Torres Strait Islander population experienced in 2011 is caused by tobacco use [26].
- e. *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 [27].

**Recommendation 7.** Significantly increased Australian Government investment in housing for Aboriginal communities, especially in remote areas to reduce severe overcrowding, must be a key part of any strategy to protect Aboriginal communities from future pandemics as well as other communicable diseases and other significant health and wellbeing risks.

## Housing solutions

34. 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 and on reducing homelessness.

- a. *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. Healthabitat's *Housing for Health* is a directory giving detailed guidance on designing, building and maintaining the living environment to improve safety and health especially in remote Aboriginal communities [28].

- b. *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 [29]. 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.
- c. *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 [30]. 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. The failure to maintain housing leads to the rapid decline in housing stock as houses become unliveable adding to homelessness. Particular attention is needed on the identification, registration and safe removal of asbestos in Aboriginal community housing.
- d. *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.
- e. *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 [31], 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.
- f. *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.

- g. *Housing that meets the needs of local Aboriginal health staff.* Provision of safe, functional houses for Aboriginal staff in remote communities is an important way to support their important role in the effectiveness of local health care services.

**Recommendation 8.** Government investment to protect and enhance the health and social returns on housing for families in the Northern Territory should include: (a) housing that is designed to fit with local Aboriginal ways of living; (b) houses that are well-constructed to support health and wellbeing and that include adequate and affordable access to essential services; (c) funding programs that include adequate resources for repairs and maintenance, including the safe removal of asbestos where needed; (d) Environmental health officers in independent Aboriginal organisations (e) access to affordable, appropriate social housing that takes accounts of the needs of Aboriginal families; (e) integrated housing, health and social and emotional wellbeing services; and (f) housing that meets the needs of local Aboriginal health staff.

**Recommendation 9.** The Australian and Northern Territory Governments should invest in Environmental health officers located in independent Aboriginal organisations not responsible for the building, repairs and maintenance of housing to monitor the quality of work done in building, repairing and maintaining houses, with the legislative powers to undertake the role.

### Term of Reference 7: The suitability of mainstream services

35. Aboriginal people have a strong preference for receiving services through Aboriginal-controlled, rather than mainstream, services wherever possible. It is in these services that Aboriginal social and cultural knowledge can inform all aspects of service delivery. For example, Aboriginal families may need to leave a dwelling or area if a close family member passes away; families may also have kin obligations that require them to share their home with visiting family which may conflict with mainstream lease requirements or rental agreements, leading to eviction and homelessness for whole families [2, 6]. By understanding such cultural needs, and through knowledge of the local Aboriginal community, Aboriginal-controlled housing services are much more able to provide effective and appropriate services.
36. Unfortunately, the abolition of ICHOs (see paragraphs 20 and 21 and Recommendation 4 above) and other government policy directions have undermined the effectiveness of housing provision and homelessness support for Aboriginal people. For example, a Senate review of the 2014 Indigenous

Advancement Strategy (IAS) showed that its process and policy directions were significantly flawed, with the IAS being found to have disadvantaged Aboriginal organisations, to have disregarded the enhanced outcomes stemming from Aboriginal led service delivery, and to have failed to distribute resources effectively to meet regional or local needs [32]. The IAS's processes led to only just over half (55%) of its \$4.8 billion in funding going to Aboriginal organisations.

**Recommendation 10.** All Aboriginal housing and homelessness programs should be delivered wherever possible for Aboriginal and Torres Strait Islander community-controlled organisation in recognition of their greater effectiveness in addressing the social, cultural and other needs of the Aboriginal community.

### Term of Reference 9: The collection and publication of data

37. An evidence-informed approach to meeting the housing needs of Aboriginal communities needs to be based on data being regularly collected and made public, to support planning (including identifying areas of greatest need), drive investment, and evaluate policies and programs. Quantitative data should include, for example, overcrowding levels, population and housing numbers, proportions of houses needing major repairs, public housing waiting times and an accurate asbestos register, and be supplemented by qualitative data based on local / regional community knowledge. Congress has advocated that such data about Aboriginal housing be included as part of the Close the Gap targets [33].

**Recommendation 11.** The Australian Government should mandate State / Territory collection of data and reporting on housing stock and overcrowding to monitor implementation and drive strategic investment and planning at a regional / community by community level, and include these as part of the Close the Gap targets.

### Term of Reference 10: Governance and funding

#### At the Northern Territory level

38. The Northern Territory Aboriginal Health Forum (NTAHF) provides a model of a more strategic and collaborative approach to Aboriginal housing in the Northern Territory.

39. The NTAHF includes high-level representation from all significant service delivery and funding bodies in the Northern Territory (including the Territory and Commonwealth Governments, the NTPHN and the Aboriginal Medical Services Alliance Northern Territory), and is responsible for strategic planning on health and the effective and equitable allocation of funds based on need across the jurisdiction. Along with the development of core, evidence informed primary health care services, describing what is being funded, there has been the corresponding development of key performance indicators that enable

service agencies to monitor and improve their services, and maintain accountability through reporting to their communities and to funding bodies.

40. While not without its challenges, this planned, collaborative approach to the application of funding resources to support sustainable services has delivered significant improvements in health outcomes for Aboriginal people in the Northern Territory.
41. A similar collaborative body for housing should be established, supporting the existing Aboriginal Housing NT (AHNT) Committee established by Aboriginal Peak Organisations of the Northern Territory (APONT)<sup>2</sup> and which includes representation from thirteen Aboriginal communities, homelands, outstations and regional centres, as the Aboriginal community representative body.

**Recommendation 12.** The Australian and Northern Territory Governments should establish a well-resourced, regular, collaborative NT-wide decision-making body on housing in the Northern Territory, including the Australian and Northern Territory Governments alongside Aboriginal community representatives through the Aboriginal Housing NT (AHNT) Committee of the Aboriginal Peak Organisations of the Northern Territory (APONT).

#### At the national level

42. We welcome the establishment of the 2019 National Partnership for Remote Housing Northern Territory, and particularly the inclusion of Northern Territory Land Councils in the governance arrangements for this program. Those Aboriginal voices being included, heard and respected are critical to progress in addressing the housing needs of Aboriginal people in the Northern Territory and reducing homelessness.
43. However, in addition, a broader national representative structure – a Voice to Parliament – is needed. Relative to our numbers, Aboriginal and Torres Strait Islander people are politically marginalized in Australia. The seventy years following Federation saw not a single First Nations representative elected to any Australian parliament, only ending in 1971 when Neville Bonner entered the Australian Senate. Since then only 38 Aboriginal and Torres Strait Islander people have been elected to any of the State, Territory or Federal parliaments; 22 of these have been in the Northern Territory. Even today, with an unprecedented four Aboriginal and Torres Strait Islander representatives in the national parliament, this represents only 1.8% of representatives when Aboriginal and Torres Strait Islander people make up 3% of the Australian population and rising.
44. This systemic under-representation of Aboriginal people is mirrored in senior decision-making roles within public services across Australia. It is a powerful contributor to the lack of an accountable, informed, and sustained approach to issues such as Aboriginal housing and homelessness, and the limited success in meeting the needs of Aboriginal communities.

45. A genuine commitment to 'closing the gap' would therefore include the establishment of a national representative body for Australia's First Nations, a 'Voice to Parliament', as recommended by the Referendum Council after extensive consultation with Aboriginal and Torres Strait Islander communities across Australia [34]. These changes, foreshadowed in the Uluru Statement from the Heart, have the support of the overwhelming majority of Aboriginal people and would provide the basis for substantive change in Aboriginal lives, as opposed to mere symbolic recognition.

**Recommendation 13.** That the Australian Government commits to the establishment of a national Aboriginal and Torres Strait Islander Voice to Parliament, as recommended by the Referendum Council, as a key representative body to provide oversight, advice on, and evaluation of programs to tackle Aboriginal and Torres Strait Islander housing and homelessness.

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<sup>1</sup> Congress uses the term 'Aboriginal' as the most appropriate term in the Central Australian context to refer to Australia's First Peoples.

<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).