

Closing the Gap and Indigenous housing

More comprehensive investment is needed to abate the extreme disadvantage experienced in some Aboriginal communities

Poor housing, inadequate hygiene practices and household overcrowding directly or indirectly underlie many of the health and social problems present in most remote Aboriginal communities in the Northern Territory.

Improving housing and hygiene and reducing household overcrowding are fundamental developmental steps to reduce the extreme disadvantage experienced in remote Aboriginal communities.¹⁻² These improvements are not only essential to improve health outcomes, but are also a prerequisite for the success of current government efforts to increase participation in the workforce, improve school attendance rates and develop safe communities.³

In this article, I discuss Australian and NT Government policies and programs aimed at Closing the Gap on Indigenous disadvantage in remote Aboriginal community contexts.⁴

Current initiatives

The Australian Government's agenda to close the gap on Indigenous disadvantage is driven by three imperatives:

- to overcome decades of underinvestment in services and infrastructure;
- to encourage and support personal responsibility as the foundation for healthy, functional families and communities; and
- to build new understanding and respect between Indigenous and non-Indigenous Australians.⁴

The policy approach includes the identification of seven key "building blocks" to address specific areas of Indigenous disadvantage — early childhood, schooling, healthy homes, safe communities, economic participation, and governance and leadership.

Through the National Partnership Agreement on Remote Indigenous Housing, the Australian Government is investing \$5.5 billion nationally over 10 years "to tackle the housing backlog across remote Australia and to help reduce overcrowding in Indigenous communities".⁴ Under the Strategic Indigenous Housing and Infrastructure Program (SIHIP), at a cost of \$672 million, the Australian and NT governments will build 750 new homes, rebuild 230 existing houses and refurbish 2500 houses across 73 remote Indigenous communities and several community living areas (town camps) in the NT by 2013.⁵ A new system to manage public housing in remote communities has been introduced. This system includes introduction of tenancy agreements, payment of fair rent, an improved process for repairs and maintenance to homes, and improved tenant support services.⁶

Influences on the household mix

Despite these initiatives, it appears that governments still do not recognise the complex social and cultural issues that underlie housing, health and social issues present in many remote Aboriginal communities in the NT.^{7,8} Non-Indigenous health workers in remote communities learn about some local practices because they need to be accommodated in the workplace — for example, avoidance relationships that exist between individuals (in some communities, between brother and sister) and protocols concerning "men's business" or "women's business". However, little or nothing is known about how cultural observances shape householders' day-to-day living practices, especially hygiene behaviour, and how housing infrastructure is perceived and used.

Household overcrowding is more complex than a couple and their children living in a house too small for their needs.⁹ Rather, household membership comprises extended family members, and frequently includes one or more individuals with special needs (eg, frail older people, or people with psychiatric disorders and/or in poor health from chronic diseases). Households experience higher levels of stress when the behaviour of one or more family members is affected by misuse of alcohol, drugs, kava or petrol, or if problem gambling is an issue. More stress is added when a family member is in the court system, imprisoned or in juvenile detention. This household mix presents challenges for those caring for children, and those who wish to maintain good personal and domestic hygiene, and keep their house in a good condition.

No quick fix

Without more extensive initiatives, providing a limited number of new, renovated and refurbished houses (compared with the size of the need) will not directly increase employment, improve school attendance, or make remote communities safer.

That housing is seen as a quick fix is reflected in three case studies in the *Closing the Gap — Prime Minister's report 2011*.⁴ In these case studies, it is inferred that new housing will enable one tenant to become employed; children will now attend school; and one tenant will now teach his children to keep the house clean. Research has shown that providing infrastructure alone will not resolve the social and cultural factors that shape people's attitudes and behaviours.^{10,11}

A need for support

In late January 2011, the Australian Government reported the completion of 179 new houses and 1036 rebuilds or refurbishments in the NT.⁵ These additional and improved houses meet an urgent need, but it is of concern that very

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Elizabeth L McDonald
PhD, MTh, BSc(Nurs),
Post-Doctoral Research
Fellow

Child Health Division,
Menzies School of Health
Research, Charles Darwin
University, Darwin, NT.

Elizabeth.McDonald@
menzies.edu.au

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little has occurred to provide tenant support programs, such as life skills or homemaker programs, and improved repairs and maintenance services. Without these programs, any health or social gains as a result of the additional or improved housing are likely to be minimal.^{10,12}

Communities' desire for such support is evident from a perusal of Local Implementation Plans (plans developed through close consultation between governments and local reference groups that set out the priorities for each community as part of the Working Future program in the NT).¹³ Of the 11 NT Plans publicly available at the time of writing, eight indicate a desire for programs (eg. life skills and/or improved repairs and maintenance programs) to achieve healthy housing.

Addressing key factors

The size of the housing backlog, the poor state of many existing houses and the level of overcrowding suggest that four key factors need to be addressed in unison to achieve healthy housing in the remote Aboriginal community context:

- all existing housing stock be maintained in good condition;
- overcrowding be incrementally reduced by continuing to provide additional housing;
- appropriate, acceptable programs that are intensive and ongoing be provided to help improve standards of personal, domestic and environmental hygiene; and
- multifactorial tenant support programs be set up to deal with underlying social and other issues.^{10,14}

Regrettably, there is little or no good-quality evidence available to know what interventions might work in this context. In the past, health promotion and life skill programs have either not been evaluated, or the evaluations have lacked rigour; as a result, the strength of any available evidence is poor.¹⁵ Past housing construction and repairs and maintenance programs in remote Aboriginal communities are contentious and generally viewed as failed or failing.^{16,17} Political imperatives driving the Indigenous health and housing agenda have resulted in a failure to accumulate a knowledge base in these areas. Reviews are conducted to monitor the management of SIHIP,¹⁶ but no mechanisms appear to be in place to prevent the unintended negative consequences of past housing policies being repeated.

There is a danger that if Closing the Gap programs do not demonstrate progress (especially as this concerns housing), the commitment by governments to deal with the wider social determinants of health will lessen. Instead, narrow lifestyle interventions focusing on personal responsibility and individual behaviours will be introduced. There are examples of this happening already (introduction of tenancy agreements as the primary means to modify tenants' behaviour;¹⁸ income management and the introduction of the BasicsCard;¹⁹ withholding the welfare payments to parents whose children do not attend school;²⁰ and fining parents for children's non-attendance at school²¹). These measures all reflect a simplified approach to deal with complex problems, and in most cases are not likely to be successful.^{22,23}

More must be done

A recent strategic review of health inequalities in England recommended that to reduce the steepness of the social gradient in health, actions need to be universal, "but with a scale and intensity that is proportionate to the level of disadvantage".³ The current approach to housing in remote communities falls short both in scale and intensity when compared with the extreme disadvantage experienced in these communities.

To achieve major improvements in overall living conditions, and other Closing the Gap programs (especially education, employment and making communities safer), greater investment in a range of social and public health programs needs to accompany the current investment in infrastructure.

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