

Chapter 1: Housing and Homelessness in the Northern Territory

Northern Territory Aboriginal Housing and Homelessness

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*'...without good living conditions and without very simple fundamental things like access to water, the ability to wash, the ability to wash children, the ability to get rid of waste, the ability to actually live in a house that's safe. Without those very fundamental things, then to try and improve health is really impossible.'*¹

Severe overcrowding often reveals invisible homelessness in Aboriginal homelands and communities in the Northern Territory (NT). The levels of homelessness, due to unavailable housing that is safe and secure, means families often have no choice but to tolerate overcrowding and unacceptable housing conditions. In many Aboriginal homelands and communities, that has become the norm.²

And there are hidden financial burdens and psychological stresses, not to mention the strain on family life, that come with this reality for many families facing this silent housing crisis.

For example, families bear the financial and psychological burden of exorbitant power charges in

the Territory with regular power disconnections existing on pre-paid meters in remote locations.

Many individuals and families tolerate these situations without complaint, even though they are entitled to make a complaint to a regulatory body.

To add to the burden, lack of services in the traditional languages of the people, and the lack of easy to access options for families to look at alternatives to power to significantly reduce their electricity costs, adds to the housing crisis.

Housing and overcrowding are social determinants of health. They are the non-medical factors that influence and affect health outcomes³ and the daily living conditions in which people are born into, live, and age. In those conditions, people will often seek an escape to bear the realities of daily life.

Medical treatments alone will not address the health consequences of overcrowding and poor housing conditions. Prevention strategies like reducing overcrowding and homelessness are key to improving health outcomes.

It can't be one or the other, between either medical intervention or preventative housing strategies. If we are deadly serious about improving health outcomes and saving lives — it has to be both.

In fact, the NT breaks all the records when it comes to housing, homelessness and the resulting health outcomes. But these are not easy issues to discuss openly.

For many Aboriginal people in the NT, who experienced the Federal and NT Government Intervention of 2007,⁴

or heard the stories from Elders, there remain lingering concerns about disclosing information in a public forum, or to an authority for one purpose, and seeing it mis-used by another agency for another purpose.

To understand our present housing crisis, it's important to know that Aboriginal community control of housing was taken away during the Intervention.

The Intervention saw housing removed from Aboriginal community-control and handed over to the Commonwealth and NT Governments, where it remains today. As part of the Intervention, the Commonwealth Government introduced⁵ legislation to carry out three major land reforms in the NT: five-year leases of Aboriginal lands, statutory rights over Aboriginal lands, and the power to acquire town camp land.⁶

Funding for new housing and housing maintenance was contingent on Aboriginal communities signing over township lands to the Commonwealth under long term leases. The Commonwealth Government took compulsory five-year leases over 73⁷ Aboriginal communities⁸ in the NT. These leases were mostly replaced with long-term leases of 40 to 99 years.⁹

By way of briefly acknowledging the complexities, the communities and town camps and community living areas leased during the Intervention are separate from the homelands. The latter number around 500 or 600 across the Top End and Central Australia.

Moving forward, Commonwealth Government funding goes directly to the NT Government to deliver



Yanyula town camp, Borroloola, 1981

Ludo Kuipers, ozoutback.com.au

on the Commonwealth's housing promise and to enter into genuine partnership with Aboriginal people.¹⁰

The building of new housing is significant and a cause for celebration. Every house built is a step towards reducing overcrowding. Because, from the moment of birth, many Aboriginal children in the Territory will have spent their entire adolescence and young adulthood, living in overcrowded houses.

Although there is undeniable value for families growing up being together to share culture and knowledge, almost everyone years for a place of their own.¹¹

Overcrowding, homelessness and poorly maintained housing have significant impacts on health, including on infectious disease,

early childhood development, and mental health and social and emotional wellbeing.

The 2021 Census data shows that our jurisdiction has the highest rate of homelessness in Australia.¹² With more than 76 per cent in severely overcrowded living conditions, Aboriginal people make up 87 per cent of the recorded people who are homeless in the NT. Concerningly, Aboriginal children and youth make up a high number of the homeless, so too do women and children fleeing domestic violence.

Overcrowding Brings Serious Health Consequences

Overcrowding is one of the biggest challenges to health and wellbeing. It is a significant barrier to improved health and educational and employment outcomes for families.

It has consequences for child health and development, nutrition and educational outcomes. People in decaying housing conditions live constantly with a significant level of risk of acquiring infections resulting from non-functioning or inappropriate housing hardware.¹³

Poor Nutrition and Otitis Media

Overcrowding contributes to poor nutrition and otitis media in children and directly impacts a child's ability to attend school, it affects their ability to concentrate, hear or understand and feel a part of the world around them. The consequences for a child are profound and long lasting. Studies, in line with anecdotal evidence, shows nutrition can often be compromised for children, women and elderly, in overcrowded living conditions. It affects later adult health.¹⁴

Comparison of reason for fix-work as noted by licensed trade



Image Credit: Housing for Homes Project.

Otitis media refers to inflammation and infection of the middle ear. It is a preventable and treatable disease for children in Australia. But in the Northern Territory, Aboriginal children suffer the highest prevalence of any jurisdictions in Australia.¹⁵

It is reportedly close to 10 times higher than the four per cent identified by The World Health Organisation, as the benchmark for a serious public health problem that requires urgent attention.¹⁶

What are the risk factors for otitis media? Living in overcrowded housing, poor housing conditions, malnutrition, exposure to tobacco smoke, social disadvantage and limited access to services.

Ear and hearing health services are inadequate in Aboriginal communities,¹⁷ which means this is not an issue that can be left to health professionals and health services to address alone. We urge for more preventative work that reduces overcrowding, improves people's homes and living conditions, and upgrades poorly maintained essential infrastructure.¹⁸

Skin infections — Group A Strep — Rheumatic Heart Disease

Some childhood skin infections can lead to more devastating health outcomes for children, with lifelong implications.

Impetigo or school sores, and scabies are diseases of overcrowding.

The spread of what people commonly refer to as Strep Throat, otherwise known as bacterium *Streptococcus pyogenes*, group A streptococcus is magnified by people's living conditions.^{19,20} For example, serious health conditions like acute rheumatic fever (ARF) and rheumatic heart disease (RHD), the latter caused by permanent damage to the heart valves after one or more episodes of ARF, are associated with the Group A Strep bacteria.

The NT breaks the record with the highest rate of prevalence of rheumatic heart disease in Australia, and one of the highest rates in the world.²¹

The prevalence rate of RHD among First Nations people in the Northern Territory was 3,005 per 100,000 people..., compared with 736 per 100,000 in Queensland (1,823), 725 per 100,000 in Western Australia (801), and 497 in South Australia (232).²²

The Territory's History with Housing Maintenance and Repairs

The history of NT housing maintenance and repairs throughout many communities, community living areas, and homelands, by those charged with responsibilities as landlord and government agencies is one of

inaction and lack of record keeping at almost every turn. This is most tragically highlighted, recently in 2021, in the Darwin Coroner's Court after the death of a much-loved child, an 11-year-old boy in West Arnhem in Gunbalanya, one of the 73 Government leased communities.

In the words of NT Coroner Judge Greg Cavanagh, his report states that this young child died after being electrocuted by an unearthed roof, 'caused by faulty Power and Water Corporation connection to residence, no earthing of electrical connection and metal roof, no maintenance or inspection over 25 years.'²³

NT WorkSafe issued Improvement Notices to Power and Water Corporation. The tragedy brought the media spotlight for the first time to the looming electrical safety issues in remote communities that needed urgent attention.^{24,25}

The lack of any regular maintenance and repairs work is also highlighted in the Santa Theresa community court case against the NT Government.²⁶

In recent years, the Northern Territory's Families, Communities and Territories has made significant effort to reform the government's housing maintenance approach contracting the Healthy Habitat mob responsible for the Housing for Health program,²⁷ to deliver the program to communities and town camps.

Based on the evaluation by Menzies, there's still much for government departments to get right with the implementation of the program, for the benefit of people living in communities and town camps. But we applaud the effort to try, and we encourage agencies to work together in genuine collaboration to address the critical need for regular inspection, maintenance and repairs across remote communities and town camps.²⁸ It makes all the difference to our people.

Our hope is that the homelands can begin to be included in the Healthy Homes program for maintenance and repairs, given the recent Commonwealth funding announcements.

One of the myths about Aboriginal housing repairs is that most of the damage done is caused by the tenants and residents themselves.

The Housing for Health teams, working in communities and town camps, identified that out of more than 6,000 housing repair and maintenance jobs, 79 per cent was due to routine wear and tear. Damage by housing residents accounted for 10 per cent of the jobs.

Finally, it is important that local Aboriginal voices are at the decision-making table with governments whenever there are decisions that relate to our lives, where we live, how we live and who we live with.

We encourage more transparency of information on the implementation and decision making, and the many different agencies involved. But our participation shouldn't end at the decision-making table.

At the recent Aboriginal Housing and Homelands conference held in Mparntwe (Alice Springs) this year, there were local presentations with fresh thinking and innovation around energy use in the home, using solar power instead of the existing status quo of expensive power bills. One of the case studies showed how they were able to reduce the financial burden of the power bill for families. It created opportunities for economic empowerment. Could that kind of success be replicated across other Aboriginal communities, homelands and town camps?

We encourage the Territory Government to seek genuine Aboriginal-led design and construction and implementation of housing and involve hearing the wishes of the people you are building homes for.

We encourage the Territory Government to involve more Indigenous businesses in the construction and supply of services for the agreements made in our names for our people.

If governments are serious about significantly reducing overcrowding

and homelessness, there has to be the highest levels of teamwork, collaboration and critical thinking within a whole of government approach that includes the Aboriginal community-controlled sector as genuine partners. Aboriginal people can only do our part if we're genuinely encouraged inside the tent, invited to the table, and included in the different stages of the lifecycle of projects and our holistic perspectives, our ideas and feedback welcomed and valued. That opens a way to partner together effectively with governments to improve the living conditions of our people, and make more homes that are safe, secure and maintained regularly. All of that contributes to improved health and wellbeing on people's own ancestral lands. That's all we're asking for.

We want to see more government effort to involve Aboriginal voices and businesses in the design, construction and implementation of housing in the NT.

Endnotes

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