



NACCHO

National Aboriginal Community
Controlled Health Organisation
Aboriginal health in Aboriginal hands

www.naccho.org.au

Inquiry into Housing Affordability and Supply

**Submission to the
House of Representatives
Standing Committee on
Tax and Revenue**

September 2021

ABOUT NACCHO

NACCHO is the national peak body representing 143 Aboriginal Community Controlled Health Organisations (ACCHOs) Australia wide on Aboriginal and Torres Strait Islander health and wellbeing issues. NACCHO's work is focused on liaising with governments, its membership, and other organisations on health and wellbeing policy and planning issues and advocacy relating to health service delivery, health information, research, public health, health financing and health programs. Our members provide three million episodes of care per year for about 380,800 people across Australia, including more than 923,000 episodes of care in remote and very remote regions.

Sector Support Organisations, also known as affiliates, are State based and represent ACCHOs offering a wide range of support services and Aboriginal and Torres Strait Islander health programs to their members including advocacy, governance and the delivery of state, territory and national primary health care policies.

ACCHOs range from large multi-functional services employing several medical practitioners and providing a wide range of services, to small services which rely on Aboriginal Health Workers/Practitioners and/or nurses to provide the bulk of primary health care services, often with a preventive, health education focus. Our 143 ACCHOs operate approximately 700 facilities, including about 450 clinics. ACCHOs and their facilities and clinics contribute to improving Aboriginal and Torres Strait Islander health and wellbeing through the provision of comprehensive holistic primary health care, and by integrating and coordinating care and services. Many provide home and site visits; medical, public health and health promotion services; allied health; nursing services; assistance with making appointments and transport; help accessing childcare or dealing with the justice system; drug and alcohol services; and help with income support.

Collectively, we employ about 6,000 staff, 56 per cent of whom are Indigenous, making us the second largest employer of Aboriginal and Torres Strait Islander people in the country.

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Introduction

NACCHO welcomes the opportunity to contribute to the Inquiry into Housing Affordability and Supply.

In responding to the terms of this Inquiry, we focused on the health and social impacts of housing affordability and supply for Aboriginal and Torres Strait Islander communities. These are critical to understanding key impacts of tax and regulatory controls in relation to housing

Solutions developed must centre on strong partnerships with Aboriginal and Torres Strait Islander community controlled organisations and communities and support the four Priority Reforms outlined in the National Agreement on Closing the Gap (National Agreement).

We outline below key considerations on the impact of housing affordability for Aboriginal and Torres Strait Islander people. We have also attached NACCHO's housing policy position paper, which provides further detail and policy recommendations on ways to mitigate the health and social impacts of poor housing, which are as of equal importance to financial and regulatory impacts.

National Agreement on Closing the Gap

We draw the Committee's attention to the Government's commitment to the National Agreement on Closing the Gap 2020, and specifically, in the context of this inquiry, to Outcome Area 9: *Aboriginal and Torres Strait Islander people secure appropriate, affordable housing that is aligned with their priorities and need*¹. This outcome commits governments to the associated Target: *By 2031, increase the proportion of Aboriginal and Torres Strait Islander people living in appropriately sized (not overcrowded) housing to 88 per cent.*

However, it is concerning to note that the Australian Housing and Urban Research Institute recently found Closing the Gap targets cannot be met without specific action to address the current lack of affordable and quality housing². As part of Closing the Gap measures to strengthen Aboriginal Community Controlled sectors, a housing sector strengthening plan is currently in development, led by the Coalition of Peaks. This plan is due to be finalised in April 2022, but will require sustained government investment to be successful.

Challenges

A lack of quality, affordable housing contributes to the structural inequities facing Aboriginal and Torres Strait Islander people. The National Indigenous Australians Agency (NIAA) reports that while Indigenous Australians make up three per cent of the general Australian population they hold 18.3 per cent of social housing tenancies. In 2016–17, Aboriginal and Torres Strait Islander clients made up 25 per cent of people accessing specialist homelessness services. Overcrowded conditions also persist in many remote communities.³

Safe and decent housing for Aboriginal and Torres Strait Islander people is urgently required. Housing is a critical social determinant of health and cannot be overlooked when working to close the gap in life expectancy. The importance of environmental health to health outcomes is well

¹ National Agreement on Closing the Gap <https://www.closingthegap.gov.au/national-agreement>

² The Conversation, 22 June, 2021 <https://theconversation.com/aboriginal-housing-policies-must-be-based-on-community-needs-not-what-non-indigenous-people-think-they-need-162999>

³ National Indigenous Australians Agency, <https://www.niaa.gov.au/indigenous-affairs/land-and-housing>

established and research has established the powerful links between housing and health, education and employment outcomes⁴. Healthy living conditions are the basis from which multiple Closing the Gap objectives may be achieved.

NIAA also notes that in 2016, the Remote Housing Review of the National Partnership Agreement on Remote Indigenous Housing (NPARIH) and National Partnership on Remote Housing (NPRH) estimated that after accounting for population growth, an additional 5,500 homes are required by 2028 to reduce levels of overcrowding in remote areas to acceptable levels. Half of the additional need is in the Northern Territory alone.⁵

Indigenous Australians continue to be overrepresented in homelessness and public housing and underrepresented in homeownership. NACCHO acknowledges the work of Indigenous Business Australia in supporting Aboriginal and Torres Strait Islander people to buy homes. However, it is not sufficient to focus solely on home ownership when Aboriginal and Torres Strait Islander people are significantly overrepresented in homelessness and social housing statistics and when issues of overcrowding are so prevalent.

It is critical that governments address these issues urgently, particularly given the profound difference access to quality, appropriate housing can have on health and social outcomes for individuals, families and communities.

Health and social impacts of inappropriate housing

Insecure and inappropriate housing entrenches long term disadvantage for Aboriginal and Torres Strait Islander people through overcrowding, ageing housing stock, poor quality construction and maintenance and inappropriate standardised designs which do not reflect Aboriginal cultural values and family structures.

Poor quality housing contributes directly to an increased risk of transmission of communicable diseases, including the potential for infectious pathogens and development of antimicrobial resistance. Housing shortages and overcrowding in rural and remotes communities only exacerbate these issues. Living in overcrowded housing increases the likelihood of health problems, from ear and eye infections, rheumatic heart disease (RHD) and mental health issues. The impact of deteriorating housing is made more severe where there is overcrowding and an inability to maintain hygiene.

We are seeing this issue currently in western New South Wales, where overcrowding is making it extremely difficult to isolate or quarantine during the COVID-19 outbreak⁶. There have been reports of people isolating in tents to overcome these issues⁷.

⁴ ANAO performance audit report, Indigenous Housing Initiatives: Fixing Houses for Better Health Program, 2010.

⁵ National Indigenous Australians Agency, <https://www.niaa.gov.au/indigenous-affairs/land-and-housing/national-partnership-agreement-remote-indigenous-housing-2008-18>

⁶ The Australian, 11 September 2021 <https://www.theaustralian.com.au/nation/the-pandemic-turns-a-chronic-housing-crisis-into-a-health-disaster/news-story/940a715c5793d11ee114abf2a603899f?btr=58651c673cff5899e755c1ffb2a7033b>

⁷ NITV 24 Aug <https://www.sbs.com.au/nitv/article/2021/08/24/wilcannia-families-struggling-isolate-overcrowded-housing>

While COVID-19 has made this issue more visible and more urgent, it is by no means new. Other communicable diseases affect Aboriginal and Torres Strait Islander communities at a far higher rate than the wider population.

Australia is, for example, the only developed nation in the world yet to have eliminated trachoma, an entirely preventable disease that leads to blindness and which is prevalent in Aboriginal and Torres Strait Islander communities. Preventable environmental factors contribute significantly to the increased transmission of trachoma and include overcrowding and inadequate access to sanitation and water.

Aboriginal and Torres Strait Islander communities also experience a significantly higher rate of acute rheumatic fever (ARF) and rheumatic heart disease (RHD) – chronic conditions that do not exist in many areas of Australia. The burden of disease often lasts most of a person's lifetime and complications from RHD are common, and include atrial fibrillation, endocarditis, heart failure and stroke. Measures to reduce household overcrowding and improve access to sanitation can greatly reduce the incidence of ARF and RHD in communities⁸.

Healthy homes are vital to ensuring that preventable diseases already eradicated in most countries do not exist in Aboriginal and Torres Strait Islander communities and homes. Issues with the quality of existing housing and older houses in particular contribute to the adverse effects on wellbeing and safety. Consequently, peoples' physical health, economic productivity, psychological wellbeing, social vigour and protection from health hazards and security is compromised.

The costs of poor housing for government are borne across the health and well-being, social welfare, education and employment sectors. Sustained investment in aged and deteriorating housing and community infrastructure more generally is required and can make a material difference to health and social outcomes for Aboriginal and Torres Strait Islander people. Our attached position paper provides additional detail on the health and social impacts of poor housing on our communities.

Investment

The consequences of unaffordable, inadequate housing are profound but can be largely resolved with concerted, sustained action and investment by governments.

Not only do existing structures need to be upgraded, but future developments need to be designed and engineered to withstand increasingly extreme weather events and changes in temperature. This should include environmentally sound cooling, heating and ventilation systems.

In addition, maintenance and repairs must be carried out efficiently and effectively and take into account changing environmental conditions. A holistic approach is required and should be developed in consultation with local communities and organisations recognising their unique cultures, needs and priorities. For example, the Indigenous Infrastructure and Sustainable Housing Alliance has developed a series of design principles to inform culturally responsive housing designs currently under development in north-western NSW⁹. Building and housing maintenance work can also provide meaningful and sustainable training and employment opportunities for local Aboriginal and Torres Strait Islander people who live in these communities, providing genuine options to stay on Country.

⁸ Rheumatic Heart Disease Australia <https://www.rhdaustralia.org.au/>

⁹ The Conversation, 22 June, 2021

Additional funding to build new, and improve existing staff housing and infrastructure is also required. Improved staff housing would greatly assist ACCHOs in recruiting and retaining qualified Aboriginal Health Practitioners and Workers, nurses and other staff to best ensure the health, wellbeing, safety and resilience of Aboriginal and Torres Strait Islander people, particularly in regional and remote communities.

Conclusion

Ensuring Aboriginal and Torres Strait Islander communities have access to safe, affordable and appropriate housing and sanitation will have social and economic benefits across health, mental health and social and emotional wellbeing, education, employment and justice outcomes for Aboriginal and Torres Strait Islander people. The economic benefits of effective supply and affordability will far outweigh the cost of government investment.

The housing sector strengthening plan being developed by the Coalition of Peaks is due to be finalised in April 2022. However, small, community controlled organisations cannot be expected to deliver sustained outcomes in the absence of government support. Immediate and concerted effort and funding on the part of governments is required. If these efforts can be enhanced by tax and regulatory settings, so much the better.