

Submission

House of Representatives Standing Committee on Indigenous Affairs -
Homelessness in Australia

June 2020

About the NHLF

The National Health Leadership Forum (NHLF) was established in 2011. The NHLF is a collective partnership of 12 national organisations who represent a united voice on Aboriginal and Torres Strait Islander health and wellbeing with expertise across service delivery, workforce, research, healing and mental health and social and emotional wellbeing.

The NHLF was instrumental in the formation of the Close the Gap Campaign and continues to lead the Campaign as the senior collective of Aboriginal and Torres Strait Islander health leadership.

Committed to achieving health equality, we draw strength from cultural integrity, the evidence base and community.

The NHLF provides advice and direction to the Australian Government on the development and implementation of informed policy and program objectives that contribute to improved and equitable health and life outcomes, and the cultural wellbeing of Aboriginal and Torres Strait Islander peoples. Health is a noted human right, it is an underpinning to everyday life, and key factor in economic (and environmental) sustainability. Our vision is for the Australian health system to be free of racism and inequality and all Aboriginal and Torres Strait Islander people have access to health services that are effective, high quality, appropriate and affordable.

The NHLF Membership

- Aboriginal and Torres Strait Islander Healing Foundation
- Australian Indigenous Doctors' Association
- Australian Indigenous Psychologists' Association
- Congress of Aboriginal and Torres Strait Islander Nurses and Midwives
- Indigenous Allied Health Australia
- Indigenous Dentists' Association of Australia
- The Lowitja Institute
- National Aboriginal and Torres Strait Islander Health Workers' Association
- National Aboriginal and Torres Strait Islander Leadership in Mental Health
- National Aboriginal Community Controlled Health Organisation
- National Association of Aboriginal and Torres Strait Islander Physiotherapists
- Torres Strait Regional Authority

Introduction

1. The NHLF welcomes the opportunity to provide a submission to the inquiry by House of Representatives Standing Committee on Social Policy and Legal affairs into Homelessness in Australia. This inquiry will be critical in framing what public policy should look like to address the true housing needs of Aboriginal and Torres Strait Islander Australians.
2. The NHLF believes that the lack of recognition in the Australian Constitution for Aboriginal and Torres Strait Islander people as the First Peoples of this country has shaped our national identity and created the deep structural exclusions of Aboriginal and Torres Strait Islander from full participation in Australian society.¹
3. Much of the psychological distress, associated mental health conditions, harmful behaviours experienced by Aboriginal and Torres Strait Islander peoples are associated with the prolonged adversity (intergenerational trauma) and exacerbated by negative impacts of the social determinants. The social determinants such as income, employment, access to health services, education, transport, housing/shelter can impact on anyone and all of them influence health outcomes. However, they are experienced by greater numbers of Aboriginal and Torres Strait Islander people, and more intensely.²
4. Aboriginal and Torres Strait Islander people have expressed repeatedly the need to eliminate the interpersonal and institutional racism that obstructs their equal access to, and outcomes from, health, economic opportunities, education, and all other resources associated with self-determination and healthy sustainable outcomes. Racism and the multi-generational experiences of trauma and dislocation continue to have real impacts on the lives of many Aboriginal and Torres Strait Islander people.³
5. This submission is shaped by Australia's public policy framework and culture of exclusion and privileging that has denied many Aboriginal and Torres Strait Islander people the opportunity from having adequate housing and belonging and being part of the social and economic life of Australia whilst maintaining their identity and culture.

¹ Westbury, N.D., and Dillon M.C. 2019. *Overcoming Indigenous Exclusion: very hard very humbug*. Policy Insights Paper No. 1/2019. Centre for Aboriginal Economic Policy Research, Australian National University. Canberra.

² National Aboriginal and Torres Strait Islander Leadership in Mental Health: Dudgeon, P. Calma, T and Holland C. (2015) Future Directions in Aboriginal and Torres Strait Islander Social and Emotional Wellbeing, Mental Health and Related Areas Policy. Retrieved from <https://natsilmh.org.au/resources>

³ NHLF, 2017, Position Paper on Racism: <https://www.catsinam.org.au/policy/position-statements>; and Joint Statement (NMBA, CATSINaM, ACM, CAN and ANMF), 2018, Cultural safety: Nurses and midwives leading the way for safe health care: <https://www.catsinam.org.au/communications/press-releases-and-joint-statements>.

Response to the Terms of Reference

Homelessness and Systemic Racism

6. The general health status of the people experiencing homelessness tends to be poorer than the general population.⁴ Aboriginal and Torres Strait Islander peoples are overrepresented in the population experiencing homelessness, along with people who have experienced family or domestic violence, people with mental health issues, young people and people with substance issues and people experience financial difficulties. In the 2018-19 period, the Aboriginal and Torres Strait Islander population was 3.2% of the Australian population yet made up 26% of the clients assisted by specialised homelessness services.⁵
7. Homelessness is linked to individual antecedents of family violence, mental health, substance use issues⁶ and for many Aboriginal communities it is also linked to poor housing and overcrowding. Yet there is a strong and persistent misconception within the general population that poor housing is due to the occupants destroying their own homes. The evidence suggests otherwise with problems such as vandalism (or even unsuccessful repair work) accounting for only 7% of damage to housing health hardware, whereas overwhelmingly, it is poor housing, that is a stronger antecedent to homelessness or risk to homelessness. Poor design, poor material choices, shoddy, or incomplete initial construction accounts for 19% and lack of routine maintenance 74% of factors that lead to substandard infrastructure in the homes.⁷
8. Aboriginal and Torres Strait Islander people are often stereotyped and discriminated against from purchasing and renting private housing. Aboriginal housing and social housing are frequently unavailable or inadequate. This combined with the high proportion of Aboriginal and Torres Strait Islander people. Compared to non-Indigenous population in the lower income brackets, Australia has created an almost inevitable and perpetual homeless population.⁸

⁴ Australian Institute of Health and Welfare (AIHW). 2020. Alcohol, tobacco, and other drugs in Australia. Cat. No. PHE 221. Canberra.

⁵ Ibid and AIHW 2019. Specialist Homelessness Services annual report 2018–19. Cat. no. HOU 318. Canberra.

⁶ Op Cit. AIHW 2019 and 2020.

⁷ Clement, T. 2020. *This is not a wicked problem”: Healthabitat is making housing better for Australia’s Indigenous communities*. Foreground, Transformative Landscapes Series: <https://www.foreground.com.au/planning/healthabitat/>

⁸ NACCHO. 2019. Impact of inadequate income support payments on Aboriginal and Torres Strait Islander people. Submission to the Senate Community Affairs Committee Inquiry.

9. Systemic racism is a dominant barrier for Aboriginal and Torres Strait Islander peoples accessing the private rental market particularly rental⁹ and the other social determinants that prevent homelessness. Without addressing the systemic issue of racism within our society we will not improve the homelessness rate for Aboriginal and Torres Strait Islander peoples.¹⁰ The Aboriginal Housing Victoria¹¹ note in their Report from their housing and homelessness summit in 2019 that that racism is an identified barrier to accessing housing and whilst it is masked it is as entrenched as ever within the private rental market. Similarly, in the Western Australian Strategy to end Homelessness Youth Action Plan¹² notes the impact of racism and systemic discrimination is a significant issue for young people who experience homelessness.
10. Income levels and income inequality are easier measures of policy success. Whereas, it is much more complex to measure disadvantage as it not just about income and/or wealth. Disadvantage is about mortality, comorbidity, mental illness, intergenerational trauma, incarceration, and educational levels. Disadvantage is also interconnected; the interrelatedness of the social determinants heavily influences poor health.¹³
11. The projected population growth rate for Aboriginal and Torres Strait islander Australians is greater than the rate for non-Indigenous Australians, and this requires more effort to increase access to the social determinants such as housing, education, and employment. Without more strategic investment and effort under the National Housing and Homelessness Agreement (NHHA) homelessness and closing the gap in health outcomes will not be achieved.¹⁴ Accordingly, this inquiry needs to look at Australia housing policy framework including the assumptions behind ‘the marketisation of housing’ as the solution, government social welfare policies more broadly, and the macroeconomic picture rather than placing the focus, cause and responsibility for homelessness on Indigenous Australians.

⁹ Aboriginal Housing Victoria. 2019. The Victorian Aboriginal Housing and Homelessness Summit Report of Findings. Retrieved from: https://ahvic.org.au/cms_uploads/docs/final-summit-report-in-full-pdf_13_06.pdf; and Op Cit. Kaleveld and Seivwright et al 2019.

¹⁰ NHLF, 2017, Position Paper on Racism: <https://www.catsinam.org.au/policy/position-statements>; Joint Statement (NMBA, CATSINaM, ACM, CAN and ANMF), 2018, Cultural safety: Nurses and midwives leading the way for safe health care: <https://www.catsinam.org.au/communications/press-releases-and-joint-statements>; and Lai, G.C., Taylor, E.V. Haigh, M.M. and Thompson, S.C. 2018. Factors Affecting the Retention of Indigenous Australians in the Health Workforce: A system Review. International Journal of Environmental Research and Public Health. (more

¹¹ Op Cit. Aboriginal Housing Victoria 2019.

¹² Youth Affairs Council of WA and WA Alliance to End Homelessness. 2018. The Western Australian Strategy to End Homelessness – Youth Homelessness Action Plan: <https://www.endhomelessnesswa.com/youth-homelessness-action-plan>

¹³ Op. Cit. Westbury and Dillon. 2019

¹⁴ Gray, M., Hunter B. and Biddle, N. 2014. The economic and social benefits of increasing Indigenous employment. Centre for Aboriginal Economic Policy Research (CAEPR) Topical Issue no.1. ANU. Canberra

12. From an NHLF perspective, the barriers to addressing homelessness are similar to the gap in health outcomes and can be summed up as a lack of valuing of Aboriginal and Torres Strait Islander people within Australian society. Indigenous Australia continually encounters hostility towards collective rights to self-determination and therefore an unsupportive political and social environment that leads Aboriginal and Torres Strait Islander peoples to disengage and enter into homelessness.

Social Determinants

13. Health is a holistic concept that incorporates the physical, social, emotional, and cultural wellbeing of individuals and their communities. Culture is a key enabler of good health - acknowledging that stronger connections to culture and country build stronger individual and collective identities, a sense of self-esteem, resilience, and improved outcomes across the other determinants of health including education, economic stability, and community safety. However, culture cannot address the lack of housing and/or homelessness.

14. Whilst the focus of the social determinants is on the impact on health and well-being outcomes, they also demonstrate the intersecting issues of housing and employment across the social and economic breadth of our society. From an NHLF perspective government policy treats the social determinants such as housing, employment, and health as unrelated policy agendas, which creates fragmentation. Our policy framework is based on Eurocentric conceptualisations of spatiality – urbanisation and sedentary- and framed around the neoliberal market model and individual responsibility therefore public policy does not consider of Indigenous spatiality and therefore when policies fail the problems become a cost burden issue.¹⁵ If these policies were designed within a complementary integrated framework homelessness would be better addressed.

15. The Australian Institute of Health and Welfare (AIHW)¹⁶ note that the social determinants directly affect the closing the gap target outcomes. Analysis of the Australian Health Survey of 2011-13, suggests that the social determinants accounted for around 34% of the gap in health outcomes between Aboriginal and Torres Strait Islander Australians and non-Indigenous Australians. Because the other 46.8% goes

¹⁵ Sanders, W. 2019. *Ideology, Evidence and Competing Principles in Australian Indigenous Affairs: From Brough to Rudd via Pearson and the NTRE*. Centre for Aboriginal Economic Policy Research (CAEPR) Discussion Paper No. 289/2009. ANU. Canberra

¹⁵ Op Cit. Westbury and Dillon 2019.

¹⁶ Australian Institute of Health and Welfare 2018. *Closing the Gap targets: 2017 analysis of progress and key drivers of change*. Cat. no. IHW 193. Canberra.

unexplained, it is arguable that racism, lack of cultural safety and intergenerational trauma can be attributed to the proportion.

16. The social determinants of health - housing, access to health care, education/training, transportation, law and justice, environment (land and water) and infrastructure are all opportunities to create a framework to address homelessness and provide economic and employment opportunities within the public and private systems. For example, housing provides shelter, safety, and improved health outcomes but it also provides employment. The investment in this sector has been poor due to a focus on quick fixes delivered by external private companies resulting in substandard outcomes. Yet, investing in local communities to provide housing and maintenance services would create long term sustainable training and employment opportunities. This would also enable communities to take control and responsibility for the identification of problems and designing and implementing the solutions.
17. The implementation of Health Justice Partnerships within community-controlled settings are community-driven solutions to the complex intersection between health and legal needs that many Aboriginal and Torres Strait Islander people particularly those at risk of homelessness experience. This model raises the important questions for policy makers on what resources are needed for communities to build the governance structures for participation in high-level decision making, and how local needs can shape higher-level system reforms.¹⁷
18. Biddle¹⁸ state that the issue of Indigenous housing presents two challenges: catch-up and keep-up. In regard to the former, the experience of over-crowding is at least 4.8 times that of the non-Indigenous population. Whilst there may well have been improvements in housing since this report the gap remains. In regard to the latter, governments have not kept up with the demand for housing particularly with the higher growth rate for the Aboriginal and Torres Straits Islander population compared to the general population. This demand combined with insufficient supply of functional dwellings means, that to genuinely address housing need and homelessness both state and the Federal government need to agree on a genuine investment strategy. For Aboriginal and Torres Strait Islander housing, the Commonwealth's lack of investment created the overcrowding and shortage crises with an estimated backlog in funding of \$6bn. On this basis we are in a continual catch up situation.

¹⁷ The Close the Gap Campaign Report. 2020. <https://www.humanrights.gov.au/our-work/aboriginal-and-torres-strait-islander-social-justice/publications/close-gap-2020>

¹⁸ Biddle. N. 2008. The Scale and Composition of Indigenous Housing Need. Centre for Aboriginal Economic Policy Research (CAEPR) Working Paper No. 47. ANU. Canberra

19. For there to be real and sustained change, housing must be part of the package in addressing health and wellbeing and the solutions must be self-determined and relative to place-based need.¹⁹ Community building and community development align with the social determinants and the cultural determinants of health and provide a holistic approach to towards homelessness. Such approaches would provide a more robust framework to addressing homelessness than the narrower focus of service delivery that tends to separate repairs and maintenance from property management²⁰ and would contribute to social and economic participation.²¹
20. Intergenerational trauma exists and it has deeply impacted the lives of Aboriginal and Torres Strait Islander Australians. This trauma combined with the deep structural exclusions has contributed to homelessness for many Aboriginal and Torres Strait Islander peoples. To overcome this disadvantage governments need to address the structural barriers, and policy makers need to deeply engage with Aboriginal and Torres Strait Islander peoples.²² Key to this work is the acceptance of and utilisation of the cultural determinants of health in the design of and implementation of solutions to homelessness.

Cultural Determinants

Cultural determinants are premised on extensive and well-established knowledge networks that exist within communities and in the community-controlled sectors. The implementation of these is consistent with themes in the United Nations Declaration on the Rights of Indigenous Peoples and Australia's commitments to meet Millennium Development Goals and 2030 Sustainability Targets.

The cultural determinants of health can be achieved by improving government engagement with individuals and organisations and by implementing cultural safety frameworks ...²³

¹⁹ Prof. Ngiare Brown. 2013. *Culture is an important determinant of health*. NACCHO Summit August 2013 Retrieved from: <https://blogs.crikey.com.au/croakey/2013/08/20/culture-is-an-important-determinant-of-health-professor-ngiare-brown-at-naccho-summit/>

²⁰ Hunt. J. 2008. *Normalising Aboriginal Housing in The Kimberley: Challenges at The Interface of New Public Management Approaches*. Working Paper No. 123/2008. Centre for Aboriginal Economic Policy Research, Australian National University. Canberra.

²¹ Markham, F., Jordan K., and Howard-Wagner D. 2018. Closing the Gap Refresh: papering over the gaps or structural reform? Centre for Aboriginal Economic Policy Research (CAEPR) Topical Issue no.2. ANU. Canberra

²² Op Cit. Westbury and Dillon 2019.

²³ Arabena, K (2020) Country Can't Hear English: A guide supporting the implementation of cultural determinants of health and wellbeing with Aboriginal and Torres Strait Islander peoples. Commissioned by the Australian Department of Health and completed on behalf of Lowitja Consulting. Melbourne. Victoria. Australia. P15

21. Everyone is born into and lives within culture or multiple cultures every day. Most descriptions or definitions of culture usually includes the following: knowledge, attitudes, beliefs and behaviours and all human beings are culturally bound. Cultures are maintained or modified when passed on and reinforced and practised in specific and general situations.²⁴ However, for many people who are part of dominant society it is easy to forget that society sits within dominant culture.
22. Understanding the relevance of culture to the issue of homelessness is to understand the relationship between Aboriginal and Torres Strait Islander peoples' culture and how that relates to health and wellbeing. It is also necessary to understand the relationship between Aboriginal and Torres Strait Islander peoples' homelessness and the exclusionary institutional frameworks that have regulated and controlled Aboriginal and Torres Strait Islander peoples' lives for the past 200+ years; and continues to shape the choices open to Aboriginal and Torres Strait Islander peoples whether they live in remote communities or in urban centres such as Sydney and Melbourne.²⁵
23. Salmon and Doery et al (2019)²⁶ provide an overview of the elements that constitutes the various parts of culture for Aboriginal and Torres Strait Islander peoples and therefore the impact on health and wellbeing. These elements are: *Connection to Country; Indigenous beliefs and knowledge; Indigenous language; Family, kinship, and community; Cultural expression and continuity, and Self-determination and leadership.*
24. *Connection to country, family, kinship and community and self-determination and leadership* are intrinsic to the issue of homelessness and designing and implementing solutions. The 2020 *Close the Gap Campaign Report*²⁷ illustrates how Aboriginal and Torres Strait Islander peoples' culture can shape the design and delivery solutions which contributes to closing the gap in health outcomes. These approaches also illustrate what is meant by strengths-based approaches through the inclusion of the culture, which is translatable to the issue of homelessness.
25. In relation to the above three elements, the work of Kerry Arabena²⁸ provides guidance around the implementation and translation of the cultural determinants and the type of actions that could be undertaken in the housing and homelessness space. For example,

²⁴ Salmon, M., Doery, K., Dance, P., Chapman, J., Gilbert, R., Williams, R. & Lovett, R. 2019, *Defining the Indefinable: Descriptors of Aboriginal and Torres Strait Islander Peoples' Cultures and Their Links to Health and Wellbeing*, Aboriginal and Torres Strait Islander Health Team, Research School of Population Health, The Australian National University, Canberra.

²⁵ Op Cit. Westbury and Dillon 2019.

²⁶ Op. Cit. Salmon and Doery. 2019.

²⁷ Op Cit. Close the Gap Campaign Report. 2020.

²⁸ Op. Cit. Arabena. 2020. Pp36, 55-56.

- 25.1. engagement Aboriginal and Torres Strait Islander people in built design processes through inclusion in design principle to guide new capital works projects and housing estates to enable buildings and health facilities include cultural determinant strategies, facilitate cultural relationships and local people involved in the development of guidelines on how to consider the needs of local community.
 - 25.2. partnerships with civic and other construction companies to ensure local workforces are able to contribute to the building of houses and capital works, ensuring employment, pride, and confidence; and
 - 25.3. local performances to open buildings, include cultural spaces and ensure artworks and other forms of recognition are included in buildings.
26. Not only does Kerry Arabena's guide to implementing the cultural determinants can directly inform housing, but more importantly the reason to implement the cultural determinants in community is to address the impact of intergenerational trauma and facilitate healing.²⁹

Dealing with crises

27. Natural disasters such as the floods and bushfires recent years, particularly this year in SE NSW have highlighted impact of disasters on Aboriginal communities through the destruction of country not just their homes. Climate change and its impact on disasters create much sorrow not only through the loss of life, rendering people homeless but also through the loss of social, emotional, and spiritual connections to the physical environment. The severity of this type of loss are difficult to replace if the solutions are defined by economic loss and housing loss.
28. People in society that are recognised as the most vulnerable during disasters such as the elderly, babies, and people with chronic health conditions and/or compromised immune systems are readily thought of when disaster relief needs to be managed. However, for people who are experiencing homelessness they are not normally included in the category of priority groups.
29. The covid-19 pandemic has meant that staying home and social distancing are essential to control the spread of this virus. This requirement is a clear example of the impact of homelessness on being fully able to participate in normal society and thus have the ability to adhere to government requirements in an emergency. Hence emergency accommodation for quarantine and isolation have been critical, which has exposed

²⁹ Op. Cit. Arabena. 2020. P43

Australia's broken housing system, leaving us all exposed."³⁰ People who are homeless whilst been given emergency assistance including accommodation, need the issue of housing once and for all addressed. For people living in overcrowded dwellings they are unable to self-isolate. Homelessness is a state of vulnerability to losing whatever temporary shelter people have and more difficulty to access the supports through normal means.

30. Whilst more funding has been given to community organisations to aid people who are homelessness, the response appeared to be a secondary consideration. Now that restrictions are easing and our attention is primarily on the economy, the extent of the difficulties people who are homeless will face is clearly not understood and illustrates a lack of empathy of what it means to be homeless..
31. The overall response to this crisis demonstrates that as a society we are more worried about the economy and expenditure to keep it going, rather than creating and ensuring a safe and secure society for all. Homelessness at any time is an indicator of the health and wellbeing of a society, it shines a lens on what our priorities are through our public policy mindset.

Governments Policy Framework and Accountability

32. A partnership between community and government to solving homelessness, which must include funding investment in social and affordable housing, is more likely to achieve better outcomes than a focus on providing *only crisis support* or providing housing without any additional support. Either focus leads to a revolving door of people never quite exiting homelessness. There is enough research to confirm that a system heavily weighted toward traditional 'emergency' service delivery approaches is both ineffective and costly.³¹
33. If government contracting and accountability arrangements in the housing space allowed for relational approaches, community-housing organisations could achieve better results than current housing policy that framed around merit and market priorities.³² Indeed multiple objectives such as jobs, business development and housing,

³⁰ Gurrán, N. Phibb, P. and Lea, T. 2018. Homelessness and overcrowding expose us all to coronavirus. Here's what we can do to stop the spread. The Conversation: <https://theconversation.com/homelessness-and-overcrowding-expose-us-all-to-coronavirus-heres-what-we-can-do-to-stop-the-spread-134378>

³¹ Kaleveld, L., Seivwright, A., Flatau, P., Thomas, L., Bock, C., Cull, O., and Knight, J. (2019). Ending Homelessness in Western Australia 2019 Report. The Western Australian Alliance to End Homelessness Annual Snapshot Report Series. Perth: The University of Western Australia, Centre for Social Impact. p2

³² Op Cit. Hunt. 2008

could be achieved along with self-determination and local empowerment if relational approaches were part of housing public policy.

34. The AIHW provides annual *Special Homelessness Services Report* derived from data collect from organisations defined as specialist homeless services in receipt of government funding under the National Housing and Homelessness Agreement to deliver accommodation and/or personal services to propel who are homeless or at risk of homelessness. In the 2018-19 report the AIHW states that they recognise there are other organisations not funded by government who also provide a wide range of services to this sector, yet they are not covered in the data collection or reporting process.³³ This gap in information creates a knowledge gap to the extent of the problem and the potential solutions. This gap in knowledge is indicative of a poor understanding the capacity and/or shortfalls within the service system and illustrates an unwillingness by governments to want to know and therefore properly invest in the people who are homeless or at risk of homelessness.
35. A Partnership Agreement on Closing the Gap between the Council of Australian Governments (COAG) and the Coalition of Peaks (a representative body comprised of around fifty Aboriginal and Torres Strait Islander community controlled peak organisations) was signed in March 2019. This means that Aboriginal and Torres Strait Islander people, through their peak body representatives, will share decision making with governments on Closing the Gap. Under this arrangement a detailed *National Agreement on Closing the Gap* will be developed that will include 3 priority reform areas:
 - 35.1. establishing shared formal decision making between Australian governments and Aboriginal and Torres Strait Islander people at the State/Territory, regional and local level to embed ownership, responsibility, and expertise on Closing the Gap.
 - 35.2. building and strengthening Aboriginal and Torres Strait Islander community-controlled organisations to deliver services and programs in priority areas.
 - 35.3. ensuring all mainstream government agencies and institutions undertake systemic and structural transformation to contribute to Closing the Gap.
36. As previously mentioned, to address Indigenous disadvantage as demonstrated through the gap in health outcomes and epitomised through homelessness, governments need to firstly address the structural barriers and secondly, make substantive improvements to the quality of engagement between policy makers and Aboriginal and Torres Strait

³³ Australian Institute of Health and Welfare 2019. Specialist Homelessness Services annual report 2018–19. Cat. no. HOU 318. Canberra.

Islander citizens.³⁴ Accordingly it is under the umbrella of the *National Agreement on Closing the Gap* that homelessness as experienced by Aboriginal and Torres Strait islander peoples should be addressed. Having access to housing and the relevant social support services is essential to assisting people experiencing homelessness or at risk of homelessness.

Recommendations

37. The NHLF calls for the Council of Australian to endorse the National Agreement on Closing the Gap (once completed) and agree to invest in the accompanying social determinants of health to be delivered through the lens of the cultural determinants.
38. The NHLF calls for this Agreement be the framework by which all Australian governments:
 - 38.1. acknowledge and value the people who are experiencing homelessness or are at risk of homelessness by increasing investment in the bricks and mortar i.e. accommodation and affordability as well as the social services system.
 - 38.2. acknowledge that the social services system cannot rely on a market-based system for housing for those who are homeless or at risk of homelessness. The housing market fails most people who are outside of the stable employment and income levels paradigm.
 - 38.3. reinvest and re-establish the Aboriginal community-controlled housing organisations.
39. To reshape the NHHA so that it complements the National Agreement on Closing the Gap for Aboriginal and Torres Strait Islander peoples, thereby enabling the cultural determinants of health be part of the design, decision-making and delivery of homelessness services.
40. Lastly, the NHLF calls for a genuine increase in the investment to substantively increase social housing stock, improve housing affordability and for people who are homeless or at risk of homelessness solutions are framed around the social and cultural determinants of health.

³⁴ Op Cit. Westbury and Dillon 2019.