

Improving housing service responses to Indigenous temporary mobility

THE KEY FACTORS THAT DETERMINE THE HOUSING OUTCOMES OF INDIGENOUS MOBILITY ARE WHETHER TRAVEL IS VOLUNTARY OR INVOLUNTARY AND HOW LONG IS SPENT AWAY FROM HOME. PROVIDING THE APPROPRIATE SERVICE RESPONSE CAN PREVENT TRAVEL FROM BECOMING A PATHWAY INTO LONG-TERM HOMELESSNESS.

KEY POINTS

- Indigenous temporary mobility refers to the short-term geographical movement of individuals and families for a wide range of reasons, including visiting kin, accessing services, avoiding weather events or escaping crowding and domestic violence.
- This research identifies seven *mobility groups* among the Indigenous population: visitors, migrants, boarders, between place dwellers, transients, involuntary travellers and the chronically homeless. These groups are distinguished by the motivation for travel (whether it is voluntary or involuntary) and the length of time spent away from home.
- Understanding the likely housing pathways of these *mobility groups* is important in determining appropriate service responses. For example, it helps service providers to distinguish between people experiencing homelessness and those who have temporarily left their usual home.
- Due to the shortage of housing, when Indigenous people travel, their accommodation options may be limited and risky. An absence of affordable, appropriate short-term accommodation may lead to cycling between overcrowded homes of relatives and public space dwelling, contributing to the high rate of homelessness among Indigenous people.
- The services required by different *mobility groups* vary depending on whether travel is culturally motivated and

This bulletin is based on research by Dr Daphne Habibis, Dr Chris Birdsall-Jones, Associate Professor Terry Dunbar, Dr Margaret Scrimgeour and Ms Elizabeth Taylor of the AHURI Southern Research Centre. The research sought to identify strategies for improving housing service responses to Indigenous mobility patterns.

temporary, or occurs as a result of housing exclusion. By understanding the motivation for travel, it is possible to better tailor housing services, and predict the likely level of demand.

CONTEXT

Indigenous mobility patterns present a challenge to effective service provision in regional and remote areas of Australia. The lack of fit between housing services based on the needs of a sedentary population and the mobility practices of Indigenous people can contribute to the high rate of Indigenous homelessness. Temporary mobility is an important area of housing need which may be overlooked because it falls between the provision of permanent affordable housing and specialist homeless service provision. Better understanding of Indigenous mobility will assist in developing programs that target Indigenous travellers. This way, opportunities for early intervention to reduce the risks of those who are travelling experiencing long-term homelessness can be realised.

RESEARCH METHOD

Seven case studies were conducted in South Australia (Adelaide, Coober Pedy and Port Augusta), Western Australia (Carnarvon/Burringurrah, Broome and Fitzroy Crossing) and the Northern Territory (Nhulunbuy and Tennant Creek). These case studies involved interviews with 116 service providers and service users overall. Methods also involved the analysis of administrative data (in WA and SA) from state housing authorities and the Supported Accommodation Assistance Program.

KEY FINDINGS

Indigenous mobility groups

Based on the information gained from the interviews, the study identifies seven different *mobility groups*, each of which is distinguished by the motivation for travel and the length of time spent away from home. The seven mobility groups are:

Visitors—are defined as undertaking voluntary, temporary travel of predictable, often short-term duration. Visiting kin, travel to service centres for shopping, customary practices, holidays and business fit within this category. This kind of activity is often undertaken by large kin-related groups; women with families are well represented.

Migrants—undertake voluntary, more permanent travel. Motives include employment and marriage. This group includes renal dialysis patients; although their movement is not voluntary, they are best understood as migrants because of their need for permanent housing close to renal dialysis facilities. These patients often travel with, and are visited by, family members and are a source of significant mobility within Indigenous communities.

Boarders—undertake involuntary, temporary travel. They are characterised by predictable, temporary absence as a result of a requirement to access an essential service such as employment, education or training and also imprisonment.

Between place dwellers—include individuals whose frequent travel between one or more locations is derived from tradition rather than housing exclusion or other involuntary factors.

Transients—are further towards the involuntary end of the agency continuum. Visiting is motivated by overcrowding and housing exclusion with frequent moves and some public space dwelling. With alcohol abuse, this group is especially vulnerable to chronic homelessness. Transients include those whose travel results from resistance to policy change (such as the Northern Territory Intervention), as well as those leaving difficult conditions at home.

Involuntary travellers—undertake travel for reasons outside their control. This category includes women and children escaping family violence as well as others where relationship breakdown means returning home is not a viable option.

Chronically homeless—represent the most hard-to-service population group. They are more likely to be single with high and complex needs. Their

mobility is overwhelmingly involuntary, associated with substance use and characterised by cycling between overcrowded relatives' homes, public spaces, crisis and emergency accommodation, and prison or other custodial shelter.

Indigenous housing pathways

The *mobility groups* identified above are not discrete—people move between these groups. For example, short-term visits can become long-term because of a lack of transport or resources to return home. Renal dialysis access can lead to permanent relocation and consequently tenancy failure at the previous residence. Household crowding can lead to public place dwelling when space runs out or relationships are strained.

The risk of experiencing long-term homelessness is greater for those who spend longer away from home, and whose travel is less voluntary. The common pathways between these groups are indicated in the Figure below.

POLICY IMPLICATIONS

Temporary mobility is a major contributor to homelessness. Improving service responses will require an accurate estimation of need—this could be achieved by counting of these groups in the census. This would enable accurate differentiation

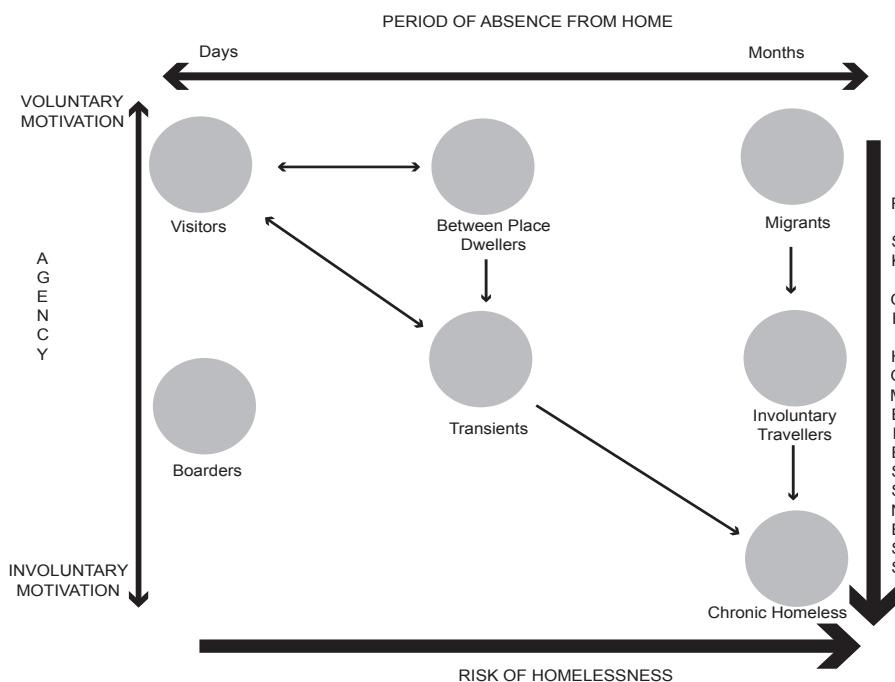
between chronic homeless and other *mobility groups* within the rough sleeper population. It would establish local evidence bases of the timing and volume of population churn. Strategies can then be developed in consultation with the local community and in partnership with health services, training, employment and education services and the criminal justice system where possible.

The types of programs that would assist in addressing the needs of Indigenous travellers include:

Return to country programs providing transport or financial assistance to assist individuals and families visiting larger population centres to return to their home communities. This can prevent people being stuck in town without accommodation and either dwelling in a public place or contributing to crowding in a relative's household. An example of this is the Safe Tracks program in South Australia, which provides transport for the Anangu people between Adelaide and their home community. It is important to promote these programs effectively so people are aware that they are available, and to cover the whole return journey.

Supporting host households to manage visitors by providing larger homes with extra space to accommodate visiting relatives, and access to

FIGURE: INDIGENOUS TEMPORARY MOBILITY, MIGRATION AND HOMELESSNESS



support workers from drug and alcohol and mental health services. These hosts may also require access to translators and mediation. These households and individuals play a key role in their communities and should be supported in sustaining their tenancies. More active maintenance programs may be required for these properties.

Providing short-term accommodation—at present the options for short-stay accommodation include relatives' homes, public spaces, Aboriginal Hostels Limited or specialised hostels. There is a need for family friendly, inexpensive short-term accommodation—this accommodation is most effective when operated by Indigenous staff from the same language group as the service users. South Australia's Safe Tracks model is an example.

Develop camp sites—among the Indigenous population open space dwelling is a culturally accepted practice, but may carry health, safety and criminalisation risks. The development of existing or new camp sites to provide a safe environment would be a positive step. In recognition of this, funding has been provided under Strategic Indigenous Housing and Infrastructure Program (SIHIP) to provide visitors accommodation at the Alice Springs Town Camps.

Flexible and well communicated policies from social housing providers in regard to tenant absences—flexible provisions permitting longer periods away and information about the risks of unannounced departures need to be provided. This should be in images and texts, and in the form of fact sheets, booklets, notes and fridge magnets.

Transit centres—could offer a 'one-stop-shop' to travellers, providing information on relevant local services to new arrivals and access to Centrelink and Indigenous organisations. These could also provide information to migrants about other services such as schools, early childhood programs and may offer support to obtain permanent accommodation, including urban living skills programs.

Establish partnerships with health services for renal dialysis patients—the housing needs of renal dialysis migrants are currently poorly served. Service agreements between Health and Housing agencies to address their housing needs will reduce the impact on rough sleeping and homelessness.

FURTHER INFORMATION

This bulletin is based on AHURI project 40526, *Improving housing policy responses to Indigenous patterns of mobility*.

Reports from this project can be found on the AHURI website: www.ahuri.edu.au or by contacting the AHURI National Office on +61 3 9660 2300.

ahuri.edu.au



HEAD OFFICE Level 1, 114 Flinders Street Melbourne Victoria 3000 TELEPHONE +61 3 9660 2300
FACSIMILE +61 3 9663 5488 EMAIL information@ahuri.edu.au WEB www.ahuri.edu.au

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