Whose Health City is it? Health and Community Services and the Housing Crisis in Greater Darwin

KEY FINDINGS

• The Darwin Region (Palmerston, Darwin, Litchfield) has grown from having 45% of the NT population in 1976 to nearly 55% in 2006. Growth has mainly been constituted of: young workers in the construction and resource sectors; Indigenous migrants from remote communities; ageing of the existing population; an increase in the number of young families.

• A shortage of housing and rapid increases in housing costs suggests that the housing sector in the region has not been able to keep up with demand. Darwin is currently the most expensive capital city in Australia in terms of cost of living and housing and critics have argued that the region is in a ‘housing crisis’.

• The provision of housing has been the focus of responses to the ‘crisis’, but more attention needs to be paid to how housing is integrated with the range of health and community services that need to be accessed by the growing and changing population;

• The impacts of the housing crisis on demand for community services in the Darwin Region are still only poorly understood. This research brief explores the issue, and outlines research that will be conducted to understand the problem more fully.

This research will document how the ‘housing crisis’ is affecting the various population groups in Darwin (Indigenous people, workers, seniors, young families).

It will then examine how the Health and Community Service (HCS) sector in Darwin deals with the needs of its changing population and how it responds to social and health issues caused by the current ‘housing crisis’.

It will be particularly important to inform planning and housing decision for the new suburbs and new city of Weddell planned for the Darwin region.

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Background

For all people, housing is extremely important; it satisfies the essential needs of people for shelter, security and privacy. Housing is recognised throughout the world as a basic human right. Inadequate housing and housing stress (the ongoing pressure and fear of not being able to afford housing) can have substantial impacts on community wellbeing and may have a huge impact on political stability and economic prosperity (Rahman, 2008). It has been demonstrated that dissatisfaction with housing and the built environment clearly affect people’s health. Both physical and mental health problems are often caused by inadequate housing or poor urban planning (Srinivasan et al., 2003).

Studies in diverse contexts of the developed world have commented on the impact that inadequate housing or homelessness can have on people’s lives. Several researchers have outlined the psychological importance of good housing and have demonstrated that housing quality has substantial impacts on mental health (Bratt, 2002; Kyle & Dunn, 2007). Bratt (2002) argued that inadequate housing can threaten family-wellbeing as it can negatively affect relationships between housing occupants and neighbourhood conditions. Haveman et al. (1991) argued that homelessness has a profound impact on the emotional, behavioural and cognitive development of families and children. Research in Canada found that people who were satisfied with their housing conditions were more likely to report better health (Dunn & Hayes, 2000). In contrast to this, people who reported greater difficulties in covering housing costs were more likely to report poorer health conditions. Similarly, a number of studies from Great Britain have highlighted the relationship between poor housing and poor health (Dunn & Hayes, 2000) Research in the United States suggested that a lack of decent housing and increasing homelessness among American citizens were among the most significant public health concerns (Matte & Jacobs, 2000).

The provision of housing in a community can promote social inclusion (Somerville, 1998). Denial of housing to certain social groups takes away their personal control over daily lives and impairs their rights as citizens. This can engender social exclusion (Somerville, 1998). It has been argued that a lack of access to affordable housing and quality services can contribute to the social exclusion of more vulnerable newcomers, leaving them little choice but to emigrate (Papillon, 2002).

One of the main issues for the health and community sectors in the Darwin Region (Darwin, Palmerston and Litchfield) is that housing is becoming less affordable and some residents are increasingly struggling to find or maintain a place to live. Darwin is currently undergoing a housing crisis and there is considerable evidence of housing stress in the Darwin Region. For example, new statistics from
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Australian Property Monitors (2009) revealed that Darwin was the only Australian capital city to see a rise in rental prices in the financial quarter ending in June 2009. Rents went up by 6%, compared to a 5% drop in Sydney, which traditionally had the highest rents in Australia. Furthermore, median house prices in Darwin have risen by 11.2% in the financial quarter ending in June 2009 and the average cost of a unit has increased by 17% during the past 12 months, making Darwin the most expensive capital city in Australia (ABS, 2009). The lack of public housing, long-term accommodation and crisis accommodation has been repeatedly reported in the media (ABC News, 2007), with latest reports indicating that considerable numbers of people are compelled sleeping in tents because of the housing crisis. As per September 2009, an estimated 3,000 people were homeless in the Darwin Region (ABC News, 2009).

Previous research (Carson & Schmallegger, 2009) into planning and development trends in Darwin highlighted shortcomings in existing housing development projects. What adds to the shortage of housing and the increasing costs of living is that new housing developments in Darwin often seem to not meet the needs of Darwin residents. People are dissatisfied with the focus of community development in the Darwin Region, and with the absence of community amenity, particularly in the northern suburbs. For example, new developments such as the Lyons residential suburb have been criticised for their lack of amenities and community infrastructure that would be required to attract long-term residents (Carson & Schmallegger, 2009) Much of Darwin's residential development has so far focused on providing accommodation for short-term visitors and temporary workers, often in the form of high-rise rental apartments in the city centre. It has been suggested that this may lead to a 'crowding out' of long-term residents (Carson & Schmallegger, 2009).

Increasing housing prices affect socio-economic groups differently (Beer et al, 2007). Physical and mental health problems caused by housing stress tend to be greater among low-income groups. These groups often live in old and deteriorating houses and run-down neighbourhoods and have limited access to quality housing stock (Ellen et al, 2001). Data from the National Housing Survey and Rahman (2008) suggest that the social categories most affected by housing unaffordability in Darwin, and the Northern Territory in general, are: Indigenous Territorians; young and single persons; lone parent families; couples with dependent children; the elderly; other low-income households. Currently, half of these households in the Territory are experience housing stress (Rahman, 2008).

One of the biggest challenges for policy makers in the Darwin Region at the moment is to attune the planning of community services to an ever changing population. Recent studies have found that the Darwin
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Region has a volatile population structure – there is an unusually high population turnover and the population is getting older, less male, and more Indigenous (ABS, 2009; Taylor & Carson, 2009). The percentage of the Northern Territory population living in the Darwin Region has increased from 45% in 1976 to nearly 55% in 2006 (Darwin and Palmerston Social Atlas, 2008) and is expected to continue to increase to up to 58% in 2021 (Northern Territory Government, 2009a). The current housing crisis is likely to affect each of the following key population groups:

- **Predominately male, ‘early career’ Workers**, aged between 25 and 39 years old. These migrants service large construction and resource projects but usually leave Darwin after their contracts expire. This group replaces itself entirely every five years.

- **Ageing residents**, close to retirement age. The proportion of young people in both Indigenous and Non-indigenous populations will decline while the proportion of the elderly will increase considerably. In the Territory, the absolute numbers of older people are projected to grow from about 10 000 in 2006 to around 32 000 in 2036. According to the NT population projection (2009) the median age of the total population in 2006 was 31. This is expected to be 33.9 years by 2036 (Northern Territory Government, 2009a).

- **Indigenous migrants** from remote communities. The Indigenous population in the Darwin Region is projected to grow more strongly than the Non-Indigenous population. The Territory’s Indigenous population recorded an average annual growth of 1.97 per cent compared to 1.28 per cent for the Non-Indigenous population. A partial reason could be the high fertility and the improving life expectancy of the Indigenous population (Northern Territory Government, 2009a).

- **(Young) families**, including couples who are about to start a family and young adults who return to the Northern Territory after the completion of tertiary education at an interstate institution.

- **Women**. The Territory has the highest male to female ratios in Australia in all age groups giving the Territory a unique gender imbalance. As at 30 June 2008, the Territory had significantly more males than females, estimated 108 males for every 100 females. This is much higher than the national average ratio of 99 males for every 100 females (Northern Territory Government, 2009b). The ratios are even higher in the Greater Darwin region. Strategies looking at attracting more women and families to the NT may cause substantial changes to Darwin’s population.
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Planning for these population groups would require a range of different strategies to encourage them to stay in the Darwin Region over the longer-term. Converting temporary labour migrants into longer-term residents is critical for the economy of the Darwin Region and would most likely require a fresh approach to the planning of housing developments (Carson and Schmallegger, 2009). Similarly, the strong growth in seniors (the 2006 Census indicates a 27% growth in the NT’s population over 65 years of age) means that there will be an increasing need for affordable housing options for seniors, improved aged care facilities, and social infrastructure. Currently, young couples and families have difficulty finding suitable, affordable accommodation in the Darwin Region and struggle to get into the property market. There is currently a shortage of supported independent living programs and accommodations services as well as a lack of case-management support for young people in the region. In addition, social infrastructure is inaccessible to many, being located downtown, and catering for a single, male market. This has caused substantial dissatisfaction in the past among women and young families and has created a certain reputation for Darwin as ‘no place for women’ (Carson and Schmallegger, 2009). Finally, an increasing Indigenous population in Darwin caused in part by an increasing rate of ‘urban drift’ (Taylor and Carson, 2009) means that there needs to be a more targeted focus on providing adequate housing and infrastructure that is geared towards and accessible to these migrants. This is essential if these migrants are to be better integrated into the community.

The capacity of Darwin to sustain its key population groups is heavily influenced by factors such as access to housing, access to appropriate health and community services, education opportunities, transport systems, and the design of neighbourhoods. Housing is one of the critical factors that determine whether people move or stay in a region (Cunningham & Beneforti, 2009; Dept. of Local Government and Housing, 2009; Rahman, 2008). If the state cannot intervene to provide adequate housing for the key population groups of the Darwin region, it will be difficult to facilitate sustainable population growth. Inadequate housing will not only influence growth rates, but may also put additional pressure on the social and health service system (NTCOSS 2009-10 Pre-Budget Submission, 2008; Shaw, 2004). People experience housing stress in Darwin are more likely to have health and social problems, if they cannot afford treatment due to the high cost of living or if they have to put up with inferior accommodation in locations with restricted access to health and social services, no adequate transport options, or poor neighbourhood design.
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Purpose of the Research
The Population and Tourism Studies Group is conducting research to document how the housing crisis is affecting the vulnerable population groups in the Darwin region (Indigenous people, key workers, young people and families, seniors). It will examine how the Health and Community Service (HCS) sector in Darwin deals with the needs of its changing population and how it responds to the social and health problems caused by the current housing crisis. This research is crucial to a deeper understanding of how the current housing crisis differentially affects the subgroups that make up the Darwin Region population. It is a fundamental step towards the improvement of future health and community services in the region. It will be particularly important to inform planning and housing decision for the new suburbs in Palmerston and the new city of Weddell.

The specific research questions are:

- How does the current housing crisis affect the various groups of Darwin’s population?
- How does the current HCS system meet the needs of vulnerable sub-populations?
- How are the HCS needs of Darwin’s population changing over time?
- How do service providers consider demographic change and the housing crisis in their planning and management strategies?
- What lessons are to be learned for planning and coordinating HCS in new suburbs or satellite towns?

Methods
The research will be conducted between July and December 2009 and will include:

- Analysis of existing data to identify how the Health and Community Service needs of Darwin’s population have changed over time (and might be likely to change in the future);
- A literature review reviews to examine formal HCS strategies employed by the Northern Territory Government and service providers; and
- In-depth interviews with HCS providers to identify how the current housing crisis affects the changing population in the Darwin Region, the extent to which they consider demographic change and how well attuned their strategies are to meet the demands of the housing crisis. More specifically, the interviews will deal with the following topics:
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- Demographic changes and their impact on changing needs and demands for HCS
- The specific impact of the housing crisis on the needs and demands for HCS
- Implications for planning strategies in new suburbs (particularly Weddell)
- Evaluation of the NT Government’s role in Darwin’s Health System

Data collection will be completed by October 2009. The research will outline the gaps between the changing needs of Darwin’s key population groups (particularly those needs that are linked to the housing crisis) and the services that are currently provided by Darwin’s HCS system. The outcome of the research seeks to provide recommendations for the HCS system in Darwin to inform and support community planning and housing decision for the new city of Weddell.

References


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