Exploring Indigenous Home Management Programs in the Northern Territory

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The ideas and opinions presented in this report do not necessarily reflect the ideas and opinions of the Cooperative Research Centre for Aboriginal and Tropical Health (CRCATH). Every effort has been made to ensure the information on services presented in this report is accurate.

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Contents

Acknowledgements ........................................... page v
Acronyms ....................................................... page vii
Definitions .................................................... page ix
Executive Summary .......................................... page xi
1. Introduction ............................................. page 1
2. Conceptual Model ....................................... page 5
3. Background: A Literature Review ................ page 9
4. History of FACS-funded Homemaker Programs ... page 17
5. Contemporary FACS Homemaker Programs .... page 19
6. Contemporary Home Management Programs: ... page 23
   Other services in the Northern Territory
7. Discussion ............................................. page 37
8. Conclusion ............................................. page 41
References .................................................. page 43
Appendix: Research ........................................ page 49
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## Acronyms

<table>
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<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>ABS</td>
<td>Australian Bureau of Statistics</td>
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<tr>
<td>AHIRS</td>
<td>Aboriginal Housing Information and Referral Service</td>
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<td>ANAO</td>
<td>Australian National Audit Office</td>
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<td>AP Lands</td>
<td>Anangu Pitjantjatjara Lands</td>
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<td>ATSIC</td>
<td>Aboriginal and Torres Strait Islander Commission</td>
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<td>CACP</td>
<td>Community Aged Care Package</td>
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<td>CAT</td>
<td>Centre for Appropriate Technology</td>
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<td>CDEP</td>
<td>Community Development Employment Program</td>
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<td>CHINS</td>
<td>Community Health Infrastructure Needs Survey</td>
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<td>CHIP</td>
<td>Community Housing and Infrastructure Program</td>
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<tr>
<td>CIAS</td>
<td>Community Information Access Survey</td>
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<tr>
<td>CRCATH</td>
<td>Cooperative Research Centre for Aboriginal and Tropical Health</td>
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<tr>
<td>DHAC</td>
<td>Department of Health and Aged Care</td>
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<tr>
<td>DHCS</td>
<td>Department of Health and Community Services (formerly Territory Health Services)</td>
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<td>EHO</td>
<td>Environmental Health Officer</td>
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<td>FACS</td>
<td>Family and Children's Services</td>
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<td>IAD</td>
<td>Institute of Aboriginal Development</td>
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<td>HACC</td>
<td>Home and Community Care</td>
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<td>HIPP</td>
<td>Health Infrastructure Priority Program</td>
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<td>IHANT</td>
<td>Indigenous Housing Authority of the Northern Territory</td>
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<td>Julalikari</td>
<td>Julalikari Council Aboriginal Corporation</td>
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<td>MALU</td>
<td>Mobile Adult Learning Unit</td>
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<td>NACCHO</td>
<td>National Aboriginal Community Controlled Health Organisation</td>
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<td>NAHS</td>
<td>National Aboriginal Health Strategy</td>
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<td>NAHS EHP</td>
<td>National Aboriginal Health Strategy Environmental Health Program</td>
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<td>NPYWC</td>
<td>Ngaanyatjarra Pitjantjatjara Yankunytjatjara Women’s Council Aboriginal Corporation</td>
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<td>NT</td>
<td>Northern Territory</td>
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<tr>
<td>NTU</td>
<td>Northern Territory University</td>
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<td>OATSIH</td>
<td>Office of Aboriginal and Torres Strait Islander Health</td>
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<td>DHCS</td>
<td>Department of Health and Community Services</td>
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<td>UPK</td>
<td>Uwankara Palyanyku Kanyintjaku</td>
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<td>Waltja</td>
<td>Waltja Tjutangku Palyapayi Aboriginal Association</td>
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Definitions

There are several key terms that require defining for the purposes of this report.

**Home Management Programs**

Home Management Programs are services that enhance the ability of a household to maximise the social and health benefits of a house and to function as a household.

In this report, ‘Home Management’ refers to a variety of activities that enhance:

- budgeting skills;
- domestic hygiene;
- white goods operation;
- household maintenance;
- food preparation, food storage and nutrition skills;
- parenting skills;
- health hardware operation and maintenance etc.

A program may provide one or a combination of activities to be defined as a Home Management Program. These programs are also known as Home Living Skills, Living Skills, Healthy Home Living and Homemaker Programs.

The main purpose of Home Management Programs is to build on the capacity of communities and individuals to address health and social issues related to house utilisation.

**Mapping**

In this report, ‘mapping’ is defined as identifying and describing (in terms of objectives and activities) of Home Management Programs in the Northern Territory.

**Capacity strengthening**

In this report, ‘capacity strengthening’ refers to infrastructure (physical and system) and skills development in the community to assist in achieving long term health and social outcomes from Home Management Programs.

**Health hardware**

Health hardware is defined as ‘the physical equipment necessary for healthy, hygienic living’ (Pholeros et al 1993: v). Health hardware includes sinks, taps, basin plugs, toilets, cleaning equipment, stoves, etc.

**Social capital**

Social capital is defined as ‘the norms and social relationships embedded in the social structures of societies that enable people to coordinate action to achieve desired goals’ (Ichiro et al 1997).
Executive summary

Increasing awareness of the importance of adequate housing and health hardware for improving health status has assisted in improving investment in Indigenous housing infrastructure. At the same time, there is a growing recognition at a policy level that corresponding support of programs addressing management of houses is a critical component of obtaining optimal social and health benefits. This project is the product of an interagency collaboration seeking better understanding of the focus and range of such programs occurring in the Northern Territory.

Home Management Programs were first introduced into the Northern Territory as Homemaker Programs funded by the Department of Community Development in 1978. Activities historically included education of Indigenous people in home hygiene, budgeting, food and nutrition and parenting support. As other organisations developed programs, activities diversified into environmental health activities, white goods operation and maintenance, and education on rights and responsibilities of house tenancy.

Although the range of activities is broad, the fundamental objective of all programs is to enhance the ability of households to maximise the social and health benefits of a house. This common objective is taken in this report to be the definition of Home Management Programs. Home Management Programs includes Homemaker, Living Skills, Home Living Skills and Healthy Home Living Programs, amongst others. The first objective of this project was to ‘map’ (identify, describe and document) current Home Management activities and service providers, to better inform the interagency collaboration of the Home Management landscape in the Northern Territory.

The broad range of activities is partly the result of the multiple program areas that have an interest in Home Management services, including environmental health, public health, Women’s Programs, Housing Programs and capacity strengthening activities. This project also found that Home Management activities are often located on the periphery of core business, resulting in less prominence at a policy level and disadvantage in terms of obtaining resources and support. One of the recommendations of this report is that development of a flexible policy framework would be useful in supporting service provision and consolidating collective interagency contributions.

The second objective of the project was to explore expected outcomes of programs. The mapping process revealed that NT Home Management Programs adopt one of two approaches to enhance the skills of households to improve health and social benefits from houses.

The first approach is based on the understanding that some Indigenous people require education or training in home hygiene, nutrition, environmental health and house maintenance to manage their households. Home Management Programs utilising this approach include certified education programs, as well as less formal training. Many of these programs are based in towns and are aimed at people moving to urban settings from remote communities.

The second approach assumes that most people have adequate knowledge of how to maximise the health and social benefits from their houses, but are prohibited from doing so due to other factors. These have been termed ‘functionality factors’ and can include level of income, cost of living, geographical isolation, kinship relationships, appropriateness of health hardware, availability of cleaning agents and nutritious food, etc. Recognition and understanding of functionality factors is essential for future development of Home Management Programs.

The third objective of this project was to identify areas of potential future research in Home Management. The report concludes that there are three critical areas for further exploration which would support service delivery:
1. in-depth identification and understanding of functionality factors;
2. identification of a hierarchy of importance of functionality factors; and
3. development of a home management activities practical framework to guide policy development and service provision. Given the interagency interest in Home Management Programs, the framework will need to identify contributions from appropriate agencies and define service guidelines.

It is suggested that practical and theoretical framework development is of primary importance for further improvement of Home Management Programs in terms of effectiveness, monitoring and policy development. A research proposal has been developed in conjunction with this report, which is currently being submitted to appropriate funding bodies. The proposal outlines the development of a practical policy framework that will enable an integrated and flexible approach for the improvement, delivery and evaluation of Home Management services. Flexibility is important to continue to allow Home Management services to cater for local needs, while obtaining interagency support.

At a national level, the current policy environment is increasingly supportive of programs and initiatives that focus on strengthening family and community relationships (or ‘social capital’). Enhancement of social capital is currently an emerging component of policy development in Australia. There is scope for Territory agencies to investigate appropriate ways in which existing programs, such as housing and health infrastructure development, can be supported utilising the impetus of the national-level policy direction. Home Management policy and program development is particularly exciting given the relatively little policy-level understanding of this area, and multi-agency support for Home Management growth.

This project is an initiative of agencies including Department of Community Development, Sport and Cultural Affairs (formerly Territory Housing), the Department of Health and Community Services, the Aboriginal and Torres Strait Islander Commission (ATSIC), the Commonwealth Department of Family and Community Services and the Northern Territory University. The project reflects the collaborative interest of a range of service providers in examining and improving Home Management policy and service provision in the Northern Territory. There is clearly goodwill amongst agencies to adopt an integrated approach to addressing Home Management issues.
1. Introduction

This project was conducted by the Cooperative Research Centre for Aboriginal and Tropical Health (CRCATH), on the request of the Family and Children's Services (FACS) Branch of Department of Health and Community Services (DHCS). The project evolved from discussions between FACS, CRCATH, Department of Community Development, Sport and Cultural Affairs and the Indigenous Housing Authority of the Northern Territory (IHANT). The collaborative interest of this group is on the health and social impact of housing and home management services in Indigenous communities. This project represents one of a number of local sources of information that is currently being examined by the group to better inform them of the current status of the potential of Home Management Programs.

There is a growing body of data informing policy makers on the physical status of houses on remote and urban communities. For example, the Community Housing and Infrastructure Needs Survey (CHINS), conducted in 1992 and 1999, provides current Australia wide data on the housing and infrastructure needs of Indigenous communities. Other national sources include Census data (ABS 1998) and the National Aboriginal and Torres Strait Islander Surveys (ABS 1996).

There is also increased housing research, data collection and analysis at a Northern Territory level including:

- annual Environmental Health Housing Surveys – these surveys examine the functionality of essential health infrastructure in community housing, and monitor the progress of housing initiatives;
- Community Information Access Survey (CIAS) – a Department of Community Development, Sport and Cultural Affairs data base containing community-level information;
- analysis of NT CHINS data – being conducted by the Menzies School of Health Research and the Centre for Appropriate Technology (CAT);
- data from individual communities, such as Ramingining (Hardy 1998; Laverick 1999) the UPK Report (Nganampa Health Council et al 1987), Housing for Health report (Pholeros et al 1993).

The data and discourse on Indigenous housing issues has largely focused on the physical status of housing and other community health infrastructures. Some local information (eg Laverick 1999; Hardy 1998; Pholeros et al 1993; Nganampa Health Council et al 1987), also provides information on non-shelter aspects of housing, including house utilisation and home management issues. This project evolved as a result of an identified need to understand the current home management needs and programs in the Northern Territory in greater depth.

Home Management Programs in Indigenous communities were first introduced into the Northern Territory as Homemaker Programs funded through the then Department of Community Development. Historically, the approach was to engage a non-professional support worker to assist, teach, advise and support women with practical household management activities (Lewis 1979). Homemaker Programs have since evolved into 15 community- or agency-based programs, aiming to improve child health and welfare outcomes as a preventative child welfare intervention. Activities of each program have diversified significantly depending on local needs and the priorities of people involved in administering or providing the service. This project maps the activities and expected outcomes of contemporary FACS Homemaker Programs, and
identifies other types of Home Management Programs occurring in remote communities in the Territory.

The interest group envisaged that further research questions would be generated by the mapping process. A research proposal has since been developed and submitted to funding bodies, to further examine some of the questions raised.

**Project aim**

To improve Indigenous health and social outcomes from houses and households by contributing to the body of knowledge relating to Home Management Programs.

**Project objectives**

1. Identify Home Management Programs in the Northern Territory, including mapping (identification and description) of the responsible agencies and programs.
2. Document expected outcomes of Home Management Programs as defined by funding agencies, service providers and communities through consultations.
3. Develop a project proposal based on a research question generated from the mapping component, that will explore needs and opportunities for improving health and life circumstances through engagement with Indigenous communities.¹

**Project outputs**

- A final report to be submitted to FACS and CRCATH Executive Committee and Board. This report will be distributed to stakeholders on approval of FACS and CRCATH.
- A research proposal based on a research question generated from the mapping project.

**Project methods**

A project officer was employed for three months to undertake the following tasks:

1. conduct a review of international, national and local literature in relation to Home Management Programs;
2. identify stakeholders and inform them of the project;
3. consult with services providers on current initiatives and expected outcomes;
4. consult with two remote Indigenous communities on current initiatives and expected outcomes;
5. develop a project proposal based on a research question generated from the mapping project.

¹ This proposal is currently being submitted to appropriate funding bodies.
The project officer worked in consultation with a reference group. The role of the reference group was to provide professional guidance and assistance. The reference group was drawn from stakeholders and included:

- Public Health Program Leader, CRCATH (Project Leader);
- FACS Branch, DHCS;
- Environmental Health Branch, DHCS;
- Public Housing Unit, Department of Community Development, Sport and Cultural Affairs;
- Indigenous Housing Unit, Department of Community Development, Sport and Cultural Affairs;
- Aboriginal and Torres Strait Islander Commission (ATSIC);
- Department of Family and Community Services (Commonwealth);
- Northern Territory University (NTU) Centre for Social Research.

**Project constraints**

The following constraints were recognised:

- The project operated within a short time frame. The consultation process, while fundamental to the project, was restricted particularly for stakeholders in remote communities.

- Some service providers may have perceived that this project was an evaluation of their work. It needed to be clear to providers that this project was a mapping exercise, not an evaluation.
2. Conceptual model

In the report *Structure, Function and Health: A Review of the Health Impact of Infrastructure Change in Remote Aboriginal Communities of the Top End*, a conceptual model was developed showing the relationship between infrastructure development, ‘functionality’ of the community and health outcomes (Guthridge et al unpublished: 12). This model reflected the potential impact of new or renovated physical infrastructure on health outcomes.

A similar model has been developed to show the complex relationships between Home Management and health and social outcomes (Diagram 1). The development of this model has been informed through consultations with Home Management service providers and reviewing literature. It illustrates the health and social outcomes resulting from internal resources of the community, external factors influencing community activities, and the ‘functioning’ of households.

Diagram 1: A conceptual model of resources, functionality and housing outcomes

![Diagram 1: A conceptual model of resources, functionality and housing outcomes](adapted from Guthridge et al 1998)

*External resources* are the broad political, economic and social resources that enable funding and support of programs. External factors impact at a community level (eg funding for staff to coordinate a Home Management Program), and at a household level (eg government policy on pricing requirements of stores). External factors are often beyond the immediate control of the community and household.

*Internal resources* are categorised into three groups of equal importance:

1. **Adequate, suitable and sustainable physical infrastructure**: existing housing; future housing; health hardware; white goods; food storage places; appropriate living space outside houses; accessible and affordable essential health items (such as cleaning agents) to maximise the benefit of houses.
2. **Resource management**: community-level house management systems; accessible specialised people within the community to assist with the maintenance of houses (e.g., tradespeople); priority of home management activities within the community; home management skills within the household; the availability of programs/people to train others in the use of new/unfamiliar equipment; skills within the community to respond to the health infrastructure needs of the community.

3. **Community/household capacity**: the well-being of individual households; the capacity of community/household to initiate activities to maximise the health and social benefits of houses; the capacity of the community/household to sustain activities; cultural leadership in the community; other leadership in the community.

In the model, Home Management Programs are particularly pertinent to **resource management**. That is, Home Management Programs attempt to enhance the skills to manage households, improve the resources available, maintain house management systems, train people in the use of unfamiliar or new equipment, and enhance skills within the community to respond to health infrastructure needs, etc. Home Management Programs are also relevant to enhancing **community/household capacity**, although the focus is generally on household maintenance.

Households are subject to a range of factors that enhance, divert or prevent optimal health and social outcomes. In this model, these are described as the ‘functionality factors’.

It is difficult to disentangle how these factors interact, or determine a hierarchy of importance as many factors are interrelated and overlap. It is useful to identify broad domains of factors, however, to distinguish the conditions that promote or discourage effective Home Management.

The following factors were identified through consultations and reviewing the literature as affecting the functionality of home management:

- **peace and safety**: safe living environment for the household;
- **economic**: household income, household cost of living, financial stress, overcrowding, ownership of housing;
- **health**: household physical and emotional well-being;
- **history**: of the household/community, dispossession, cultural and language group relationships, community cohesion, community priorities, leadership;
- **cultural**: kinship obligations, extended family relationships, household relationships, household priorities;
- **geography**: remoteness of the community, impact of physical environment on infrastructure;
- **health ‘software’**: accessibility and affordability of cleaning agents, cleaning utensils, nutritious foods;
- **health ‘hardware’**: suitability and sustainability of houses, washing machines, stoves, appropriate food storage places, energy sources;
- **community council cohesion**: continuity of positions, community council priorities, systems infrastructure (such as community house management), community council leadership.
There are numerous combinations of the functionality factors impacting on health and social outcomes. Future projects may seek to prioritise key factors, and determine critical ‘levels’ (eg minimum level of income, minimum level of health, minimum level of health hardware etc) for optimising benefits from Home Management Programs. Northern Territory organisations such as the Menzies School of Health Research and the Centre for Appropriate Technology are already engaged in this kind of analysis and research.

Resources (internal and external) and functionality are closely linked in this model. For example, funding for staff to coordinate a Home Management Program is an external resource. The continuity of staff in the coordinator position is an example of a functionality factor (ie community council cohesion).

Home Management Programs, from a service provider view point, attempt to maximise the health and social outcomes for individuals, families and communities. There is potential for social and health outcomes to overlap. Depending on the program, expected outcomes from programs include:

- reduced chronic and infectious diseases associated with poor living conditions;
- improved mental and social well-being from an enhanced environment;
- increased Indigenous public housing tenancy;
- increased longevity of housing on communities;
- social issues related to poor housing addressed;
- increased employment opportunities on the community;
- family units supported to enhance parenting, nutrition and nurturing skills.

Programs may also produce unplanned or unexpected outcomes. For example, improved education may be an inadvertent result of improved home management.

From a community perspective, Home Management Programs may include a range of other outcomes as well. For example, a community may require that a Home Management Program provide a source of employment, contribute to providing a focal point for women, support inter-generational relationships between younger and older women, and a variety of other objectives. The process of developing and implementing Home Management Programs may be more important than the social and health outcomes for communities.

Home Management Programs are relevant to a variety of agencies and program areas including FACS, Environmental Health, Public Housing, Indigenous Housing, Local Government, Commonwealth Government, Public Health agencies, Indigenous Housing Authorities and Aboriginal Medical Services. Given the diversity of expected outcomes, the activities and the objectives, it is difficult to definitively describe Home Management Programs. Home Management Programs evolve from a point of intersection of various programs, where a common need is identified. A useful analogy of Home Management Programs is that they assist in the flow of ‘traffic’ of the various activities of the agencies and communities. A specific definition of Home Management Programs, however, depends on the objectives of the agency funding the project, and the community participating.
3. **Background: Home Management Programs**

This section of the report provides the context of Home Management Programs policy and activities in the Northern Territory.

From a funding body perspective, Home Management Programs are based on an array of program areas, disciplines and ideas. For example, Home Management Programs in the Northern Territory can include public health initiatives, environmental health activities, parenting skills, education initiatives and nutritional programs. Home Management Programs often engage in activities that are the intersection point of a variety of program areas. For this reason, it is difficult to provide a concise definition of ‘Home Management Programs’ that will encapsulate all programs.

Without a concise definition, it proved challenging to identify evaluations, assessments, research and other documentation regarding Home Management Programs. Additionally, the historically informal approach to Home Management Program development and implementation has contributed to a notable lack of evaluations of program efficiency and effectiveness in Australia. Program development and implementation is largely based on anecdotal evidence.

Search strategies revealed that Living Skills indicators are used in psychosocial studies to determine individual’s capacity to live in communities (Lafave et al. 1996; Davis and Kutter 1998; Wallace et al. 2000). This literature also reports on Living Skills Programs designed for people with severe mental health problems or physical disabilities (Neistadt and Marques 1984; Lafave et al. 1996; Halford et al. 1995). These programs are often developed in conjunction with community-based clinical care, and are conducted by health professionals on a one to one basis.

The term ‘homemakers’, on the other hand, refers to women who do not engage in paid labour outside the home (Jenkins 1984). In the United States and Canada, ‘homemakers’ are also home case aides – paid personal care workers who support people with disabilities and the elderly by performing housekeeping duties (Jenkins 1984).

These definitions do not reflect Home Management Programs in Indigenous communities in the Northern Territory.

This section, therefore, largely describes the practical and theoretical basis behind Home Management Programs by overviewing the main program areas involved. This approach assisted to define Home Management in terms of this project. It was beyond the scope of this project to conduct a systematic review of Home Management literature, although there is clearly scope for this in the future. For the purposes of this report, the background has been categorised into:

- Environmental Health: an argument for Home Management Programs;
- Indigenous housing and Home Management Programs;
- Indigenous non-shelter housing needs; and
- Families and Home Management Programs.

The history of NT FACS-funded Homemaker Programs in particular will be explored in the next section.
Environmental health: An argument for Home Management Programs

Since John Snow first reported that cholera was being spread by contaminated water in inner London in 1855 (Vastag 2000), international research has sought to examine and identify the environmental factors that affect health. There is now a substantial body of evidence that links adequate living conditions and health status (World Health Organisation 1987; World Bank 1993; Moran 1997). This research is strengthened by data reflecting increased health status in industrial countries prior to improvements in medical interventions, and after advancements in the living, working and social conditions (World Bank 1993). Appropriate physical environment is now internationally recognised as a necessary prerequisite to improvements in health and adequate health status (WHO 1987).

Poor environmental and living conditions are known to contribute to infectious diseases such as skin, eye and ear infections, respiratory and diarrhoeal disease, also known as ‘diseases of poverty’ (Harris 2000). There is increasing international evidence showing childhood environments are a significant determinant of chronic diseases in adults, particularly renal disease and diabetes (enHealth 1999; Harris 2000). Higher infant mortality, higher rates of disease and lower life expectancy are typical of the poorer outcomes experienced by socio-economically disadvantaged groups (enHealth 1999).

In 1999 the National Environmental Health Strategy identified five ‘Indicators of Poor Environmental Health in Indigenous Communities’ in Australia (enHealth 1999: 25), including:

- **Respiratory conditions**: affecting both very young and elderly. Respiratory disease indicates over crowded living conditions or lack of shelter.
- **Urinary calculi in Indigenous children**: urinary tract infections, reflecting dehydration and recurrent infectious disease.
- **Intestinal worms**: poor housing, sanitation and overcrowding contribute to infection by intestinal worms.
- **Trachoma**: almost exclusively affecting Indigenous people, related to inadequate housing, sanitation and overcrowding.
- **Infectious diarrhoeas**: particularly among very young and elderly Indigenous people, related to inadequate sanitation and overcrowding.

The Strategy recognised that early intervention through effective environmental health activities will reduce the long term costs associated with poor health status. Environmental factors that have been demonstrated to affect health include:

- adequate housing (particularly crowding);
- air quality;
- access to water quality and quantity;
- access to nutritious food, food storage and food preparation areas;
- appropriate sanitation facilities;
- sufficient health hardware (bathing and washing facilities, stoves etc);
- separation from dogs and other animals;
Programs in the Northern Territory

- reduced accidents in houses;
- separation from rodents and vermin (Moran 1997; enHealth 1999; Scrimgeour 2000).

Local research has contributed to the development of Environmental Health Programs in Indigenous communities. For example, a study conducted in 1987 in the Anangu Pitjantjatjara Lands in South Australia recognised nine ‘Healthy Living Practices’ to improve health status (Nganampa Health Council et al 1987). These practices include the ability to:

1. be safe;
2. wash people;
3. wash clothes and bedding;
4. remove waste including septic and clean house;
5. buy, store, prepare healthy meals;
6. reduce crowding;
7. separate dogs and children;
8. dust control;
9. control temperature – keep cool or warm (Tregenza and Tregenza 1998).

This report and others (eg Pholeros et al 1993; NAHS Working Party 1989) have influenced much of the service delivery and policy development around Environmental Health Programs in remote Indigenous communities in the Northern Territory and elsewhere. They have also contributed to other aspects of housing management, such as the development of consultation processes for appropriate cultural and geographical housing design. The National Indigenous Housing Guide, for example, is based on the principle of ensuring the nine healthy living practices, through the appropriate ‘design, construction and maintenance of Aboriginal and Torres Strait Islander housing’ (Healthabitat 1999: 1). As well as highlighting the design needs of houses, the guide also emphasises the essential health hardware components of housing.

According to the National Environmental Health Strategy, Environmental Health Programs contribute to ‘creating and maintaining environments which promote good public health’ (enHealth 1999: 1). This definition of environmental health clearly includes the ability to manage homes, specifically in terms of household maintenance. Without effective home management skills, the impact of Environmental Health Programs are undermined.

Indigenous housing and Home Management Programs

In Australia, the obvious inadequacies and inequalities in housing and other health infrastructure for Indigenous people has been the subject of much interest for at least the past two decades (Gray 1992; Nganampa Health Council et al 1987; Pholeros et al 1993). In 1973, for example, Scott identified an enormous ‘backlog’ of housing needed in Aboriginal communities (Scott et al cited in Gray 1992). Since then, other national documents have also emphasised the importance of adequate health infrastructure to improve Aboriginal health status. For example, a report to the House of Representatives Standing Committee on Aboriginal Affairs in 1979 found that there had been ‘insufficient attention to the physical environmental conditions in which Aboriginal people lived as a determinant of health status’ (cited in Australian National Audit Office (ANAO)1998).
The Royal Commission into Aboriginal Deaths in Custody report (Johnston 1991) is of recent significance, as it advocates for adequate living conditions to improve contemporary Indigenous health status. The National Aboriginal Health Strategy (NAHS) was also endorsed about this time, which resulted in a budgetary commitment of $232 million over five years to be administered through ATSIC (ANAO 1998). Approximately 75% of this funding went to Aboriginal community organisations involved with housing and community infrastructure (ANAO 1998: 126). In 1993 the Health Infrastructure Priority Projects (HIIPP), and later the Environmental Health Program (NAHS EHP), continued to fund housing and other community infrastructure projects. NAHS EHP and IHANT now provide the bulk of new infrastructure and renovations for remote communities in the Northern Territory.

In addition to upgrading and developing housing stock, the NAHS working party identified an urgent need for adequate information on Indigenous housing to assist with prioritising funding allocation and informing National policy (NAHS Working Party 1989). Recent data sources include:

- 1992 and 1999 Community Housing and Infrastructure Needs Survey (CHINS);
- The National Aboriginal and Torres Strait Islander Survey, conducted in 1994 (ABS 1996);
- population and housing data collected by the Australian Bureau of Statistics through the Census (ABS 1998).

There is a growing body of information at a Territory level including:

- Data on Indigenous housing stock in the Northern Territory is collected through annual Environmental Health Housing Surveys conducted by the Department of Local Government, DHCS and Community Councils. The results of the survey are contained on the Department of Community Development, Sport and Cultural Affairs Community Information Access Survey (CIAS) database, which also contains some other community infrastructure information.
- Evaluation of Environmental Health Survey Data – Indigenous Housing (Runcie and Bailie 2000)
- An Evaluation of Health Impact of the House Infrastructure Priority Program/ National Aboriginal Health Strategy – Environmental Health Program in the Top End (Guthridge et al unpublished)
- An Evaluation of Health Impact of the House Infrastructure Priority Program/ National Aboriginal Health Strategy – Environmental Health Program in Central Australia (Ewald et al unpublished)
- Review of the Environmental Health Program of DHCS (Henderson et al 1999)
- Preliminary Community Housing and Infrastructure Needs Survey (CHINS) Data Analysis for Northern Territory (Bailie in progress)
- A study on the socio-economic and environmental determinants of health in Indigenous communities in the Northern Territory (Bailie in progress)
- Analysis of Northern Territory water quality issues from CHINS data (CAT undated)
The data shows that there continues to be a significant need for new and renovated houses in Indigenous communities. For example, from data collected in 1991, it was estimated that 29% of Indigenous people in the Northern Territory are living in improvised dwellings or in overcrowded houses. An additional 22% were estimated to live in ‘housing stress’ conditions (ie inadequate housing) (Jones 1994: 151). Overcrowded and inadequate housing are identified in the conceptual model as influencing the effectiveness of home management.

**Indigenous non-shelter housing needs**

Processes for addressing some of the infrastructure housing needs have been put in place through NAHSEHP and local mechanisms. The non-shelter requirements of housing for Indigenous people have obtained less prominence. Non-shelter refers to a range of economic, social and cultural factors that impact on house utilisation and management. These factors, in many ways, are as important as the infrastructure itself in contributing to optimal social and health outcomes of houses.

A study conducted by Tregenza and Tregenza (1998) investigated the resources and resource management necessary for implementing the ‘9 healthy living practices’ first identified in the Report of Uwankara Palyanyku Kanyintjaku: An Environmental and Public Health Review with in the Anangu Pitjantjatjara Lands (Nganampa Health Council et al 1987). In particular, the study looked at; use and care of household appliances, incomes and cost of living on Anangu Pitjantjatjara (AP) Lands, stores policy and future directions (Tregenza and Tregenza 1998). It was suggested that the first four healthy living practices (be safe, wash children and adults, wash clothes and bedding, remove waste) were addressed through an ongoing Regional Maintenance Program and Health Hardware Development Program in the AP Lands. The report identified other ‘blocks’ (or functionality factors in the conceptual model) that prevented people from obtaining maximum benefit from houses. Blocks identified included:

- income;
- capacity for storage in the house;
- house and yard design;
- appropriate and efficient appliances;
- daily dynamic of the house (overcrowding, house usage patterns etc).

Of these, poverty was considered to be the most significant constraint on optimally managing houses (Tregenza and Tregenza 1998).

In both urban and remote settings, Indigenous households have a lower socio-economic status on average than their non-Indigenous counterparts. For example, the 1996 census revealed that Indigenous families median income is 70% of non-Indigenous families (ABS 1998). When social indicators such as employment, income, housing, education and health status are analysed as a group, Indigenous people clearly have the lowest socio-economic status of all Australians (Altman 2000).

Indigenous household demographics are also significantly different to non-Indigenous houses. For example, a study of 1996 data by Daly and Smith found that ‘Indigenous households… were characterised by compositional complexity, porous social boundaries and large size’ (Daly and Smith 1999). Indigenous households often consist of extended families, have larger numbers of children, and the adults are often younger (ABS 1998; Taylor 1996). The functioning of such households is complex, and not well understood at a policy level (Morrison 1998; Daly and Smith 1999).
Exploring Indigenous Home Management...

The mobile lifestyle of Indigenous Territorians, for example, is well documented (Young and Doohan 1989; Taylor 1996). Addressing the impact of this mobility, cultural obligations and lifestyle choices on conflicting urban living requirements, is difficult (Morrison 1998). For example, in a relatively short time frame, the Indigenous urban housing needs in Alice Springs and Darwin has been substantially affected by the increase in end stage renal disease amongst Indigenous people. Patients and families are obliged to move into urban living environments to obtain appropriate medical care, under social and cultural conditions that are very different to those experienced on remote communities. Seasonality also impacts on house utilisation and overcrowding of houses, as families move between wet season and dry season locations (Morrison 1998). There are continuing social impacts experienced on Indigenous communities due to dispossession of land.

There are some anthropological studies that provide insight into the social importance of housing for remote Indigenous communities. In her study of a Northern Kimberley region community, Ross (1987) found that the spatial arrangement of houses had important cultural significance and influenced the way in which houses were utilised. Other studies, such as the Healthabitat report Housing for Health (Pholeros et al 1993) also documents the social utilisation of houses.

These reports have improved policy-level understanding of house utilisation. There is scope, however, to further investigate many issues relating to house utilisation and Home Management Programs. For example, further understanding of how households function domestically at such high rates of overcrowding is needed. The economics of household functioning has been briefly touched on in the literature (Nganampa Health Council et al 1987; Tregenza and Tregenza 1998). Issues here include: low rates of income, high cost of living, availability of cleaning equipment, access to cooking facilities and food storage, food quality and quantity, cost and maintenance of white goods, cost and accessibility to energy and transport. Research and examination of these issues would enhance policy development and assist service delivery.

Families and Home Management

The first Home Management Programs introduced into the Northern Territory did so partially in recognition of the importance of family and social networks for maintaining social and health outcomes. The NT Homemaker Service General Operational Manual (Lewis 1979) identifies the importance of control over life situations, and the need to ensure that the families have skills ‘to fulfil essential family functions, particularly basic functions relating to the care and growth of their children’ (Lewis 1979: 1). Similar services were introduced into South Australia in 1975, with similar objectives (Lintern and Brown 1981).

The Commonwealth Department of Family and Community Services has recently increased policy focus on strengthening family and community relationships to improve health outcomes for young people. In the report Indicators of Social and Family Functioning (Zubrick et al 2000) ‘social capital’ was defined as ‘the processes and conditions among people and organisations that lead to accomplishing a goal of mutual benefit’ (p 1). Social capital relates to relationships between families and community. The current government emphasis on strengthening social capital is based on a perceived decline in ‘social cohesion’ (due to unemployment, social and economic turbulence) and international research demonstrating the impact of poor social capital on youth development and health (Zubrick et al 2000). Zubrick et al (2000) identified five social and family indicators including: time, income, human capital, psychological capital, social capital. These indicators cover the ‘key resource domains for family functioning relevant to child health and well-being outcomes’ (Zubrick et al 2000: xi).
Integral to the idea of social cohesion and social functioning, is the concept of control over life situations. ‘Whitehall I’ and ‘Whitehall II’ studies conducted amongst civil servants in the United Kingdom demonstrated the impact of control over life and life choices on health outcomes (Marmot et al 1991; Marmot and Wilkinson 1999). In fact, the ‘control factor’ has been identified as one of a range of inter-connected factors that impact on health, including status in a social hierarchy, level of stress, level of self esteem, degree of social support and social exclusion (Glover et al 1999). Stress from poverty, unemployment, poor housing, lack of education and lack of life choices etc, related to low socio-economic status (Marmot et al 1991) is also believed to have a cumulative impact on health (Holahan et al 2000). Many of these factors are clearly relevant to the poor health and socio-economic status of Indigenous people in Australia.

Resistance to stress is partly attributed to strength of community or social networks, as well as a range of personal attributes (eg high self esteem, positiveness) (Dressler 2000; Holahan et al 2000). Research in the United States and elsewhere has suggested that programs for individuals and communities to develop resistance resources have contributed to protection against ill health (Hetherington and Blechman 1996). In Australia, the Royal Commission into Aboriginal Deaths in Custody (Johnston 1991: Vols II & IV) also highlighted the importance of addressing resistance to stress to improve health status of Indigenous people. Understanding family functioning is also an important component of effective Home Management Programs.
4. History of FACS Homemaker Programs

Homemaker Programs were first introduced in Alice Springs in 1978 as a pilot project by the Department of Community Development, Community Welfare Branch. The aims of the project were:

- preparation of some Aboriginal families in Alice Springs for conventional housing;
- provision of ongoing teaching and support programs related to housing;
- development of neighbourhood programmes to facilitate personal and social growth amongst newly housed families (Bodeker and Grimoldby 1979: 3).

In addition to supporting families, Home Management Programs were developed as part of a broader assimilationist policy. Under this policy, Indigenous people were moved through a series of transitional houses (Ross 1987; Rowse 2000). At each stage, the housing became more ‘westernised’, inferring that householders were also becoming westernised in behaviour (Ross 1987; Department of Lands and Housing undated). Homemaker Programs were introduced in the Northern Territory to assist in this transition (Bodeker and Grimoldby 1979).

The program, based on a model developed in Western Australia, employed a ‘neighbourly person’ to provide advice and support for families facing difficulties (Bodeker and Grimoldby 1979; Department of Community Development 1980). The service approach was a preventative welfare role. After the initial pilot project, the Homemaker Program quickly expanded to Tennant Creek, Katherine and Darwin.

Homemaker workers were generally non-professional Aboriginal women who worked on a part-time or casual basis. Tasks focused on assistance with day-to-day living (such as budgeting, shopping, banking) and activities based at women’s resource centres (Lewis 1979). The Tennant Creek Service, for example, reported to have undertaken the following activities in 1979: School Lunch Programs, washing and ironing facilities, a Pensioner Lunches Program and maintenance of bush camps on the periphery of the town (Department of Community Development 1980). A component of the workload also included early identification of potential child protection cases and parenting advice, although Homemaker workers were keen to distance themselves from statutory welfare work to maintain credibility of the program and workers (Pearce 1989).

The framework for the program introduced in 1979 was designed to be flexible to enable Homemaker activities to respond to community needs (Lewis 1979). Programs were eventually coordinated at a Territory level, although they maintained a lot of regional autonomy. The Katherine, Alice Springs and Tennant Creek Homemaker Programs were primarily concerned with Aboriginal people living in Town Camps, while in Darwin the focus was on services in urban settings and included non-Aboriginal people (Department of Community Development 1981). A review of the Department of Community Development conducted in 1984 recommended that homemaker workers be employed on communities through ‘Grants-In-Aid’ (Bartholomew et al 1984). Until the review, the program mainly operated out of the regional centres. By 1985 that Homemaker services also operated in remote towns, including Uluru, Lake Nash, Elliott, Borroloola, Alyangula, and Darwin rural areas.

Eventually, Homemaker work began to evolve from neighbourly support to statutory welfare case aides. This change is significant because it represented a shift in the program from non-professional support, to office-based work and closure of resource centres (Department of Community Development 1983).
5. Contemporary FACS-funded Programs

FACS grants currently fund 15 Homemaker Programs across the Territory (Table 1). There is little documentation informing the criteria on why particular organisations or councils were funded, apart from a historical basis. Funded service providers include community councils, Indigenous health organisations and other Indigenous community-based organisations. Homemaker Programs are diverse in activities and expected outcomes. The diversity is the result of:

- the historically flexible framework for Homemaker Programs to respond to local needs;
- a policy decision in 1980s to fund Homemaker Programs through Grants-In-Aid, rather than at a Territory coordinated government level;
- limited documented guidance for recipient organisations on outcomes expected from funding, apart from a Homemakers Manual produced in 1979 (Lewis 1979) and very recently developed service agreements.

Current Homemaker grants are generally quite small, 13 of the 15 grants are between $13,000 - $43,000. To make the funding viable, Homemaker Programs are often meshed with related activities such as Home and Community Care (HACC) and Community Aged Care Packages (CACP). HACC and CACP Programs are funded through Commonwealth and Territory Governments to provide services for elderly and people with disabilities to assist with independent living (DHCS 1999: 120). These programs largely function through women’s centres.

The advantage of combining Homemaker, HACC and CACP resources is that it enables women employed through Homemaker funding to participate in HACC and other training. The disadvantage is that there is potential for the program to lose focus on the specific objectives of the Homemaker Program (e.g. skills transfer).

Table 1: Contemporary FACS Homemaker grants

<table>
<thead>
<tr>
<th>Organisation</th>
<th>Region</th>
<th>Description</th>
<th>Funding 2000-2001</th>
</tr>
</thead>
<tbody>
<tr>
<td>Imanpa CA</td>
<td></td>
<td>Skinny Kids Program</td>
<td>18,972</td>
</tr>
<tr>
<td>Multitjulu CA</td>
<td></td>
<td>Meals and Homehelp</td>
<td>55,537</td>
</tr>
<tr>
<td>Yuendumu CA</td>
<td></td>
<td>Women’s Centre</td>
<td>37,459</td>
</tr>
<tr>
<td>Central Australian Aboriginal Congress CA</td>
<td></td>
<td>Parenting in town camps</td>
<td>136,227</td>
</tr>
<tr>
<td>Tangentyere (Nutrition Program) CA</td>
<td></td>
<td>Learning Centres</td>
<td>113,488</td>
</tr>
<tr>
<td>Anyinginyi B</td>
<td></td>
<td>Community Liaison Officer</td>
<td>44,306</td>
</tr>
<tr>
<td>Ali-Curung B</td>
<td></td>
<td>Nutrition Program</td>
<td>26,091</td>
</tr>
<tr>
<td>Bethuen D</td>
<td></td>
<td>Women’s centre</td>
<td>21,068</td>
</tr>
<tr>
<td>Milikapiti D</td>
<td></td>
<td>Nutrition Program</td>
<td>24,603</td>
</tr>
<tr>
<td>Galiwin’ku EA</td>
<td></td>
<td>Aboriginal Community Worker</td>
<td>39,713</td>
</tr>
<tr>
<td>Numbulwar EA</td>
<td></td>
<td>Aboriginal Community Worker</td>
<td>14,983</td>
</tr>
<tr>
<td>Ramingining EA</td>
<td></td>
<td>Aboriginal Community Worker</td>
<td>18,750</td>
</tr>
<tr>
<td>Milingimbi EA</td>
<td></td>
<td>Aboriginal Community Worker</td>
<td>14,462</td>
</tr>
<tr>
<td>Umbakumba EA</td>
<td></td>
<td>Aboriginal Community Worker</td>
<td>13,318</td>
</tr>
<tr>
<td>Daguragu K</td>
<td></td>
<td>Meals on Wheels</td>
<td>42,268</td>
</tr>
</tbody>
</table>

Regions: CA = Central Australia, B = Barkly, D = Darwin, EA = East Arnhem, K = Katherine
While there are commonalities, programs have evolved independently as they responded to local needs and priorities. In the Central Australian region, for example, most remote Homemaker Programs are basically Feeding Programs for children at risk of malnutrition. The emphasis on nutrition is reflected in service agreements between DHCS and the funding recipient that identify nutritional markers (primarily Growth Action Assessment indicators) as indicators of the progress of Homemaker Programs. Homemaker-funded Feeding Programs are often combined with HACC Meals on Wheels Programs.

In the East Arnhem region, five communities (Galiwin’ku, Numbulwar, Milingimbi, Ramingining, and Umbakumba) use the small amounts of funding to top up Community Development Employment Program (CDEP) payments for FACS Grant Workers. While the specific tasks vary between communities, the basic role of the Grant Workers is to assist statutory workers with cultural and local knowledge, provide links between FACS and people in the community, and assist with language and communication. In some communities, such as Galiwin’ku, the Grant Workers also have an active role in prevention of child neglect.

Daguragu is the only community in the Katherine region that still obtains funding from Homemaker grants. This program is primarily a Meals on Wheels service and is expected to be incorporated into the HACC Program in 2001-2002 financial year.

In the past, Homemaker Programs operated out of resource centres that were used for training and education, and as a resource centre for women. In a few communities (eg Milikapiti, Yuendumu and Belyuen) Homemaker funding continues to be used to top up women’s centre funding.

FACS Homemaker grants illustrate some of the features of the conceptual model (page 5 of this report). For example, the conceptual model shows external political and economic environments impacting on internal resources available for programs to produce social and health outcomes. Historically, Homemaker Programs experienced strong policy-level support through the Department of Community Development of the 1970s and early 80s. Support for the program weakened, however, after policy changes. With limited external funding and support, Homemaker Programs have continued to varying degrees.

Importantly, there is little evidence of rigorous evaluation of Homemaker Programs. In 1984, Bartholomew et al conducted an organisational review, which included examination of the Homemaker Program and the recommendation that programs are funded through Grants-In-Aid as opposed to the employment of Departmental staff (Bartholomew et al 1984: 166). Evaluations of programs since this time appear to have been anecdotal assessments. Service providers and funders are increasingly interested in rigorous evaluation of programs, however.

**Examples of FACS Homemaker grants**

**Ali-Curung – A remote community approach**

In many ways, the Ali-Curung Homemaker Program is typical of FACS-funded Homemaker Program in the Central Australian region. The FACS grant is reasonably small (approximately $26 000 for the financial year 2000-2001), so it is combined with larger HACC and CACP funding. The focus of the program on responding to the needs of elderly reflects the funding sources, and the main activities include a Meals on Wheels service, respite care, bathing, shopping, social outings etc. The FACS grant pays for a Skinny Kids Feeding Program, which is prepared in conjunction with the Meals on Wheels food. Children are referred to the Skinny Kids Program by health centre staff if they are considered to be at risk of malnutrition. Guardians of the children contribute to the cost of procuring and preparing food, which includes breakfast and lunch. There are on average six children on the program.
Ali-Curung Program differs from many other communities in that it operates from a separate location from the women’s resource centre. The program provides a source of CDEP employment for approximately six women, training through HACC, and access to two industrial sized washing machines.

Identified objectives of the FACS Homemaker Program are:

- independent living through good quality home support, which includes the structural facilities of the house (inside and around), and financial and social support;
- trained staff in basic care, nutritional, budgeting through community-based training and hands on experience;
- level of service to be maintained at a high level.

The Homemaker Program is one component of a larger, integrated community development model that guides all community council activities at Ali-Curung in recent years. Ali-Curung council is also emphasising an Environmental Health Program in the community, particularly house and community cleanliness.

Anyinginyi Congress (Anyinginyi) – A health approach

The FACS Homemaker grant funds a ‘Community Liaison Officer’ position at Anyinginyi. The Community Liaison Officer supports clients in negotiating the government systems. This includes assistance in filling out Centrelink and taxation forms, obtaining drivers licence, opening bank accounts, and birth, death and marriage certificates etc. Clients are referred from the Anyinginyi Congress clinic, Centrelink, Tennant Creek Hospital and Julalikari Council Aboriginal Corporation. The Community Liaison Officer also works in conjunction with FACS and the Anyinginyi clinic in dealing with children at risk of malnutrition. This position offers support to Indigenous and non-Indigenous people. One of the objectives of the Community Liaison Officer is to assist clients to be safe and secure.

Central Australian Aboriginal Congress (Congress)

Congress provides a range of primary health care services for Indigenous people living in Alice Springs Town Camps and urban areas. The FACS Homemaker funding is used to fund the ‘Under 5’s Program’, which focuses on monitoring and support for families. Intervention strategies for children with poor growth and children at risk are also a component of the program. The program includes home visitation, growth monitoring, immunisation, referral to specialists, follow up, and coordination of a monthly paediatric clinic at Congress. The objective of the program is to improve the health status of children through family support in domestic, nutritional and health needs.

Tangentyere Council Incorporated (Tangentyere)

Tangentyere began providing Homemaker services to Alice Springs Town Camps in 1984, when the Department of Community Development withdrew funding. Tangentyere previously combined FACS Homemaker grants with HACC funding to provide a Meals on Wheels service to elderly people living in Alice Springs Town Camps.
Exploring Indigenous Home Management...

The Homemaker Program has recently been incorporated into the newly established Yarrenyty Arltere Learning Centre based at Yarrenyty Arltere Town Camp. The Learning Centre is part of the Community Development Division of Tangentyere Council, where the emphasis is on transfer of skills and a holistic, intergenerational approach to community development. In this model, the care of elderly and children are integrated to reflect an extended family. The experience of Tangentyere is that house-to-house programs (such as Meals on Wheels) are not an efficient use of resources in the longer term. The Homemaker Program operating out of the Learning centre is a nutritionally based program, where a ‘homemaker’ is employed to provide nutritional meals to children attending the learning centre. Other women are also employed (through CDEP) to obtain skills from the homemaker, and transfer this knowledge into other parts of the community.

Belyuen

Belyuen Community Council has been operating irregular Homemaker Programs over the past few years, primarily from the women’s centre. The women’s centre provides support for women and children in domestic violence situations, promotes women's and children's health, and work closely with the health centre particularly with childhood nutrition. Women based at the centre are employed through CDEP to sew clothes, assist with After-school and Vacational Care Programs, and other programs as they arise.

In the previous financial year the FACS homemaker funding was used to renovate the women’s centre. The women’s centre coordinator position is currently vacant.

Galiwin’ku

The East Arnhem Homemaker grants have been used to create FACS Grant Worker positions. Galiwin’ku Homemaker Program top up CDEP funds for one full-time and one part-time Grant Worker. The Grant Workers work closely with FACS workers, in providing a link into the community, and cultural and local advice. At Galiwin’ku, the full-time Grant Worker is also active in developing internal mechanisms to prevent child neglect, by coordinating a network to respond to parents in need.
6. Contemporary Home Management Programs: Other services in the Northern Territory

This project is initially concerned with the activities and expected outcomes of FACS-funded Homemaker Programs. Since Homemaker Programs were first introduced into the Territory in 1979, however, a range of other services have provided Homemaker, Home Management or Home Living Skills Programs. This includes other government services (environmental health, health promotion, Indigenous housing), non-government organisations (Indigenous medical services, Indigenous housing authorities), community councils and educational institutions.

This section of the report will briefly describe Home Management services that are currently operating in the Northern Territory. A summary of services, activities expected outcomes and implementing strategy is provided in Table 2 (page 34).

Environmental Health Program – DHCS

The DHCS Environmental Health Program aims to ‘prevent physical, chemical, biological and radiological agents in the environment from adversely affecting the health of all Territorians’ (DHCS 1999: 77). Operational environmental health units are located in all regional centres (Darwin, Alice Springs, Katherine, Tennant Creek, Nhulunbuy). The environmental health strategies for remote communities are to:

- evaluate environmental health infrastructure and community sanitation.
- coordinate a whole-of-government approach from improving environmental health standards.
- support HIPP/NAHS EHP Programs (DHCS 1999).

In terms of Home Management Programs, the Environmental Health Program focus is on the health and safety of the house. Environmental Health Officers (EHOs) visit remote communities to participate in locally based Environmental Health Programs, but are generally not involved with other Home Management activities.

In some communities, EHOs have participated in the ‘handing over’ of new houses to community people. Handing over includes a familiarisation tour of the house for new occupants, and ceremony. Handing over of new houses has been identified by EHOs as an activity that could be developed into an in-depth Home Management orientation and support for new householders.

Health promotion – DHCS

All program areas of DHCS are invited to apply for Health Promotion funds, in conjunction with an Aboriginal community or non-government organisation. Some of these activities include Home Management activities, often based in women’s centres. Home Management activities can include supporting the women’s centre, sewing, cooking, gathering traditional foods etc.

Health promotion incentive funds are used to highlight particular health issues and are usually one off projects.
Nutrition Program – DHCS

Food and Nutrition is a component of the Primary Health Care Services of DHCS. The Food, Nutrition and Physical Activity Unit is responsible for coordinating food and nutrition policy, and collaborating with other agencies. A focus of the program includes education for community people, including store workers. Community-based nutrition workers are trained to provide education to their community.

Nutrition workers also support Home Management Programs. For example, in the Central Australian region, many of the FACS Homemaker grants are used to deliver Skinny Kids Programs. Nutrition workers advise and support these programs.

Department of Community Development, Sport and Cultural Affairs

In terms of Indigenous housing, Department of Community Development, Sport and Cultural Affairs aims to provide ‘equitable access to appropriate housing and infrastructure for the Territory’s Indigenous population’ (Department of Community Development, Sport and Cultural Affairs 2000: 20), through policy development, policy and strategic advice to IHANT, and distribution Territory and Commonwealth State Housing Agreement funds to IHANT (Department of Community Development, Sport and Cultural Affairs 2000: 20).

Key partnerships between Department of Community Development, Sport and Cultural Affairs and IHANT, Indigenous housing associations, Department of Health and Community Services and other human service networks are crucial to Department of Community Development, Sport and Cultural Affairs’ approach to addressing Indigenous housing issues. Department of Community Development, Sport and Cultural Affairs aims to ‘further develop the Indigenous community housing management sector’ (Department of Community Development, Sport and Cultural Affairs 2000: 20) through a collaborative program with IHANT to launch Indigenous housing advisory services in urban areas in the Territory.

In terms of service delivery to Indigenous people, Department of Community Development, Sport and Cultural Affairs provides public housing in urban areas. The high turn over of Indigenous tenants from public housing is an issue of concern to management. Department of Community Development, Sport and Cultural Affairs contributes financial support to Home Management Programs that specifically address the rights and responsibilities of tenants, such as the Institute for Aboriginal Development’s Living Skills course in Alice Springs, and Julalikari’s Homemaker course in Tennant Creek. Regional offices in Darwin and Katherine are looking to support similar programs.

The Indigenous Housing Branch in the Department also provides advice to the Housing Management Group, the Minister for Housing and IHANT. The branch also provides joint secretariat services (with ATSIC) to IHANT.

Department of Health and Aged Care (DHAC)

DHAC provides funding for agencies to provide Home and Community Care (HACC), Community Aged Care Packages (CACP) and respite services. The objective of HACC and CACP is to assist elderly and disabled people to be independent and remain in their homes (DHAC 1999). In remote communities, these programs are administered through community councils. Many communities choose to mix HACC, CACP and FACS Homemaker grants to deliver combined Meals on Wheels and Skinny Kids Programs. The advantage for Homemaker workers is that they are then able to obtain HACC-funded training.
HACC

HACC Programs are jointly funded by DHAC and DHCS. HACC services include:
- cleaning, cooking, washing and home maintenance around the house;
- personal care (eg bathing, social support such as banking etc);
- Meals on Wheels;
- health services.

HACC training is often relevant to Home Management Programs workers. For example, Waltja Tjutangku Palyapayi Aboriginal Association (an Aboriginal community organisation in Central Australia) coordinates and delivers HACC training including: obtaining a driver's licence, first aid training, cooking, nutrition courses etc.

HACC is often the core funding of women's centres, enabling other programs, such as Home Management, to have a base. HACC infrastructure (such as communal washing machines, communal cleaning equipment) also contributes to Home Management Programs.

CACP

CACP is a coordinated package of services that are designed to change as needs change. CACP services include:
- household work (laundry, cleaning);
- personal care (bathing, transport, shopping);
- social activities.

Some social activities conducted on remote communities include hunting and gathering food.

National Child Nutrition Program

The National Child Nutrition Program provides grants to boost child nutrition. The program, first launched in 1999, emphasises local partnerships, builds on existing community infrastructure, and targets communities with high needs. The aims of the Indigenous round were developed in consultation with the National Aboriginal Community Controlled Health Organisation (NACCHO) (DHAC undated).

The current round of grants emphasises the link between nutrition and education. The aim of the grants are to improve literacy and numeracy by improving diet and assisting with increasing capacity to concentrate in a class room setting (DHAC undated). The target group includes Indigenous schoolchildren and their parents, carers and families (DHAC undated).

This program is linked with Home Management Programs, as many of the FACS Homemaker grants are also used to improve childhood nutrition.

Office of Aboriginal and Torres Strait Islander Health (OATSIH)

OATSIH's primary role is to fund and work in partnership with the Aboriginal community controlled health sector. They do not directly fund programs related to Home Management, although they are interested in observing the process and outcomes of activities.
Commonwealth Department of Family and Community Services

The Department of Family and Community Services works in conjunction with other government agencies and community organisations to obtain safe, sustainable and healthy housing for Indigenous people. For example, the Department provides funding through the Aboriginal Rental Housing Program to provide health hardware, maintenance and upgrading, training and tenancy management (Department of Family and Community Services 2001).

A new initiative of the Department is the ‘Stronger Families and Communities Strategy’. This strategy supports community-based ideas, as an early intervention approach (Department of Family and Community Services undated). This initiative is consistent with the Commonwealth Government’s policy of strengthening social capital to provide effective social support. The strategy has identified the need for:

- strong leadership;
- skills and knowledge;
- expanding partnerships between public and private sectors; and
- a solid core of committed volunteers (Department of Family and Community Services undated: 4).

These factors are also essential for effective Home Management Programs.

Aboriginal and Torres Strait Island Commission (ATSIC)

ATSIC is involved in Home Management Programs at a number of levels.

At a national level, the Community Housing and Infrastructure Program (CHIP) policy has provision for Home Living Skills Assistance to ‘provide essential community-level training and advice to Aboriginal and Torres Strait Islander families’, in response to the Royal Commission into Aboriginal Deaths in Custody (ATSIC 1998: 12). Through this policy, assistance is available for training, maintenance, nutrition, budgeting and clean neighbourhoods (ATSIC 1998). In practice, however, the focus of funding from CHIP remains on constructing community infrastructure.

Regional ATSIC councils have expressed individual interest in Home Management Programs. For example, the Papunya Regional Council has actively pursued housing issues in recent years. In conjunction with IHANT, the Papunya regional council has developed a ‘Papunya Model’ which has three approaches:

- a set number of housing designs to be used throughout the region.
- a single project manager to deliver all housing development projects across the region (for economies of scale).
- an assessment of the appropriateness of women’s centres to provide Home Management services.
Indigenous Housing Authority of the Northern Territory (IHANT)

IHANT is the peak Indigenous housing body in the Northern Territory, and is a collaboration between the Northern Territory Government, the Commonwealth Government, and ATSIC. Representatives on the IHANT Board come from each of the ATSIC Regional Councils in the Northern Territory, the Commonwealth Department of Family and Community Services, Department of Community Development, Sport and Cultural Affairs, the Department of Local Government, the Department of Transport and Works, the Office of Aboriginal Development, Department of Health and Community Services and the Power and Water Authority (IHANT undated).

IHANT is responsible for the development and annual review of a five-year strategic plan for the delivery of housing and related initiatives to Aboriginal communities, development of policies and guidelines for the delivery of services and programs, and determining a three-year operational plan (Department of Community Development, Sport and Cultural Affairs 2001).

The IHANT Board recognises the importance of Home Management Programs, and has expressed support for investigating Home Management Programs. IHANT is working in conjunction with Papunya Regional Council to develop a three pronged proposal to address housing issues, including a submission assessing the appropriateness of women’s centres as the location of Home Management Programs.

Institute of Aboriginal Development (IAD)

The IAD has been running a Living Skills Program since 2000. IAD is an Aboriginal community controlled language resource and adult education centre servicing the Aboriginal population of Central Australia. The organisation aims to provide courses designed and delivered to suit Aboriginal ways of learning (IAD undated). The Living Skills Program developed from observations that renal patients and their families required to live in town for dialysis often found it difficult to adjust to urban lifestyles, particularly in terms of obtaining and maintaining tenancies from public housing. The program developed in conjunction with the Aboriginal Housing Information and Referral Service (AHIRS) and the NT Housing Department.

The objectives of the program are to:

• enhance living skills in urban environments, improve the quality of life for participants on the course;

• inform participants of their rights and responsibilities in public housing; and

• provide a reference needed to obtain public housing.

This is achieved through an Education Program that includes topics such as germ theory, home hygiene, nutrition and cooking, maintenance of health hardware (stoves etc), safety in houses, dealing with emergencies, budgeting, and negotiating public systems (such as gas, phone, electricity etc).

The course emphasises:

• appropriate education;

• ensuring Aboriginal people have access to public housing and that the tenant understands their rights and responsibilities;

• maintaining Aboriginal tenancy and longevity of the house.
The 2000 pilot course ran for three weeks twice a year. People were referred to the course through Aboriginal housing organisations or public housing. It is expected that the course will run five times during 2001.

It is envisaged that people from remote communities may be funded to attend the course in the future.

**Waltja Tjutangku Palyapayi Aboriginal Association (Waltja)**

Waltja provided this section for the report:

Waltja provides a service to remote Aboriginal communities in the Papunya and Alice Springs ATSIC Regions. The office is based in Alice Springs. Waltja provides a direct service as a resource, support, information and training provider. The organisation is governed by a Management Committee which is elected each year at the Annual General meeting. Executive members are from Aboriginal communities and remote service providers. Waltja works to maintain and promote Aboriginal Law, Culture and Languages.

The Waltja Management Committee have identified five main areas of service delivery which must be maintained to achieve improved living conditions for remote communities. These are family support, Community Programs, training, information and a range of brokerage projects.

Waltja works with Aboriginal communities at their invitation to provide programs in child care, aged care, disabilities, art and craft, recruitment, substance abuse, management training, workshops, Youth Programs, family violence, publishing ‘best practice’ books and a range of Educational and Training Programs.

Waltja works closely with women’s centres and multi-purpose centres which are organisations housing various community-based services. Waltja staff give support and assistance with funding, incorporation, operational plans, recruitment, fundraising, financial management, training, acquittal of grants, reporting, transport and meetings. (King 2001)

**Centre for Appropriate Technology Inc (CAT)**

CAT is an Aboriginal community controlled organisation that develops appropriate technology (such as housing and health hardware) for use on remote Indigenous communities. The organisation is also involved in research and evaluation of appropriate technologies, as well as coordinating a national technology clearing house (CAT 2000).

The Research and Evaluation Branch of CAT is closely linked with managing physical resources as described in the conceptual model. Appropriateness of physical resources impacts on the effectiveness of home management. Historically, CAT has examined the cultural, economic and geographic appropriateness of houses and home infrastructure such as stoves, fridges, food storage areas, wet areas etc. Recent studies include an investigation of washing machines in the AP Lands, analysis of CHINS water quality data and the development of a stove top prototype.

Communications and transport are also relevant to Home Management Programs. These areas have been identified as important by CAT as they directly relate to education or skills transfer and appropriate communication. Transport is a significant issue, for women (primary home managers) particularly, and households in general.
Other related activities include the development of the booklet *Your House* by the Cairns CAT Office. This manual provides familiarisation, safety and maintenance information for people moving into new houses. An adapted version of *Your House* was used during ‘hand over’ ceremonies by Troppo Architects in Ramingining.

**Tangentyere Council Inc (Tangentyere)**

Tangentyere is an Indigenous community-based organisation that works in the Town Camps located in and around Alice Springs. Tangentyere provides support in the areas of housing, infrastructure, employment, training, education and other social services (Tangentyere Council Inc 2000). One of the activities of Tangentyere is to assist people who live in town camps ‘to adapt their social and cultural tradition to an urban living environment’ (Tangentyere Council Inc 2000).

In terms of Home Management Programs, Tangentyere obtains funding through FACS Homemaker grants (see Table 1 page 19).

**Nganyatjarra Pitjantjatjara Yankunytjatjara Women’s Council Aboriginal Corporation (NPYWC)**

The NPYWC is an Aboriginal controlled organisation working in the Nganyatjarra, Pitjantjatjara and Yankunytjatjara lands of Northern Territory, South Australia and Western Australia. The aim of the organisation is to ‘improve the quality of life for families in the region’ through various projects based on an action research model (Nganyatjarra Pitjantjatjara Yankunytjatjara Women’s Council 2001).

NPYWC is currently working on a Nutrition Awareness Project for Young Mothers and Children (Anderson and Balmer 1999). The goal of the project is to ‘reduce the incidence of Failure to Thrive’ on remote communities within the NPYWC region. The project takes a multi-pronged approach and activities include case management, workshops on food preparation and nutrition, resource production, store policy development and a kungka (young women) career conference (Anderson and Balmer 1999). Of particular relevance to Home Management Programs are the nutrition workshops and store policy development.

In the progress report on the project of June 1999, activities undertaken in the nutrition workshops included discussions about food preparation and food hygiene, importance of bush tucker for babies, budgeting and the cycle of disease. The ‘Store Policy’ component builds on store recommendations that were developed when accessibility to appropriate foods was identified as a significant nutrition issue. The Store Policy component of the project aims to more actively encourage community stores to identify as essential services rather than profitable organisations. For example, the NPYWC has recommended stores have fixed prices for healthy foods and health hardware such as cleaning products.

**Nganampa Health Council (Nganampa Health)**

Nganampa Health is an Aboriginal community controlled health organisation, providing services to people living on the Anangu Pitjantjatjara Lands (north west South Australia). The service specialises in providing primary health care (Nganampa Health Council 1998). One of the branches of the Health service is the Uwankara Palyanyku Kanyintjaku (UPK), Public and Environmental Health.

In 1987, the UPK report (Nganampa Health Council et al 1987) outlined a ‘Housing for Health’ model which has been used as the basis for improving health hardware to maximise the health benefits of housing in the AP lands (Nganampa Health Council 1998), as well as influencing environmental health practices across the Northern Territory and nationally.
The main issue that UPK has identified regarding Home Management Programs is that with appropriate and sustainable health hardware, people can take control over their own health. This includes:

- issues related to the quantity, quality and affordability of health hardware;
- poor initial design of housing health hardware;
- subsequent poor construction and/or lack of supervision of construction;
- lack of an ongoing safety/health targeted maintenance system;
- lack of an adequate income level;
- stores needed to stock equipment to domestically maintain the houses;
- need for some level of educational support.

UPK designs and implements project and programs, as well as providing advice to other bodies, and advocacy for safer, healthier and affordable environment (Nganampa Health Council 1998).

**Healthabitat**

Healthabitat is a group made up of an architect, a medical doctor and a public health expert. For the past 12 years Healthabitat has specialised in measuring the capacity of householders to carry out basic Healthy Living Practices (Nganampa Health Council 1997). Major projects include Housing for Health (Pholeros et al 1993), ‘Fixing Houses for Better Health’, ‘Housing for Health Projects’ (NSW Department of Health), Kitchen Design and building of three prototypes (Department of Family and Community Services – in progress), Housing Maintenance Kit (Department of Family and Community Services – in progress) and The National Indigenous Housing Guide (Healthabitat 1999).

In terms of Home Management Programs, Healthabitat believes that the issue is not about more education, but is about identifying the blockages that prevent people from obtaining maximum utilisation from a house. Some of the primary ‘blocks’ identified by Healthabitat are:

- poverty;
- houses are becoming unaffordable in terms of energy and water costs. Even where people have access to housing, it cannot be assumed that there is also access to power, which impacts on home management type issues (eg cleaning, food storage);
- chronic illness affects the way people interact with their houses (eg if they need to spend a lot of time at clinic etc);
- maintenance system for community to manage housing maintenance;
- access to industrial cleaning equipment, power hoses, bulk cleaning agents.

**Julalikari Council Aboriginal Corporation (Julalikari)**

Julalikari is an Aboriginal organisation providing a range of social and community services to Indigenous people in Tennant Creek Town and Town Camp areas. A Homemaker service has operated through Julalikari for several years, mainly as a resource centre for women, providing education on issues such as cooking and housing maintenance.
Since January 2001, the Homemaker Program has become more structured and strategic, following a growing awareness of the high costs of maintaining Julalikari housing. The new 12-module program is spread over six months and is run in conjunction with Anyinginyi Congress Aboriginal Corporation. Anyinginyi continues to offer a Certificate 1 level course in ‘Aboriginal Health and Education Foundations’, with Julalikari Homemaker module supplements. There are approximately 18 women students participating in the course, which is also available to men. It is envisaged Julalikari will seek accreditation for the course next year.

The objectives of the course are to provide a reference for public housing, to install a sense of responsibility for maintenance of the house in the tenants, to enhance the health and well-being of tenants, and to reduce the cost of maintaining housing. The course has a hands-on approach. For example students are required to participate in a public housing assessment of a house pre and post tenancy, to enhance their understanding of their responsibilities as tenants. In this first year, the course content is continually being examined and developed with the input of participants.

Modules of the course range from personal well-being and hygiene, nutritional issues, substance abuse issues, basic literacy and numeracy, family violence issues, environmental health and budgeting. The course is primarily targeted at urban dwellers, primarily public housing and Julalikari tenants. It is hoped that some modules will be able to be taken to remote areas. Elliot and Ali-Curung communities, for example, have expressed interest in the course.

It is expected that students who have completed the course will continue to be supported through other arms of Julalikari in an integrated approach to course implementation.

Centralian College

Centralian College offers a variety of Senior Secondary, vocational Education and Training and Higher Education studies in the Central Australian region. Approximately 22 remote communities and towns are reached through the Mobile Adult Learning Units (MALU).

Centralian College offers a Certificate 1 in ‘Family and Community Services’. In some communities, these courses have been adapted to include Homemaker modules. For example, at Ali-Curung a course facilitator conducts education and training units ranging from personal hygiene to cooking and nutrition classes.

Nungalinya College

Nungalinya College is a Quality Endorsed Training Organisation offering accredited courses to mature aged Indigenous students. The college is run by the Anglican, Catholic and Uniting churches, with the Lutheran church in association (Nungalinya College 2001). The College campus is based in Darwin, and has accommodation available for part-time courses.

Nungalinya offers a Certificate 1 in Family and Community Services. Homemaker Skills is a module of this course. The module focuses on women, and provides education on household management, incorporating identification of goals and resources.

Pundulmurra College

Pundulmurra College is based in North Western Australia to provide vocational education and training with a community focus. Pundulmurra provides courses on campus, as well as in various locations throughout the Pilbara region. Courses are offered in modules to accommodate the needs of remote and external students.
Exploring Indigenous Home Management...

DHCS Community Nutrition Workers have the option of completing the Homemaker Skills module offered by Pundulmurra College, as part of their training as nutrition workers. The course covers topics such as germ theory, hygiene and how it stops sickness, ways to live in houses to prevent sickness, poisons and healthy pets.

Local Government

There are a range of community-based initiatives that are funded by local Community Councils. While it is beyond the scope of this project to provide an exhaustive description of all community initiatives, some of the more recent activities are described here.

Individuals and groups on communities also take initiatives to engage in Home Management activities for their community. It is beyond the scope of this project, however, to capture non-funded activities.

Djabulukgu Association

The Djabulukgu Association has been operating a mobile Homemaker Program servicing nine outstations around Jabiru for approximately two years. The service responds to requests for assistance, including requests from single men’s quarters, families and communities. The service provides access to resources such as cleaning equipment and cleaning agents, as well as education on use of unfamiliar health hardware.

In addition to assisting with domestic hygiene, the service also provides opportunities to facilitate community development activities as relationships are developed between the homemaker workers and the community/outstation residents. Apart from cleaning, the service has assisted women to obtain drivers licences, office skills and other training. These services relate to Home Management Programs as they tackle those issues described as ‘functionality factors’ in the conceptual diagram. That is, this program addresses the blocks that inhibit people from obtaining maximum health and social benefits from housing, such as low income, access to cleaning agents and equipment, access to transport (isolation) etc. Overcrowding was also identified by the project facilitator as an important functionality factor.

At least two local women are employed to assist with the Homemaker Program through the CDEP Program. The Homemaker Program is closely linked with the Childcare Program.

The Association is now looking to develop a service from a demountable as a resource centre.

Ali-Curung

In addition to funding that Ali-Curung obtains from FACS for the Skinny Kids Program (Table 1), there is a number of other relevant Home Management activities. For example, the community council is currently focusing on environmental health initiatives, and is investigating ways to improve the environmental health standards in the community. Incentives and prizes for ‘the cleanest house’ is a recent initiative.

In terms of house management, Ali-Curung council has strict maintenance rules such as:

- the council provides stove top cooking equipment in an attempt to prevent the use of ovens as heaters;
- bench stoves are replaced every two years. At other times it is the tenant’s responsibility to replace them.
These rules are in place to encourage tenant responsibility for maintaining the house.

For the past 18 months, women from Ali-Curung have participated in a Certificate 1 level course in Family and Community Services offered through Centralian College. Modules are adapted according to the community’s needs and have included personal hygiene, food preparation and nutrition, amongst others. The course is offered to all women on the community, and their needs and suggestions are incorporated into the program where possible. The course focuses on self confidence and self esteem of women, while being relevant to the living environment at Ali-Curung. For example, a recipe book was developed by course participants that included meals that are:

- cheap;
- nutritious;
- contents are available at the community store;
- one pot cooking.

Ongoing support and hands on training is an issue for Home Management Programs at Ali-Curung. The council has recently adopted a policy of encouraging community-based training, in an attempt to ensure that training is relevant to people’s lifestyle and resources.
Table 2: Summary of Home Management Services in the Northern Territory

<table>
<thead>
<tr>
<th>Service</th>
<th>Communities</th>
<th>Activities</th>
<th>Expected Outcome (social/health)</th>
<th>Strategy</th>
</tr>
</thead>
<tbody>
<tr>
<td>FACS – DHCS</td>
<td>12 communities across NT (see table 1)</td>
<td>Skinny Kids Program, Nutrition Programs, top up women’s centre coordinator’s salary</td>
<td>Prevention of child neglect (social outcome)</td>
<td>service provision – addressing functionality factors</td>
</tr>
<tr>
<td>Environmental Health – DHCS</td>
<td>All communities</td>
<td>Community education, Housing and health infrastructure functionality, monitoring and control</td>
<td>Improved environmental health conditions, including housing (health outcome)</td>
<td>education/training provider</td>
</tr>
<tr>
<td>Health Promotion - DHCS</td>
<td>Yuelamu Santa Teresa Kintore Areyonga Bonya Top End communities</td>
<td>Nutrition Programs, Women’s Programs, community development activities.</td>
<td>Promote health and well-being (health and social outcomes)</td>
<td>education and training provider</td>
</tr>
<tr>
<td>Nutrition Program – DHCS</td>
<td>Remote communities NT</td>
<td>training in nutrition, training in Homemaker skills for community-based workers</td>
<td>improved community nutrition (health outcomes)</td>
<td>education and training provider</td>
</tr>
<tr>
<td>Department of Community Development, Sport and Cultural Affairs</td>
<td>Urban Areas</td>
<td>Public Housing</td>
<td>Increased Indigenous tenancy (social outcome)</td>
<td>education and training provider</td>
</tr>
<tr>
<td>Department of Health and Aged Care</td>
<td>National</td>
<td>HACC – Meals on Wheels, shopping, bathing, washing CACP – household work, personal care, social activities</td>
<td>care for elderly in community and homes for independent living (health and social outcomes)</td>
<td>service provision - addressing functionality factors</td>
</tr>
<tr>
<td>Department of Health and Aged Care</td>
<td>national</td>
<td>National Nutrition Program</td>
<td>improve nutrition of children (health outcome)</td>
<td>community addressing functionality factors</td>
</tr>
<tr>
<td>OATS IH</td>
<td>national</td>
<td>support of primary health centres</td>
<td>improved health outcomes</td>
<td>n/a</td>
</tr>
<tr>
<td>Department of Family and Community Services</td>
<td>National</td>
<td>Strong Families and Communities</td>
<td>Strengthen family and community, social capital (social outcome)</td>
<td>support community to address functionality factors</td>
</tr>
<tr>
<td>ATSC</td>
<td>national, regional, community</td>
<td>policy (CHIP), funding for community councils, CDEP</td>
<td>improved housing (health and social outcomes)</td>
<td>support community to address functionality factors</td>
</tr>
<tr>
<td>IHANT</td>
<td>NT wide</td>
<td>maintenance of houses, rental systems</td>
<td>improved housing (social outcomes)</td>
<td>support community to address functionality factors</td>
</tr>
<tr>
<td>Service</td>
<td>Communities</td>
<td>Activities</td>
<td>Expected Outcome (social/health)</td>
<td>Strategy</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
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<td>--------------------------------------------------------------------------</td>
</tr>
<tr>
<td>IAD in collaboration with AHIRS and Department of Community Development, Sport and Cultural Affairs</td>
<td>Alice Springs Urban</td>
<td>Living Skills Education Program</td>
<td>improved housing (social outcomes)</td>
<td>education and training</td>
</tr>
<tr>
<td>Waltja</td>
<td>all central Australia region</td>
<td>family support, Community Programs, training, information, brokerage</td>
<td>community development (health and social outcomes)</td>
<td>education and training/ support to address functionality factors</td>
</tr>
<tr>
<td>CAT</td>
<td>remote Indigenous communities</td>
<td>research and evaluation</td>
<td>appropriate technology for remote Indigenous communities (health and social outcomes)</td>
<td>education and training/ support community to address functionality factors</td>
</tr>
<tr>
<td>Tangentyere Council</td>
<td>Alice Springs Urban</td>
<td>Homemaker based at Learning centre to cook nutritious food</td>
<td>intergenerational education, improved nutrition, employment (health and social outcomes)</td>
<td>address functionality factors/ education and training</td>
</tr>
<tr>
<td>NPYWC</td>
<td>AP lands</td>
<td>Nutrition, store policy development,</td>
<td>education, advocacy (health and social outcomes)</td>
<td>address functionality factors</td>
</tr>
<tr>
<td>Nganampa Health Council</td>
<td>AP Lands</td>
<td>Public health</td>
<td>environmental health (health social outcomes)</td>
<td>address functionality factors</td>
</tr>
<tr>
<td>Healthabitat</td>
<td>Indigenous communities Australia wide</td>
<td>advocacy, research</td>
<td>improved health social outcomes</td>
<td>address functionality factors</td>
</tr>
<tr>
<td>Julalikari</td>
<td>Tennant Creek Urban</td>
<td>homemaker service</td>
<td>budgeting, shopping, hygiene, nutrition (health and social outcomes)</td>
<td>education and training provider</td>
</tr>
<tr>
<td>Centralian College</td>
<td>Central Australia communities on request</td>
<td>Certificate in family and community services</td>
<td>Home management modules (social outcomes)</td>
<td>education and training provider</td>
</tr>
<tr>
<td>Nyungalinya College</td>
<td>Darwin</td>
<td>Homemaker modules</td>
<td>education, training (social outcomes)</td>
<td>education and training provider</td>
</tr>
<tr>
<td>Pundulmurra College</td>
<td>WA</td>
<td>Homemaker course</td>
<td>education, training (social outcomes)</td>
<td>education and training provider</td>
</tr>
<tr>
<td>Djabulukgu Association</td>
<td>Mobile resource service</td>
<td>cleaning houses, providing cleaning equipment and agents,</td>
<td>community development (social outcomes)</td>
<td>address functionality factors</td>
</tr>
</tbody>
</table>
7. **Discussion: The role of Home Management Programs in the Northern Territory**

From the literature review, consultations and the mapping exercise, several issues around Home Management activities and outcomes have emerged.

The mapping exercise illustrated the range of program areas and agencies involved in Home Management activities, from those engaged in projects full time to those involved on the periphery. Home Management Programs clearly sit on the border of the core business of many agencies, where their status may be tenuous.

The literature review revealed that for a variety of social, economic, geographical and cultural reasons, there is a need for Home Management Programs to assist in obtaining maximum health and social benefits from housing in Indigenous communities. The notion of Home Management Programs is supported at a policy level as it is recognised that these activities are required to strengthen outcomes from new and upgraded infrastructure. In the conceptual model, the range of resources required for maximising benefits from housing were identified as:

1. external resources – political and economic support;
2. internal resources – appropriate and sustainable physical infrastructure;
3. internal resources – resource management (eg household management);
4. internal resources – community/household capacity.

The literature review showed that much of the energy to improve health and social outcomes from housing has been absorbed by advocating for political and economic support, and developing physical infrastructure. These are still clearly significant components of the Indigenous housing picture and require continuous support. Emphasis on other internal resources, such as community/household capacity and internal resource management, is also now needed to complement other initiatives. Strengthening Home Management Programs is one method of doing this.

The mapping exercise revealed two current approaches to Home Management Programs.

The first approach is to address training needs of the community/household. There are a variety of Homemaker, Living Skills, and Urban Living Skills Programs which aim to inform, teach or train Indigenous people to enhance the health and social benefits from houses and health hardware. The fundamental assumption behind these programs is that some Indigenous people, particularly from remote communities, require more education on home and household management. In terms of the conceptual model, this type of program addresses the resource management skills of the community.

Many of the educative Home Management Programs were developed and are conducted for Indigenous people living in Town Camps or other urban areas (eg IAD course, Julalikari course, Nungalinya course). Some programs target people from remote communities through mobile units, Train the Trainer Programs, and by inviting people from remote locations to participate in training based in towns. Nevertheless, most Home Management training packages are directed at people living in urban environments.
Culturally appropriate teaching and training methods are obviously an important component of education programs. Service providers also highlighted the importance of ensuring that training is relevant to the social and economic setting of participants. Typical examples include:

- training on budgeting needs to reflect Indigenous families experience with very low income levels, high cost of living and kinship obligations;
- training on domestic hygiene needs to recognise the implications of household dynamics, overcrowding, accessibility and affordability of cleaning agents.

Service providers also identified a need for ongoing support once the Training Program was completed.

The identification of these factors by education/training service providers links in with the second approach adopted by Home Management Programs. The second approach is to address some of the functionality factors that influence the impact of Housing Programs.

Evidence from the literature review and consultations provides some insight into the functionality factors as described in the conceptual model. In the conceptual model, the factors included:

- peace and safety: safe living environment for the household;
- economic: household income, household cost of living, financial stress, overcrowding, ownership of housing;
- health: household physical and emotional well-being;
- history: of the household/community, dispossession, cultural and language group relationships, community cohesion, community priorities, leadership;
- cultural: kinship obligations, extended family relationships, household relationships, household priorities;
- geography: remoteness of the community, impact of physical environment on physical and systems infrastructure;
- health ‘software’: accessibility and affordability of cleaning agents, cleaning utensils and nutritious foods;
- health ‘hardware’: suitability and sustainability of houses, washing machines, stoves, appropriate food storage places, energy sources;
- community council cohesion: continuity of positions, community council priorities, systems infrastructure (such as community house management), community council leadership.

Many of these factors are interrelated. For example, the cohesion of the community may be influenced by the history of community, language and cultural group relationships and leadership within the community.

Clearly, some of the functionality factors are beyond the scope of Home Management Programs to address. For example, while it is recognised that the history of the community (including dispossession and subsequent relationships between family groups) may have a large impact on the distribution and utilisation of housing, it may be inappropriate for a Home Management Program to address this issue. On its own, a Home Management Program would also have difficulty addressing geographic isolation or appropriateness of houses and health hardware.
Home Management Programs have the potential to focus on other functionality factors, however. For example, Tangentyere is exploring a community development approach of employing a Homemaker in an intergenerational learning centre. The issue of poverty and affordability of essential food and health items (such as cleaning agents) as identified by Tregenza and Tregenza (1998) is partially being addressed through advocacy and community development activities in the AP Lands. NPYWC, Nganampa Health Council and others are looking at Store Policy which directly impacts on these goods availability and affordability. Djabulukgu association delivers a service that assists remote people to access cleaning agents and equipment, at their request. The Ali-Curung Environmental Health Program, Homemaker Program, Centralian College mobile unit, and Aged Care Program have developed an integrated community-based approach to delivering home management services. Many of these activities also contribute to enhancing community well-being, which further improves the setting for achieving health and social outcomes.

These few examples demonstrate the multidisciplinary and creative possibilities of Home Management Programs. There is clearly scope for Home Management Programs, with sufficient resources, to have an interagency approach that will address some of the functionality factors that are described in the conceptual model. These factors may need to be explored in greater depth with communities to fully elicit the support required and the appropriate components of Home Management Programs.

A specific definition of Home Management Programs is elusive. The general objective is to enhance the capacity of households to manage household resources to their full potential. This also appeared to be the general intent of Homemaker Programs in 1978. As programs have evolved over time and through different agencies, however, the framework for guiding process and outcomes, and prominence of Home Management Programs at a policy level, has subsided.

A Home Management framework

In the conceptual model, Home Management Programs were described as directing the ‘traffic’ of a range of interested agencies. This project has been developed on a collaborative basis with policy representatives from a range of Territory and Federal Departments, as it was recognised that Home Management Programs require an interagency and coordinated approach. This is already the approach taken by some agencies (eg Ali-Curung Homemaker Service, IAD course, Julalikari course).

Consultations with service providers highlighted the absence of a practical or theoretical framework to inform policy and guide service delivery. Service providers also emphasised the need for a flexible approach that will respond to the unique needs, resources and functionality factors of each community. Home Management Programs, for example, may be a low priority in some communities.

Adequate resourcing was also raised as a critical component of Home Management Programs. Most of the FACS-funded Homemaker grants are within $13,000 to $40,000. Such small amounts of funding severely restrict the types of programs that can be developed, and the outcomes that can be reached. The majority of the FACS Homemaker Programs are combined with home and aged care funding, and activities tend to reflect this (eg Feeding Programs). An interagency framework would need to ensure that adequate resourcing and support is available to communities to achieve expected outcomes.

In terms of service delivery, the mapping project revealed debate amongst service providers over some of the fundamental components of Home Management Programs. Location of the program, for example, and appropriate target group. Historically, Home Management Programs (such as Homemaker Programs) have been organised to operate from women’s centres, or have...
targeted women as the ‘homemaker’. Some service providers, however, have questioned women’s centres as the appropriate location of Home Management Programs. It was suggested that in some communities it would be more effective to target families, children, schools or whole communities. Schools were particularly identified as a potential opportunity, as there is anecdotal evidence to suggest that young people (particularly very young mothers) need support in managing households. This is consistent with research in other populations.

It was also argued, however, that there are important benefits from having Home Management Programs operate from women’s centres, including: a source of paid employment for women, a focal point for women to meet and a source of funding for women’s centres to operate. IHANT has developed a proposal which includes assessing the appropriateness of women’s centres for Home Management Programs in the Papunya ATSIC region.
8. Conclusion

This project is the result of an identified need for an improved understanding of Home Management Programs at an operation and policy level. The literature and mapping process revealed that there are significant gaps in knowledge around programs due to:

- insufficient research;
- elusive definition of ‘Home Management’;
- the peripheral status of programs;
- insufficient or non-existent evaluation of programs.

There is clearly potential for future research around some of these issues. A research proposal has been developed and a synopsis of which is provided in the Appendix (page 49).

There is considerable community-based support for Home Management Programs, reflected in the participation rates and anecdotal feedback from some of the current programs. Policy and service providers also are enthusiastic to participate in a collaborative approach to enhancing Home Management Programs. In the current political climate of Commonwealth and State/Territory Governments encouraging social capital development through strengthening family and community relationships, it is an opportune time for the Territory to advocate for more appropriate and effective development of Home Management Programs.

The mapping project revealed that while there is considerable interest in Home Management Programs, there is a corresponding need in further research to enhance understanding, policy development and service delivery of programs. A range of potential research areas have been identified. Of these possibilities, a robust and flexible framework was highlighted to be essential to ensure long term sustainable Home Management Programs.
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Exploring Indigenous Home Management...


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APPENDIX

Future research

Given the current lack of information, there is significant potential for further research to inform and improve services. In terms of the conceptual model discussed at the beginning of this report, there are three critical research areas that particularly need to be addressed:

- **Exploration of the functionality factors:** Functionality factors, as defined in the beginning of this report, are those factors that inhibit or prevent households from obtaining maximum health and social benefits. The literature review and consultations with services provides some insights into what the functionality factors might be. There is scope for further investigation of functionality factors.

- **Hierarchy of functionality factors:** Once functionality factors have been identified, it would be useful to develop an understanding of their importance to assist with allocation of resources. This would be a complex task, as it is difficult to disentangle the impact that factors have on one another.

- **Developing Home Management Framework:** The mapping process revealed the absence of a framework to support and guide service providers. Further research into developing an integrated and flexible framework, would have tangible benefits to service providers.

Research project synopsis

A research proposal investigating the development of a Home Management Framework was developed as a part of this project. The proposal suggests a four-stage approach for the development, delivery and evaluation of Home Management services and programs.

This project recognises the important relationship between houses, household management and health and social outcomes. The project aims to strengthen evidence supporting this relationship, and to use this evidence to guide service delivery and policy development.

This project has four stages:

**Stage 1: Exploration (four months)**

- Further review of national and international literature of databases and grey literature to identify other types of Home Management interventions.

- Explore factors that influence management of houses in remote Indigenous communities (e.g., poverty, home management skills and training, community cohesion, availability of household cleaning agents and equipment, etc.). These have been described as ‘functionality factors’.

**Stage 2: Evaluation (seven months)**

- Evaluation of four existing Home Management Programs in the Northern Territory. There is currently very little evidence illustrating the effectiveness or efficiency of Home Management activities. Evaluations of existing services against their own expected outcomes will assist in determining the appropriateness of Home Management approaches.
Exploring Indigenous Home Management...

- Development of a draft ‘framework’ for Home Management Programs, based on literature review and evaluations of four existing programs. This framework will guide development and delivery of services. It will include identification of core agencies, most efficient and appropriate approaches, and inform the development of new programs.

**Stage 3: Intervention and Feedback (15 months)**

- Pilot three new/modified models of Home Management Programs based on draft framework in the Northern Territory.
- Recommend final framework for Home Management Program implementation (national relevance).
- Distribution and dissemination of results of study (three months).

**Stage 4: rolling out of Home Management Programs**

- Utilise framework to engage in interagency collaboration in the realignment of new and existing Home Management Programs for remote communities. This component does not require AHURI funding, but will build on the collaborative research in line with AHURI policy.

**Expected outcomes from project:**

- a better understanding of the factors that influence home management, affecting the social and health outcomes from housing in remote Indigenous communities in the Northern Territory;
- development of policy/framework to address a whole-of-government and interagency approach to Home Management Programs in remote Indigenous communities in the Northern Territory;
- improved focus for government-funded community-managed Home Management Programs to remote Indigenous communities in the Northern Territory.