Catherine Holmes Consulting
ABN: 32517018983
PO Box 280, Parap, NT, 0804 | W. 08 8948 1980 | M. 0419 441 021
E. CatherineHolmesConsulting@bigpond.com

# Final Report

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## Informing a National Quality Framework: Consultations with homeless Aboriginal people in Darwin regarding service provision

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**Author: Catherine Holmes**

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# Background

The Commonwealth, States and Territories are working together to progress the development of a national quality framework (NQF) to achieve better outcomes for people who are homeless or at risk of homelessness by improving the quality and integration of services they receive. In September 2009, all Australian Housing Ministers agreed to progress the development of the NQF through a national consultation process.

As one part of this consultation process, the Department of Families, Housing, Community Services and Indigenous Affairs commissioned the Consultant Author to gather and analyse the views of 31 homeless Aboriginal people staying in the Darwin area (referred to locally as staying in the Long Grass).

# The context of homelessness and service provision in Darwin

Homelessness is a culturally defined multilayered and multidimensional phenomenon. Official definitions, however, are typically formulated on the absence of various forms of shelter. In Australia there are three identified forms of homelessness used by the government: primary (living rough or in improvised dwellings); secondary (staying with friends or relatives with no usual address or in homeless services); and tertiary (living in boarding houses or caravan parks with no secure lease or private facilities) (Chamberlain & MacKenzie, 1992). It is common for homeless people to move between the different forms, as well as in and out of homelessness.

The 2006 National Census found homelessness rates in the Northern Territory to be drastically higher than for any other Australian state or territory, at a rate of 248 per 10,000 people. In Darwin, there were more than 2,476 homeless people, reflecting a rate of 234 per 10,000 people, with Indigenous Australians over-represented in this population. (In contrast, Sydney had a rate of 39 homeless people per 10,000). The Census figures, however, must be treated with caution as the homeless Indigenous population in the NT, particularly those sleeping rough, were likely to be undercounted (Chamberlain & Mackenzie, 2009). Furthermore, Holmes and McRae-Williams (2009) found compelling evidence to support a sustained growth in primary homelessness in

Darwin between June, 2007, and early 2009, following the announcement and roll out of the Federal Government's Northern Territory Emergency Response. Increased numbers of Aboriginal people from remote NT communities had left their homelands and had entered into homelessness in Darwin. The main reason people left home was to escape family problems which typically involved violence.

Living rough is a difficult and stressful way of life. Homeless people struggle to meet basic needs that housed people tend to take for granted. In Darwin, accessing food and water, shelter from the cold or rain, bedding and clothes and facilities to manage personal hygiene and health are daily challenges – particularly when money is scarce and accessible transport limited. Meeting needs while simultaneously negotiating feelings around loss (of home, family, identity etc), grief, trauma, loneliness, social exclusion and marginalisation, and being increasingly stigmatised and demonised by the dominant society, add to the daily grind.

The health and wellbeing of Darwin's Aboriginal homeless population is affected by the challenges and life circumstances linked to the homeless condition. In response, people in the Long Grass often drink to self-medicate or manage their (life) condition. Yet the coping mechanism deployed by this population to deal with their life trajectory is not tolerated by mainstream society. Mainstream society has framed the experience through a lens of anti-social behaviour (Holmes, 2007).

From this perspective, Holmes & McRae-Williiams (2009) found that mainstream society objected to the homeless Aboriginal population living and being in public places and had a problem with their drinking and being drunk; fighting and arguing; adverse effect on amenity; being a source of contagion; and the problems they caused for themselves. Many believed that homelessness was an Aboriginal lifestyle choice linked to culture. The authors concluded, "*This way of living was repugnant to the dominant group, beleaguering the social order and affronting accepted systems of beliefs, values and attitudes*" (pp.vi). In short, the differences associated with homelessness and homeless people were undesirable from the perspective of the mainstream group.

This lens has contributed in a powerful way to the gulf in understanding that exists between the lived experience of homelessness in Darwin and the mainstream society's perceptions of it. It has obscured the issues that shape, and are shaped by, the homeless experience and has brought to the fore a suite of responses that pander to the dominant (mis)conception of homelessness, rather than act on the grim realities of the homeless experience. This socio-cultural complex has had implications for the nature of service provision (i.e. interventions) and whether or not they can improve the health, wellbeing and quality of life of homeless individuals. Holmes and McRae-Williams (2009) reported:

> There is a gulf between the lived experience of the Long Grass and non-Indigenous perceptions of it. For instance, the bulk of Aboriginal people in the Long Grass interviewed in this study had escaped stressful life conditions generally linked to conflict in communities. Yet few non-Indigenous people surveyed acknowledged family/social problems as a reason for people staying in Darwin. Equally, there was little recognition given by non-Indigenous participants to mental health issues experienced by this population, yet this study found a high level of exposure to trauma and associated illness among Aboriginal participants (pp. 65).

Holmes and McRae-Williams (2009) concluded that mainstream society worked to overcome the differences found in Aboriginal homelessness with interventions which required conformity to the dominant group. The underlying assumptions of these interventions, they suggest, are that homeless (Aboriginal) people understand, desire and have internalised the beliefs, values and attitudes of mainstream group. This is an important consideration in deciding the focus for an intervention i.e. does the intervention respond to a societal need for conformity or does it respond to the needs of the homeless person based on their own life world? It is also an important consideration when deciding what constitutes quality service provision.

So what are the (service) responses to homelessness in Darwin? Ongoing research with this population has found that there are a number of key agencies that Aboriginal people living rough in Darwin access or come into contact with (not necessarily by choice). They can be loosely categorised into government and government funded non-government agencies. Government agencies include Centrelink, Territory Housing, the Police, the First Response Patrol, Council and other Rangers (regulatory officers) and Royal Darwin Hospital. Key non-government agencies include St Vincent de Paul (Vinnies), Mission Australia's Sobering-Up Shelter (Spin Dry), the Salvation Army (the Salvos), Larrakia Nation Aboriginal Corporation (Night Patrol, Return to

Country, ID service, Healthy Engagement and Assistance in the Long Grass Program) and Danila Dilba Aboriginal Health Service.

The consultations discussed in this report will provide an insight into the service user's perspective of these, and other, agencies.

# Methodology

In this consultation, it was important to develop an approach to recruitment, data collection and analysis that was compatible with researching and reporting on the needs of vulnerable people. As such, an ethically informed consultation approach was applied, where the wellbeing of the participant was always placed first.

## *Recruitment*

Data collection was undertaken between the 26th March and the 16th April, 2010. Semi-structured interviews were conducted with 31 Aboriginal people staying in Darwin's Long Grass (experiencing primary homelessness), generating over 14 hours of interview data (an average of 27 minutes per person). Individual interviews were conducted with 6 individual participants and there were 5 small focus group interviews and 1 large focus group interview completed. Small focus groups had between 2 and 5 participants and the large group had 8 participants.

The Project Plan identified locations for recruitment of participants. In order to recruit interested and willing individuals and groups and to meet the agreed contractual timelines, the Plan needed to be adapted to the field conditions, permitting a more flexible approach to recruitment and allowing for more participants to be invited through a direct approach (rather than through a service). This ensured that opportunities for interviews were not lost. The adapted recruitment approach did not compromise the quality of the data but rather improved its depth and richness. In particular, interviewing individuals and groups through a direct approach meant that they were:

- not distracted from other business;
- had more time to sit in a space that they were comfortable;
- were empowered to talk feely; and

- were interviewed through a process that allowed for and supported their own cultural protocols around engagement to be observed.

Participants were recruited to the consultation through direct approach (18) and via the St Vincent de Paul Society (Vinnies) (4), Larrakia Nation Aboriginal Corporation's Healthy Engagement and Assistance in the Long Grass (HEAL) program (8) and Mission Australia's Sobering-Up Shelter (1). The target population were known to frequent/utilise these services.

Participants were advised that:

- participation was voluntary;
- that they were free to answer or ignore any question;
- their anonymity would be guaranteed;
- the interview would take between 20 minutes or an hour, or longer if appropriate; and
- that access to any service would not be affected by their participation in the consultation.

Only one individual invited to participate rejected the invitation and explained he was busy looking for someone. Most participants were enthusiastic about being involved and believed the work was important. The majority mentioned that they had appreciated being consulted and a few indicated that they had valued the opportunity to talk about things to someone who was listening.

Gift vouchers were provided to participants at the conclusion of interviews and most were surprised and had not expected to receive a gift but were very happy. Because vouchers were given out at the conclusion of interviews and without prior expectation, their use did not influence participants' decision to participate or their responses to questions.

## *Wellbeing and ongoing obligations*

During interviews and at their conclusion, I asked about the wellbeing of the participant and whether they needed to see someone or access a service. As the data reveals, many had endured very difficult events in their lives. As a researcher with this population, my obligation extended beyond the simple inquiry and linking to services to the provision of other support, in particular, transport. Following interviews it was not unusual for me to drive participants around to gather

belongings, food, family and other things. There is an expectation that I will continue to help out when asked simply because I know their story.

## *Data collection and recording*

Interviews explored the key questions identified by the Department (see **Appendix 1**). The questions were put to the participant in a range of ways to ensure there was a common understanding of what was being asked, contributing to consistency across the data sets. Often the interview would start by the participant volunteering stories about some of the challenges they had been having. This information was used during the interview to stimulate discussion or to provide examples to illustrate what was meant by the question. Probing techniques were applied throughout each interview. Responses to questions were typically supported by examples of the participants' own experiences with services. This also meant that I was able to verify whether the question had been understood.

Detailed notes were taken during interviews. Interviews were typed up either the same afternoon or the following day. Explanatory notes have been included where appropriate in interview data to assist the reader.

## *Data analysis*

Data analysis occurred at multiple stages. The first stage occurred during the interview where inductive and deductive techniques were used as the data was being gathered and documented. The next stage occurred when detailed notes were being typed up. Emergent themes or patterns in the data were highlighted and then explored or tested in subsequent interviews using a probing technique. The final stage of data analysis occurred once the full data set had been collected and typed up. Data was examined within and across the data sets to look for anomalies and patterns or themes.

The depth of analysis has been limited by the scope of the contract, however, is considered to be sufficiently robust to make a solid and meaningful contribution to a National Quality Framework.

### *Format of Report*

A brief overview of homelessness and associated service provision in Darwin has been presented. This provides a context in which to situate the findings. The key questions directing the consultation have been used to format a discussion on the findings. Where findings are consistent or differ significantly from previous relevant research findings, these have been highlighted.

# Discussion on findings

### *Participants in the consultation*

Of the 31 participants, 22 were 40 years or older and 9 were under the age of 40. There were 18 females and 13 males interviewed. Although it is a small sample size, the age distribution was consistent with a recent larger study which found a disproportionate number of older homeless Aboriginal people sleeping rough, known locally as camping or staying in Darwin's Long Grass (see Holmes & McRae-Williams, 2009).

Of the participants, 12 were single, 16 were married or with a partner and 3 were widowed. Most of the single participants had been in a relationship in the past. Most participants had children, often adults. Those with young children did not have them in their care. These children were being looked after by family or were in institutional care. A few participants had husbands in prison that they were waiting for or trying to escape from, as illustrated by the following quotes.

> I came to town because my husband is in jail – so I can see him. I left kids back at Groote Island and I am staying in the Long Grass. He will be inside for 3 to 5 years, probably 5.

> I'm frightened of my husband. He is a solid man. He hurt me all the time. Broken jaw. He fight me. He got alcohol problem. He is a woman basher. All his life like this – still bashing his wives. I get sick from him. I lose weight. I wasn't like that before, but I worry all the time. I worry for when he come out of prison. I tell the police. He blame me for being in prison...

Most participants stayed in the Long Grass with other family members, usually from their own country and could be described as experiencing primary homelessness. Participants were highly mobile and tended to move between flats or town communities where family had tenancies

(usually public housing), the Sobering-Up Shelter and the Police Watch House, although spent most nights in the Long Grass. The nature of family groups in the Long Grass was fluid. Conflicts and searching for and locating resources were the key reasons group composition shifted.

## *Home country*

The majority of participants (24) were from top end Aboriginal communities, with 12 from the Tiwi Islands and others from Belyuen (3), Maningrida (3), Elcho Island (2), Milingimbi (2), Groote Island (1) and Nhulunbuy (1). The high numbers of Tiwi Islanders can be explained by the close proximity of their homelands to Darwin and the regular air and ferry transport services connecting the two places. The Tiwis have a long tradition of travelling to Larrakia lands (the greater Darwin land and sea areas) for trade and ceremony and have family living in Darwin.

There were 6 participants originating from the Northern Territory's central desert area from St. Teresa Mission (4), Alice Springs (1) and Lajamanu (1). Nearly all wanted public housing in Darwin and the group of 4 from St Teresa had been homeless in Alice Springs and had given up on waiting for housing, believing they might have a better chance in Darwin. Only 1 participant was from another state (WA).

## *Leaving home for Darwin*

The participants had a range of interconnected reasons they had left their home communities and were staying in Darwin's Long Grass. The most common reasons for leaving home communities related to:

- the need to access health services;
- family problems concerning violence and fighting and the desire to escape;
- the desire to escape and have increased freedom; and
- grief and loss in connection with the death of a family member.

Others reasons for being in the Long Grass related to getting stuck while on business or accessing health services, unable to arrange a Return to Country service due to existing debt. Others had

been travelling to Darwin for social, cultural and other business for millennia. This is captured by one group who, in the context of being asked to return to their home lands by a service, stated:

> ...But this is our grandfather's country. We been marrying with the Larrakia for long time. Before planes, we come on canoes to get a wife [laughter].

Almost all participants had nowhere else to stay due to the cost of accommodation, the lack of access to public housing of their own or the problems their visits might cause extended family living in houses or flats. There were key concerns and difficulties discussed relating to staying in the Long Grass. These included:

- being moved on with nowhere to go and having to gather up all their belongings;
- the poor treatment they received by police, including having personal belongings routinely inspected;
- police wasting their money by tipping out alcohol; and
- finding refuge from the rain, particularly when sick.

Many participants felt persecuted because they had nowhere to stay and were genuinely perplexed at the attitude displayed by people they believed should be more understanding and compassionate. Such people tended to be talked about as if they were sub-human. The feeling of persecution and being perplexed is captured by one participant who commented:

> Coppers – some are bad. Spill people's beer. They shouldn't do it. They pay for it. Not steal it. They should know we not got a home to drink at... We see cops and run and hide. Police gotta change their attitude – we got no home to be at.

The reasons for leaving home communities and staying in Darwin's Long Grass provided through this consultation are consistent with those articulated in earlier studies with this population (see Maypilama *et al, 2004;* Holmes *et al*, 2007*;* and Holmes & McRae-Williams, 2009). Contrary to popular belief, drinking is not the single reason for coming to the Long Grass but rather is one aspect of escaping stressful life in the home community. Research has also shown that alcohol is widely used to self-medicate (see Holmes, 2007). One participant in the present consultation made the observation that people in the Long Grass "*drink so that they can sleep anywhere*!"

## *Service needs*

Participants generally needed somewhere to camp or stay, preferably out of the rain, where they would not be moved on and where they would not be harassed or attacked. Without shelter, it was difficult to meet other needs. Other needs included ordinary day to day things, such as food and water, (clean) clothes, blankets and sheets, shower and toilet facilities and health and medical services (including rehabilitation services). Transport assistance was important in their ability to address these basic needs.

> We need shelter when it is raining. Toilet and shower. Clean sheets, blanket, mattress, sleeping bag, tarp, swag, make a cup of tea, frying pan. We want to cook. We need more money, funding from Centrelink – not enough. Check-up for health at Danila and transport help.

The need for practical supports and goods that assist homeless people in daily survival are needed and form an important part of quality service provision.

## *Services accessed or engaged with*

Participants in this consultation were generally satisfied by the nature of services available from each agency. However, their circumstances often meant that it was difficult for individuals and groups to access the services routinely or even at all. For instance, it was sometimes difficult to go to Vinnies each day for a meal as members of the group would be required to stay with the camp (for safety and to protect belongings). Similarly, travelling from Centrelink at Casuarina to Territory Housing in town by bus with belongings in order to be placed on a five year priority housing waiting list was also difficult, dissatisfying and frustrating.

> We need food, water, drink, everything. We can't find feed. Clothes – Larrakia Nation – we really need it. We need blanket, sheet and things. We want service to come and see us. We can't go here and there. They should help us and come to us.

Many services used by the participants in this study were not available on weekends or outside normal business hours. Curiously, this was not raised as being a limitation of any services by participants even when asked directly on the subject.

The extent to which a service was used appears to be related to the way in which the staff treated the participant or how 'safe' the person felt in the setting when accessing the service (including

outreach settings). Participants routinely described wanting to be treated respectfully by service staff and appreciated it when people demonstrated an understanding of their plight and expressed kindness. Similarly, many people were perplexed when they believed they had been treated unfairly.

Through the consultations, participants indicated that they would not use certain services because other Aboriginal groups camped in the vicinity of the service and frequented it. Aboriginal groups from other Nations have assumed quasi-land rights in Darwin which effectively assign rights to camp in certain areas and access to services and other facilitates within that, albeit small, geographical region. Participants indicated there would likely be 'trouble' if certain groups went to certain places and services. For example, some groups were associated with using Vinnies meaning that other groups were resigned to the fact that they would not have access to regular meals, showers, washing machines, computers, library, telephone and the other services available through the Stuart Park Centre, despite knowing the organisation had services for homeless people.

> Vinnies. Wrong clan go there. Cause trouble if we go.

A number of factors appear to influence service usage and accessibility, including:

- the practical or logistical challenges of going to a service:
- the frustration associated with being referred to other agencies where the outcomes are likely to be futile;
- the respect and kindness extended by service staff/volunteers;
- whether the service has the capacity to meet their basic needs; and
- the presence or absence of other Aboriginal groups and the geographical location of their camps.

In response, many participants had a strong preference for outreach services. This was considered much more convenient and practical and improved their ability to meet their daily needs. Many participants suggested outreach services delivery as a way to improve service provision.

Needs were met (or attempted to be met) through both government and the non-government services. Government services were accessed or engaged with for housing, health/medical, money or because of legal issues (such as camping or drinking in certain areas or being taken to the Watch

House). These generally involved Territory Housing, Centrelink, Royal Darwin Hospital or Danilia Dilba Health Service and the Police.

Participants often instigated contact with Centrelink and it was not unusual for them to refer clients to Territory Housing. Most participants were on a waiting list for public housing. This often involved visiting the hospital or a health service to obtain documents to demonstrate eligibility to go onto a priority list. Engagement with Police was not desired and was usually instigated by Police.

> ...We know where to go to get help. Go to right place. But can't go to the police for help. They just help us into a cell! [laughter].

Key non-government services used to meet participants' needs included Vinnies, Larrakia Nation (Healthy Engagement in the Long Grass – HEAL – program, Night Patrol, Return to Country and ID service) and Mission Australia's Sobering-Up Shelter. To a lesser extent, participants reportedly used the Salvation Army, the Sisters of Charity, Katherine Booth House (women's shelter), Bagot Health Clinic, Iron Bark (employment service) and Church priests.

Some participants wanted services that supported them to meet their own needs. Larakia Nation's Arts program delivered through HEAL was an example of this, where participants felt supported to generate supplementary income. For example, "*At Larrakia Arts, this one, we can earn some money. We need this service. We like it. It make us busy so not think about the grog all the time. We feel happy. Strong. Interesting".* Others mentioned wanting to be supported with transport to hunt or gather bush food, cooking equipment to prepare their own meals or attend to other business, such as meetings with health, housing and Centrelink staff, for example, "*We need a place to cook food. We can get it, but no place to cook".*

A quality service, from the perspective of homeless people in this consultation, is one that recognises the difficulty homeless people have in moving around to meet their daily needs and which understand the socio-political pressures that confront them.

## *Meeting service needs*

Given the target of this consultation, it is no surprise that nearly all of the participants articulated a need for shelter or housing of some sort and that this need had not been met. The need for shelter may be emphasised due to the fact that interviews were undertaken during the wet season where there had been significant rainfall. Most people, however, needed somewhere they could legitimately stay without being forced to move on. Many had attempted to address this situation by approaching Territory Housing and getting placed on priority housing lists. The desire to have somewhere to stay is illustrated by the following quotes.

> Coppers not to tell us to move everywhere. Everywhere we go they tell us, 'you can't stay here'. We ask, 'where can we go?' We want to stop being humbugged by cops.

> We were sitting under a beautiful shady tree one time – like this one. Police come and say we have to go because 'you sit here every day'. We say, 'this is public' but they say, 'we will give you a ticket for $110.00!

Some felt that they would be dead before they secured accommodation. This is probably an accurate prediction given their health status and the difficult nature of the life style in the Long Grass and the barriers experienced by this group to successfully attaining public housing. Health research undertaken with this population has found that health, life quality and length of life of individuals deteriorate rapidly once they enter into chronic homelessness (see Holmes, 2007).

Centrelink were held in high regard by participants and were considered to meet their needs for money, although some participants indicated they needed more money.

> ...They [services] always help you, especially Centrelink. They give me papers and I go to the airport. They organise a flight back home... One time I asked Larrakia Nation to book my ticket and they say, 'you still owe us money'. Then I went to Centrelink and they organise everything for me. It was easy for me... Centrelink help me straight away. I am on disability pension now too.

Participants were very vocal about the treatment they received from the Police, in particular the Aboriginal Police Officers. Police were seen as an impediment to meeting needs, particularly if participants felt they needed to drink. Being forcibly moved on, man handled, discriminated against or targeted and being taken to the cold and geographically inconvenient Watch House were common complaints.

> You know - we have nowhere to go. No place to keep our things. The police checking our bags. Moving us. Checking bags again. Moving us. And at the third place, they check our bags again. I don't like it. We don't like it. We don't like it – the way they treat us old ladies. Personal stuff in bags. They throw our stuff.
>
> When white police see us, they don't worry. But when Aboriginal Police Aid see us drinking – they tip beer out. They racists. Sometimes they are rough and chuck us. Rough way to old people, and young people too.
>
> The Police are unkind. Throw people around. Rough with us... They drag one man by the leg. I seen it. Coppers drag him. Treat him like a dog. Worse.
>
> The Sober-up place in town at Police Watch House is difficult because if you get locked up and you have no money, you can't get all the way back to your camp next morning. I was forced to beg. Once I begged for 2 hours just to get $2 for the bus fare. All organisations need to understand how difficult it is for us – all Balanda people

Participants did not generally view the Police as an agency to go to for assistance, but rather one to avoid and hide from. The issues participants raised about police have been documented in earlier studies. The need for protection by police and other services in the Long Grass is not being met and homeless people continue to feel highly vulnerable to assault and harassment. Again, other studies have examined the worries and problems people experience in the Long Grass (see Holmes 2007; Holmes *et al*, 2007; Holmes & McRae-Williams, 2009). A quality framework must take into account the desire of homeless people to feel safe.

Participants used non-government services to meet their basic and daily needs. Some days they were more effective than other days, depending on where they had been camping or what they had been doing. While non-government agencies had services that were important to meeting their needs, the general view was that they needed more of everything (food, clothes, blankets, transport etc). In the context of forced mobility, access to services to meet needs was diminished and participants preferred outreach delivery due to difficulties in getting to different places with limited transport and money, while maintaining/managing belongings and with poor health. In short, agencies provided many practical goods and services, but just not enough at enough locations.

The rate of homelessness in the NT and Darwin are very high and Aboriginal people continue to be over-represented in this population. As noted earlier, there is strong evidence to demonstrate a

sustained growth in homelessness since the announcement of the Northern Territory Emergency Response in June 2007. While investment in service provision for this population has increased over the past few years, it is not sufficient to combat the increased demand on services caused by a larger population. Notably, much of the increased investment has targeted anti-social behaviour as a first priority. Other factors include increased pressures and stress placed on homeless groups relating to forced mobility (the First Response Patrol)making it difficult to meet needs and the acute shortage of affordable, accessible and available accommodation in Darwin.

## *Being turned away from services*

Participants did not generally see Territory Housing as meeting their needs. While this was the case, they did not necessarily feel 'turned away' from the service in the same way they had felt turned away from other services. At Territory Housing they were at least on a waiting list, and while many thought this futile, there remained a sense of hope that their accommodation needs would eventually be met. A few felt that they had never been turned away by services and that they were always helpful.

Generally if participants had been turned away from a service, it was by Night Patrol or CAPS or FORWARD (both rehabilitation services). Night Patrol aims to assist people who are intoxicated who may be at risk to themselves or someone else by providing transport to the Sobering-Up Shelter, a private house/flat or somewhere else safe. In the wet season, participants value the service as they are usually denied access to public transport, such as taxis or buses.

Several participants described being turned away from Night Patrol with staff saying to them, 'this is not a taxi service'. Participants had noted that they needed to be drunk to gain access to the service and regarded this as absurd and ironic, given the attention to anti-social behaviour. Waiving down Night Patrol in order to get to the Sobering-Up Shelter to have a night out of the rain or to stop a fight was precarious business. One woman explained when she was turned away from Night Patrol:

> ...They say, 'We not a taxi service'. When my husband was in hospital and very sick, one night it was late. Maybe 7 or 8 o'clock. So I called Night Patrol and they say 'we not taxi service'. [The woman is angry as she recollects her story]. I was worried for my safety and said, 'I catch that bus and I will get off and there will be a shot gun waiting for me'. It

> was pouring with rain. Big rain. But they only help people if the people are intoxicated. Why they not help? [Perplexed]. I gotta get drunk to get help!

A few participants described their attempts to access rehabilitation services and being turned away, apparently unsuitable for the service. This may relate to the ability of the services to meet their duty of care to clients. When asked about service needs, one participant commented:

> ...I need CAPS. Rehab. They said they would call. When I called them they said I was not suitable and to try FORWARD. They said they were all booked up and too full... I can't ever get into rehab. I have tried – but they reject me. I don't know why. They say I don't qualify enough.

> ...we took an old chap from Bagot to CAPS. He was on medication for fits and was starting to get strong – staying away from the mob – keeping [Basics] card at the stall – looking after himself and keeping his mind off the grog. When we went to CAPS they were great one minute, then when they found out he was on medication for fits, they didn't want to know about him. They didn't want him to die there. They didn't have a nurse available to help people like that. It was devastating – to see him just give up after he had been so strong. Turn him away to die. Me and this other bloke – we were really upset to see him turn back like that... After we took him to CAPS, we went to the hospital's alcohol services and they referred us back to CAPS. It was a dead end. The man couldn't get help, but he was very keen. Until then, he had stuck to his guns.

Rehabilitation and transport services must be made accessible to homeless people in Darwin in order to meet the needs of this growing population and the expectations of the wider community. A National Quality Framework may need to include mechanisms that encourage and support services to recognise their roles and responsibilities in improving outcomes for people experiencing homelessness.

## *Referral processes*

Several participants had experienced being referred from one service to another. Generally people understood the referral process but found it difficult, bureaucratic, time consuming and costly. Some participants described giving up. The referrals that were easiest to negotiate were when the agencies were in close proximity to one another, such as Larrakia Nation and Centrelink at Casuarina. One participant commented:

> ...all agencies should be located together in a homeless centre, like in other places – maybe Brisbane. You go to reception and get referred to the right people and just go across a hallway – not across town. You often only find out general information about

> organisations, but not specifics about what they can do... Have a one-stop-shop. Everything in one place.

Others maintained that they did not need to be referred because they knew where to go to get what they needed in the first instance. A few believed that a referral depended on the relationship the participant had with the individual at the service. There was a perception that the staff member could choose based on their mood or some other factor, and one might help or might refer you.

> ... Maybe they have problems at home and they say, 'I can't help you'. One time she said she couldn't help me before she even sat down – then she apologised. She had problem at home.

Referrals from Centrelink to Territory Housing were common but typically unproductive and required paperwork and running around town and did not meet their needs. A National Quality Framework should ensure that referral processes are better managed, undertaken professionally and take account of the inherent challenges in daily life for this population.

## *Services working better together*

Conceptually most participants found it difficult to answer the question relating to 'how services could work better together' without examples being provided. There was a strong sentiment that participants did not want the services, particularly non-government services, to work together. They liked them being separate organisations and indicated it could lead to confusion if the system changed. At the present time, they were able to navigate their way around. This view is linked to participants' fear that they may end up with less access to services. Participants felt they worked well enough together, they just needed to work more. Examples of responses to questions about services working better together included:

> I like them separate and don't want them to work together. It makes it easier for me. I know which one does what and which place to go.

> We need more Larrakia Nation – more clothes, sheets, feed, soap, toothbrush, towel...

> We need more money, funding from Centrelink – not enough.

> We need more Spin Dry to check on us instead of police.

There was also a strong view, held by the larger Tiwi Islands group, that they wanted to fill out paperwork once only. They were referring to the various forms which they had been asked to complete by Centrelink, Territory Housing and other services.

A few participants raised the issue of services working together to better understand the plight of homeless people in Darwin. They mentioned the need to better understand and respond to the complex needs of families and their diverse make-up and dynamics.

> A good thorough service for all people – for all family arrangements. To do rehab, you need to address complex needs. There needs to be stronger programs, catering to all family situations, regardless of ethnicity. There is a need to respond to alcoholic issues alongside other issues... Outreach services and mobile clinics, like Danila Dilba.

Participants also valued coordinated service delivery through outreach. Key examples of this related to HEAL's Arts in the Grass program and Danila Dilba's clinic delivered at the Sobering-Up Shelter on Friday mornings.

> ...Better they stay separate. Not work together. We like it when HEAL organise for other services to come to see us at the Arts – like Danila Dilba, Dr Peter.

One group felt that the capacity of services to work together was contingent on addressing housing issues and increasing stock.

> We been waiting for houses for more than 10 years. There are empty houses everywhere. But no one fixing them up. Need more housing commission. They pulling down flats and now they private. Why? I do not know.

Council support of service delivery was also regarded as important in terms of services working better together. Similarly, in the context of services working better together, some participants wanted the police to leave them alone.

Coordinated service delivery, as opposed to an integration of services, must be considered in developing a National Quality Framework. Similarly, streamlining bureaucratic processes where they exist is a valued element of quality service provision.

## *Valued aspects of services*

Generally most people valued the practical elements of services, such as having access to food, (clean) clothes, laundry facilities and a toilet and shower. They felt good when they could attend to hunger and get cleaned up. Many described feeling frustrated that the public facilities were locked up:

> ...We need water and toilet. None at Waratah Oval – spent 3 months there. Then we went to the Sailing Club where there is a toilet, but they kick us out. We cannot stay in public places. Showers and toilets all turned off or locked up...

Similarly, engaging in activities through services which linked people to culture and strengthened their identity was also valued. Participants liked having something to do other than drink.

A further dominant theme to emerge was the desire to be treated well. Services were valued where staff were considered to be good people, respectful, understanding, helpful and caring.

> At Spin Dry, they treat us nicely and give us breakfast. There is safety there. And shower. They take you to hospital if you are sick...
>
> A service is good if they have respect for us. We want that. Respect – especially when we go to the shop...
>
> They are good to us. They kind and friendly – understand us.

Services that offered transport or delivered through outreach mode were also seen as valuable. Transports, along with feeling safe, respected and well treated constitute integral components of quality service provision.

## *Aspects of services not valued*

Overall participants were mostly satisfied with services although had a range of areas that could be improved on based on their personal experiences. Main aspects that were not valued included:

- The long housing list
- A lack of transport assistance to return to camp, especially if taken to the Police Watch House
- Services which moved people on
- Services where outreach was limited or non-existent

- Services which claim to cater to their needs but which are very expensive
- Inconsistent treatment
- Services which provided food where there was a lack of variety
- The use of jargon or bureaucratic processes and poor communication
- Services which required people to run around all over town
- Services which tipped out alcohol

In addition to the above, one participant explained that it is not that the services aren't good, it is that he can see potential for them to grow or be more responsive to their needs.

> Vinnies could have a cooking program for people, especially young Indigenous men. There are lots of potential ways to improve the services. Life skills. It is not that anything is no good, but just that I see potential to develop.

## *Service improvement*

Suggestions for service improvements were often linked to participants' perceptions of what they saw as the most or least valuable aspects of services. As such, the views are diverse and included:

- the desire to be left alone by police;
- the desire to be treated kindly by friendly people, to feel safe and respected and to not have to put up with racist attitudes or discrimination;
- the need for improved communication between services and service users and for information provided to be consistent and reliable;
- a need for an increase in outreach services;
- the need to be available and accessible to the most marginal (there was a perception that many services are being filled up by Aboriginal people who do not have the high needs );
- the need to talk to homeless people more and improve their understanding of how difficult life is;
- the development of a safe complaints process; and
- the need to help homeless people more and have more services available/accessible.

A similar question was put to participants after exploring their experience and views about making complaints. They were asked, 'What could service providers do to make them better for you, such

as more accessible and approachable?' Consistent responses were provided. In addition, some participants wanted staff at services to be more accountable and not make assumptions about participants.

> They could work better together to help Long Grass. Treat them good. Kindness training - what you call that? - awareness training. Get better attitude. Learn to do their jobs better. Take responsibility for making mistakes.

The need for Police and Night Patrol staff to change their attitude was stressed by some.

> Night Patrol should do something serious and help more. Change their attitude.

The suggestions made by participants about the ways in which services could be improved provide critical information about aspects of a quality framework. A quality service was viewed by participants as one that will improve their communication, will focus on outreach service delivery, will increase the service level available and will establish a robust complaints process.

## *Complaints, process and Aboriginal beliefs*

The majority of complaints participants had related to issues of justice and predominantly concerned the Police service. To a lesser extent, Territory Housing and Night Patrol generated complaints or the desire to complain.

Participants wanted to be able to complain in a 'safe way'. In this context, 'safe' refers to continued access to the service being uncompromised and the process itself ensuring the safety of the individual receiving the complaint. While maintaining access to services is self-explanatory, the matter of safety as it relates to the recipient of the complaint is less obvious to mainstream culture.

Aboriginal people in the Long Grass, participating in this consultation and in many earlier studies, have described the impact of sorcery on daily patterns of life. In the context of making complaints, some participants explained their fear and concern about sorcery in lodging complaints to Aboriginal staff, particularly where hostile interactions resulted.

An example of the role of sorcery in the complaints process is illustrated by a couple of participants in this study who described negotiations they had had with Territory Housing. The participants had left their home community in order to access medical services but were unable to secure accommodation. With nowhere else to stay, they camped in Darwin's Long Grass. After a period

(of maybe 2 years), they met with Territory Housing in an attempt to secure public housing and were placed on a priority list. This entailed visiting doctors and obtaining letters demonstrating their eligibility for priority listing. After two years of waiting in the Long Grass, the participants returned to Territory Housing to inquire about their housing and were told that they had no record of such an application being lodged despite the recollection of a colleague of the staff member now dealing with the inquiry. The participants were advised that they would need to go through the application process again and obtain letters to verify their medical conditions to justify a priority placement. Now positioned at the bottom of the priority list, they have about five years wait for housing.

The participants described the interaction as negative, very upsetting and frustrating and were offended by the attitude and comments made by the younger Aboriginal woman dealing with the inquiry. They described the woman as showing a lack of understanding and care for their situation and as being culturally unaware and disrespectful, saying things like, 'why don't you just go and stay at a hostel?'

> [We] want white person at front counter. We worry that we curse that girl and she have accident. Better for white – they don't take sides or take personally...
>
> ...Lady at housing – I argued with her – then she had car accident and I feel bad... but car accident – I feel bad that it happened. She all right now – out of hospital. But we been waiting a long time. Four years.

Sorcery does not generally fit within mainstream's epistemological and ontological assumptions about what 'truth' is and the nature and construction of reality. Australia's dominant belief system, informed by Western science, rejects sorcery and other notions of magic, consigning these to make-believe non-truths with no legitimate place in society's institutions, their policies and practices. Whether truth or untruth, real or make-believe, sorcery may present a potential barrier in the willingness of some Aboriginal people in the Long Grass from complaining about service provision. Housing and other government and non-government institutions have employment policies which specifically seek to recruit Indigenous staff in service provision to Indigenous peoples. There are undoubtedly many benefits to be derived from enhanced cultural understandings, however, this issue must receive serious consideration if complaints processes are to form part of the National Quality Framework.

The challenge to survive on a daily basis and the stressful urban environment in which homeless Aboriginal people in Darwin must negotiate has been well documented and has been illustrated again through this consultation. People feel ostracised and powerless to change their circumstances and often find the bureaucratic processes alien and confusing. Such circumstances can lead to stressful and sometimes hostile interactions when homeless Aboriginal people engage with (government) agencies. This consultation points to the need to carefully consider the placement of Indigenous employees in positions where they are expected to negotiate conflict and deal with confrontations with Aboriginal people in the Long Grass as part of their employment. In addition to sorcery, conflicts (regardless of where they drew their first breath) can be ongoing and extend to other settings and social contexts, such as the home community or school, where sorcery may also have a function.

## Limited expectations of non-government agencies and complaints

Individuals were reluctant to complain about non-government services. They consistently described the assistance provided as valuable and considered the staff at the services as 'good people'. Participants could describe what they expected to obtain from non-government services, yet these services were not regarded as an 'entitlement' in the same manner that government services were perceived. Participants were generally unaware that non-government organisations received government funding to provide services, and therefore did not know that there could be legitimacy in feeling aggrieved or dissatisfied by the level or nature of service received (or not, as the case may be). They saw government services as an entitlement whereas non-government services as charity that could be given or not.

The lack of desire to complain about non-government agencies may be due to the superior quality of services provided and the kindness expressed by staff/volunteers. Given the routine reports concerning the challenges in staff retention, the limited resources available and the increasing demands on this sector, it is likely that superior service and kindness are only part of the reason. The lack of awareness by homeless people in this consultation surrounding funding models and service agreements or contractual obligations between funders and services is likely to inform individuals' perceptions around whether or not a complaint could or should be made. Services

which clearly communicate the nature of their service delivery and accessibility and eligibility criterion will not only enhance access by homeless Aboriginal people, but will increase their expectations and the potential for complaints. A National Quality Framework therefore should consider the inclusion of mechanisms that can ensure services undertake such communication.

The exception to the above relates to Night Patrol where participants often reported that they could not access the service. This is likely to do with the fact that Night Patrol aims to address anti-social behaviour and are required to assist individuals who are intoxicated and who are deemed at risk to themselves or someone else. The increased demand on the service by a growing population has implications for those that are not strictly eligible to access the service (i.e. those who are not sufficiently drunk and considered to be engaging in anti-social behaviour etc), hence 'we are not a taxi service' type response.

This issue points to a systemic failure, underpinned by the mainstream society's perspective of homelessness. Mainstream has constructed homeless people firstly as anti-social drunks, and accordingly, has developed a suitable intervention – Night Patrol. While a worthy program, ironically access to transport, particularly after 4.00pm, requires that this population behave according to the assigned identity and be both intoxicated and anti-social if they want to go somewhere.

## Government agencies and complaints

Participants had expectations about the provision of services from government agencies. Participants did not appear to assign the same level of expectation on non-government agencies as they did with government agencies. Participants felt that Territory Housing had failed them and that having to wait for accommodation for so long was completely unsatisfactory treatment.

> Housing – too long. We be dead in five years. Should not let people wait that long. Their fault loose application – not ours! We had to do two lots of doctor reports. They got no responsibility. Now we wait for five more years. They gotta change their policy.

In short, Territory Housing was understood as an agency which provided public housing and had failed to deliver to this population.

The Police service was perceived as an agency that participants consistently stated they felt persecuted and harassed by and wanted to know how to use the law to their advantage. The accusations about Aboriginal police officers and their racist or cruel approaches may well have merit (and have emerged as issues in earlier research with this population). However, this matter must be considered alongside the broader system which may have created the issue. These police may well be directed to deal with 'everything Aboriginal' which means that participants do not have the opportunity to have negative experiences with non-Aboriginal police officers who they see just walking by. In the context of complaining about police and the perceived injustices, one man said:

> ...We want to complain sometimes. We want NAAJA [North Australian Aboriginal Justice Agency] to look for better way to look after ourselves...

## Making complaints

Most participants could identify people that they could register complaints relating to Territory Housing and the Police. Rarely, however, did they pursue their complaints due to logistical challenges and the inconvenience of the process. Complaints processes were not generally known by participants. Typical places listed for the registration of complaints included the police commissioner or superintendent, the ombudsman or a member of parliament.

Of the few participants who had made a complaint, there were as many satisfied people as there were dissatisfied people with the outcome or response to the process. It appears those who were satisfied with the outcome/response may have had a very limited expectation of the outcome. For instance, one complaint recipient (an elected member) had not responded to a serious concern because she was reportedly too busy yet the participant was satisfied with this response.

After contemplation about a complaints process, most participants indicated they wanted an independent place or person to register and investigate their complaints. They considered it generally ineffectual to complain to the agency that they had a complaint about and desired an independent body to receive and investigate complaints. Having a card in their pocket with a free call number was suggested by some participants and later endorsed by others when the question proposed.

### *Reluctance to access service providers*

Participants generally accessed the services they knew about. However, main examples of services they did not access which they knew could support them included:

- The police – did not trust them and did not like their treatment;
- First Response Patrol – all words and no action; and
- Vinnies – some groups did not access the service because of the clan groups that camped on the country and accessed the service. This is about avoiding conflict.

The following circumstances led to participants not using services known to assist them:

- Difficulty accessing a service, particularly if sick;
- If they felt badly treated or unwelcome through previous experiences; and
- A preference to try and get by without help.

## Conclusions derived from analysis

The following key conclusions have been drawn from this consultation.

1. Practical supports and goods that assist people to survive from day to day are needed and most valued. In particular, transport was seen as critical, along with food, water, shower and toilet facilities and blankets. These are elements of a quality service provision.
2. Participants were more likely to access services where they felt safe, respected and treated well. Again, this is an important element of a quality service provision.
3. Service access was often impeded by the daily pressures to move around. The local socio-political pressures present a significant barrier to service access.
4. An inadequate supply of services was found to be a barrier to accessing services.
5. There is limited access to rehabilitation services by homeless Aboriginal people and individuals with co-morbid conditions appear to be ineligible. A quality service will address this significant gap by developing effective relationships with mental health and drug and alcohol services and supporting Aboriginal clients to access those services.
6. Participants generally did not have access to transport in the afternoon and evenings unless they were sufficiently intoxicated and deemed anti-social or at risk to themselves or someone else.

7. Limited outreach services were found to be a key barrier to service access.
8. Participants did not feel safe in the Long Grass and did not feel that they could turn to Police for support. They described feeling persecuted and that their rights were being routinely violated. This presents a significant barrier to feeling safe during homelessness and impacts adversely on the quality of life and wellbeing of participants.
9. The clear communication by services of what they are funded by government (or others) to provide, along with eligibility criterion, will enhance access by homeless Aboriginal people, as well as expectations.
10. Increased expectations and understandings about service provision are likely to lead to increased desire to make complaints.
11. A complaints process that is independent that can manage, direct and investigate complaints fairly is necessary for quality service provision.
12. The ethnicity of the complaint recipient must be carefully considered and potentially a non-Aboriginal person may be best suited to this role. It must be an easily accessible service, such as a free call or office located where other services are.
13. Participants valued a coordinated approach to service delivery, particularly when it was via outreach mode at a service that they felt safe with. Wrap around services were particularly valued.
14. Participants did not generally want to complete paperwork more than once. This is highlighted as an area in which service providers could work more collaboratively.
15. Referral processes were cumbersome, not well understood and presented a barrier to service access. Referral processes need to take account of participants limited transport, finances and health issues. A quality service would address these needs during referral processes.
16. Participants' description of their experience with referral processes tended to reflect very informal mechanisms. Assumptions were made about the participants' understanding of what to do when referred to another agency and service providers did not see it as their responsibility to facilitate or initiate more formal referrals. This may reflect the level of accountability that individual staff have within services.
17. Integrated service delivery, as a concept, was undesirable. However, description of coordinated services or wrap around service delivery was highly valued. A shift towards more

integrated approaches must address fears around loss of goods and services and also must explain how such approaches will better meet participants' needs.

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# Appendix 1: Interview Questions

Date
Location
Duration
Age
Gender
Marital status
Family situation
Home community

- Why did you leave your home community? And why come to Darwin?
- Why do you stop in the LG?
- What service needs do you have?
- Are your service needs met?
- Has any service ever turned you away? Why?
- Have you been referred from one service to another? Why?
- When you were referred, did the service then meet your needs?
- When you got referred, did you understand the process? Was it easy or difficult?
- What could make services work better together?
- Since you have been stopping in the LG, what services have you used?
- What is good about those services? Why?
- What was not so good? Why?
- How could those services be improved to better meet your needs?
- Have you ever (wanted to) complain about a service? Details.
- When you complained, were you happy with what they did about it? Details.
- Are there services you don't go to even though they may be able to help you? Details.
- What could service providers do to make them better for you? (More approachable/accessible etc)
- Other