MORE THAN A LANDLORD HOUSEHOLD PILOT STUDY

REPORT

First 1000 Days Australia and
Aboriginal Housing Victoria

Aboriginal Housing Victoria

THE UNIVERSITY OF MELBOURNE

FIRST 1000 DAYS AUSTRALIA™

More than a Landlord Household Pilot Study: Report

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About the Artwork
This logo represents a family and their journey to getting a house to live in, and the elements required for a healthy and happy home life. You have a Mum and Daughter on one side and a Father and Son on the other. *Sharyn Lovett, Artist*

Terminology
Unless noted otherwise, throughout this document the term 'Aboriginal' should be considered inclusive of both Aboriginal and Torres Strait Islander peoples.

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ACKNOWLEDGMENTS

We would like to thank Christine Kardum and Ketia Ahwang (Aboriginal Housing Victoria); Josie Atkinson (The University of Melbourne); the Victorian Aboriginal Community Controlled Health Organisation; the Victorian Aboriginal Health Service; the City of Whittlesea; and Bubup Wilam for Early Learning: Aboriginal Child and Family Centre.

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We also gratefully acknowledge the generous funding received from the Australian Government Department of Social Services and the Victorian Government Department of Health and Human Services.

ABBREVIATIONS

ABS	Australian Bureau of Statistics
AHV	Aboriginal Housing Victoria
DHHS	Department of Health and Human Services, Victorian Government
LGA	Local Government Area
MTAL	More than a Landlord
NDIS	National Disability Insurance Scheme
VACCHO	Victorian Aboriginal Community Controlled Health Organisation
VAHS	Victorian Aboriginal Health Service

ABOUT THE STUDY

The More than a Landlord (MTAL) project was initially developed by Aboriginal Housing Victoria (AHV) and funded as a nutritional intervention through the Victorian Government's Koolin Balit initiatives.

The impetus for the project was the transfer of title of public housing stock from the Victorian Government to AHV. This transition facilitated an opportunity for new forms of engagement between AHV, its tenants and other service providers.

A key aim of the MTAL project was to pilot a cross-sectional, household-level survey (the Survey) undertaken with AHV tenants living in social housing in the City of Whittlesea, Victoria. To achieve this aim, AHV undertook a research partnership with First 1000 Days Australia, based at the Indigenous Health Equity Unit at the University of Melbourne, to provide proof-of-concept through a Household Pilot Study (the Study). The Study became part of the national implementation of First 1000 Days Australia, which focuses on pre-conception, pregnancy and early childhood.

The focus of this report is on the methods, results and recommendations emanating from the Study, the overarching aims of which were:

- to understand the needs of Aboriginal families living in social housing
- to assist in the formulation of AHV service delivery strategies to engage Aboriginal people experiencing marginalisation and disadvantage
- to provide proof-of-concept for the baseline data collection for the First 1000 Days Australia Cohort Study.

The Study consisted of a Survey with two connected parts. **Part A: The Household and Future Needs Survey (Household Survey)** asked questions of the lead tenant about the household as a unit and its future needs. **Part B: The Individual Aspirations Survey (Individual Survey)** asked individuals in the household about their aspirations. The Survey also aimed to identify potential parents among those taking part, and to provide a cross-section of family environments into which the next generation of Aboriginal children were being born.

The Study tested a method of engaging families in social housing by using peer researchers to assist in finding out about the ambitions of families and capturing the context in which they were living. This initiative meant the Study simultaneously built the capacity of people living with AHV tenancies, supported them to participate in the research and informed them of the extent and reach of AHV services.

It also led to AHV re-engaging and re-orienting its tenancy service provision. In response to the Survey results, the MTAL project evolved into a holistic and low-intensity intervention based around addressing the ambitions of AHV families by providing a life coach service.

BACKGROUND

Aboriginal Housing Victoria

There are currently approximately 4,280 Aboriginal social housing tenancies in Victoria, with tenants housed in AHV properties, community-owned Aboriginal housing, community housing and public housing combined.[1,2] Aboriginal people are six times more likely than non-Indigenous Australians to live in social housing.[3] It is estimated that in Victoria there are between 11,000 and 16,000 Aboriginal people residing in social housing properties at any one time.[4] This is approximately 20 per cent of Victoria's Aboriginal population and is consistent with estimates derived from the Australian Bureau of Statistics (ABS) census data.[5] This is a significant cohort and, in accordance with social housing eligibility criteria, the majority of these tenants are on welfare benefits or on low incomes.[1] Many also have multiple and complex needs as confirmed by a 2015 survey audit of AHV's tenants,[6] which identified:

- 60% of households have one person with a long-term illness or disability and 40% have two or more
- 35% of households have a member who has experienced family violence while in an AHV house
- 30% report mental health problems
- 29% report relationship breakdown
- 25% report that child protection is involved with the family
- 23% report experiences of racism
- 3% report financial abuse.*

More than a Landlord project

Inadequate housing has long been identified as a determinant of poor health for Aboriginal people, as well as a contributor to family pressures, and to difficulties with employment and education.[7] Recognising that the provision of safe, stable and affordable housing is the first step in building pathways to improved lives, AHV developed the MTAL project in partnership with its tenants. Designed for clients living in housing stock managed/owned by AHV in the City of Whittlesea, MTAL was considered a key step to integrating tenancy management with service delivery for tenants experiencing marginalisation and disadvantage.

Research has established that there are differences between Aboriginal and non-Indigenous tenancies in Australia. As such, service delivery must be receptive to these differences, which include larger households, overcrowding, lower skills and education, high levels of disability, and language and cultural differences.[8,9] Strengthening the link between tenancy management and service delivery creates the potential to assist households in an active manner.[7] It enables a household or family lens for coordinating services that are more consistent with Aboriginal cultural values and practices. It also provides the opportunity for guidance and coaching where it may not have been available from family.

AHV developed the MTAL project with the goals of:

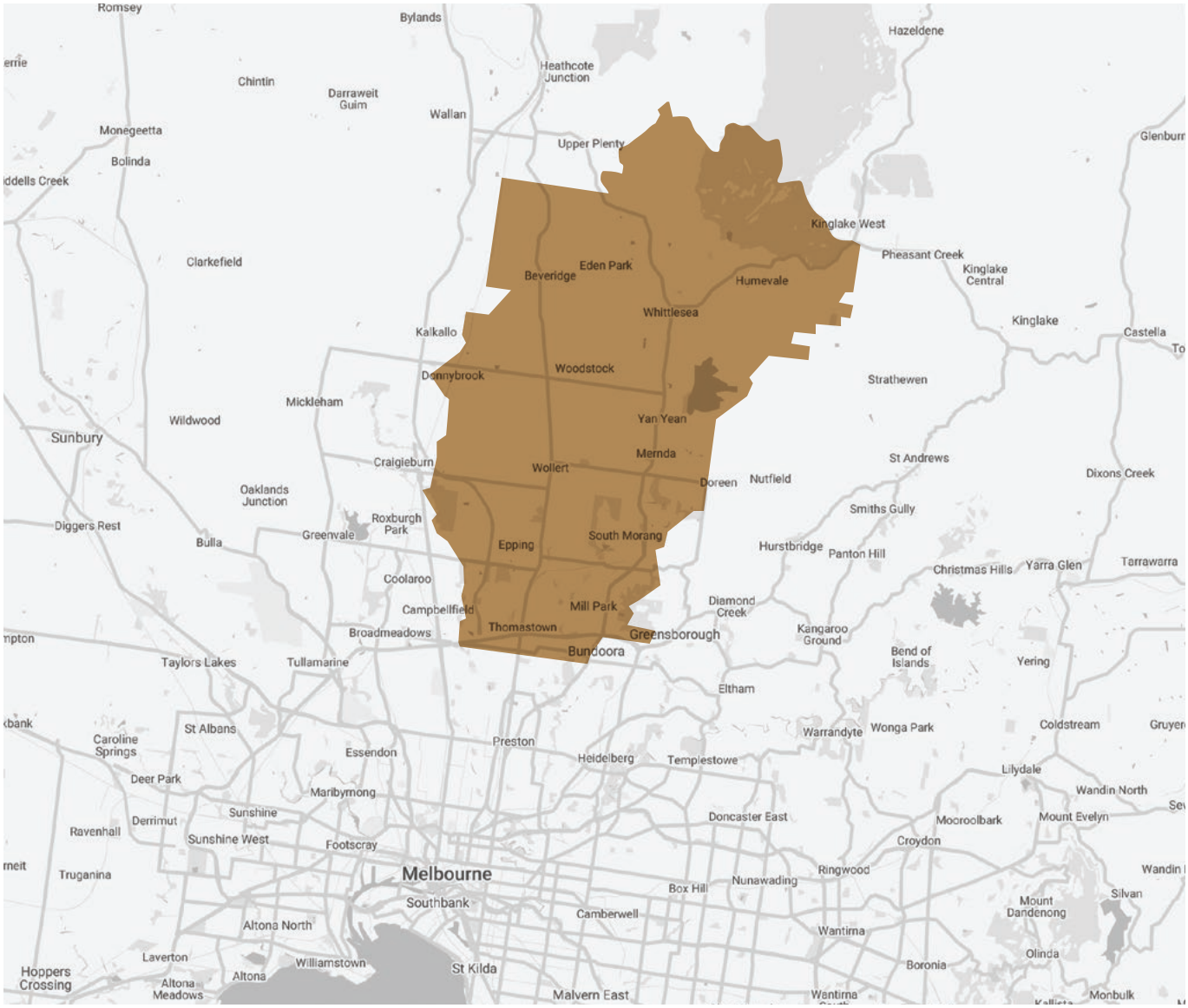
1. Better understanding the health and wellbeing needs and aspirations of Aboriginal social housing tenants and their families in the City of Whittlesea.
2. Improving coordination and integration of the services delivered to Aboriginal tenants.
3. Improving the uptake of nutrition activities by Aboriginal tenants through the engagement and delivery of five nutritionally based health promotion activities.

In particular, a Household Survey was to be used to inform case management, the design and delivery of nutrition and physical activities, and a life skills approach to creating a scheme to sustain tenancies with the potential for pathways into education, training and the workforce.

Since the 1970s, Indigenous housing organisations have developed into central agencies for Aboriginal people's employment, economic development, community engagement and social services.[8] Thus, strengthening the link between tenancy management and service delivery can be used as an effective means to increase positive engagement with the community. Housing provides an ideal framework with which to address aspirations focused around family, health and wellbeing and culture, as households are central to these factors.

Funding support for the MTAL project was provided under the Koolin Balit Grants Program through the Victorian Government Department of Health and Human Services (DHHS), with funding to undertake the Survey work provided by the Australian Government Department of Social Services.

*Financial or economic abuse is a form of intimate partner violence that involves behaviours aimed at manipulating a person's access to finances, assets and decision making to foster dependence and control



The City of Whittlesea

The City of Whittlesea is a Local Government Area (LGA) in Melbourne's outer north. The precinct area includes the suburbs of Doreen, Epping, Lalor, Mernda, Mill Park, South Morang, Thomastown and Wollert.[10]

The City of Whittlesea was selected as a trial site because it is an outer metropolitan location with increasing numbers of Aboriginal residents, a trend that is likely to continue into the foreseeable future.[10] Historically, there were relatively high populations of Aboriginal people in the traditional working class areas of Melbourne's inner north, which is why several Aboriginal community controlled organisations, including AHV, are located in the suburbs of Collingwood, Fitzroy and Thornbury.[11] In reality, living in these locations has been unaffordable for low-income Aboriginal people for several decades now. As a result, many initially moved to the middle northern suburbs of Preston and Heidelberg, but as they too have become less affordable, the Aboriginal population has continued to move outwards to locations such as the City of Whittlesea.[10]

According to the ABS, over the past 16 years there has been a steady increase in the number of Aboriginal and Torres Strait Islander residents in the Whittlesea LGA.10 The age structure is also changing. The median age for Aboriginal residents in the City of Whittlesea in 2011 was 25 years and under, which represents an increase from 2001 and 2006 where the median age was under 19 years.[10]

Household Pilot Study

The Study forms part of the national implementation of First 1000 Days Australia, which includes multiple Indigenous-led and developed programs across Australia that focus on pre-conception, pregnancy and the early years of childhood. Led by Professor Kerry Arabena, Chair of Indigenous Health at the the University of Melbourne, First 1000 Days Australia aims:

1. to provide local regions with strengths-based processes of engagement to enable regionally adapted, time-specific, whole-of-service approaches to strengthen the capacity of families to raise culturally knowing and motivated children.[12]
2. to provide detailed, validated and useful population-level data on family contexts to address technical and health system challenges using holistic and strengths-based approaches.[13]

The Study provides a proof-of-concept baseline for the pre-conception component of the First 1000 Days Australia Cohort Study. In implementing this Survey as part of MTAL, the Study will:

- identify potential parents
- build the capacity of people to participate in research
- undertake service mapping exercises to understand the extent and reach of services needed by householders
- provide a cross-section of family environments into which the next generation of Aboriginal children will be born.

Two Queensland regions have secured funding from the Queensland Government and embedded an NHMRC Partnership Grant (#1135095) to evaluate the implementation process of an Indigenous-led, strengths-based program focused on the first 1000 days of a child's life. Both regions will undertake a Household Survey prior to rolling out First 1000 Days Australia programs. Other regions across Victoria and the Northern Territory using First 1000 Days Australia processes are being supported by local government and a partnership with Save the Children Australia. The First 1000 Days Australia Council and its Charter of the Rights of Children Yet to Be Conceived will guide all auspiced programs.[14]

The Study forms part of the national implementation of First 1000 Days Australia, which includes multiple Indigenous-led and developed programs across Australia that focus on pre-conception, pregnancy and the early years of childhood.

METHODS

The design and data collection tools for this Study have been developed using a participatory action research model.

This includes a Project Reference Group comprising representative members of AHV, the University of Melbourne, the First 1000 Days Australia Council and Scientific Committee, City of Whittlesea Council, Bubup Wilam for Early Learning: Aboriginal Child and Family Centre, DHHS, Victorian Aboriginal Health Service (VAHS) and Victorian Aboriginal Community Controlled Health Organisation (VACCHO). The Reference Group was established in line with research design principles developed by First 1000 Days Australia.[14] The Study development was conducted in partnership with AHV and used a cross-sectional design to conduct the Survey among Aboriginal people who live in AHV properties within the City of Whittlesea.

Ethics

The More than a Landlord Household Pilot Study was approved by the University of Melbourne Human Ethics Sub-committee (1647695). As part of the Study, the final Survey was also approved by the MTAL Project Reference Group. Tenants were invited to attend Reference Group meetings and contribute both to the development of the Survey and of the MTAL engagement planning and activities.

Survey development

The Survey was developed in partnership with an AHV working group, which included staff (housing officers, policy and project officers) and AHV current and former tenants. Focus groups included a range of tenants, ranging from the age of 14 years to recognised Elders, living in Aboriginal housing. The Survey was developed as two connected parts of the household – one directed at the family as a unit and the other at individual members.

Part A: The Household and Future Needs Survey collected information about the house and the household and was ideally completed by the tenant. It included questions about tenancy history; size of the house or residence; housing needs now and into the future; household finances; and the household composition, e.g. basic demographic information on all members and their relationship to each other. Only one Survey was completed for each household, all of which were de-identified and given a random household identification number.

Part B: The Individual Aspirations Survey collected more personal information across a number of domains aligned with key international rights frameworks[15,16] that were locally relevant. These domains included health and wellbeing aspirations, aspirations for their children, educational attainment, employment status, Aboriginal identity, connection to culture and community, sexual health, and experiences of violence and discrimination. There were additional questions for parents about their children, such as about their access to childcare, and their education and cultural connections. It asked about future plans for children and whether participants would be willing to be contacted again, where appropriate, re a possible pregnancy or the birth of a baby. The Survey also collected information on participants' perceived need for help on matters such as access to health checks, counselling, alcohol and drug services, family violence programs, legal advice and nutritional information. The domains were developed to have the capacity to compare across regions and countries with a view of providing key data on Indigenous and Tribal Peoples Health.[17]

Focus groups of tenants and AHV housing officer staff reviewed the questions and iPad tablet delivery method, with key recommendations then implemented into the Survey. Recommendations from the tenants included rewording sthe Survey questions to include Koori English; excluding Elders (participants >55 years) from the sexual health and reproduction questions; ensuring the reasoning behind the Individual Survey questions were included on the Householder Survey in addition to the plain language statement; make the font larger on the iPad tablet; and shorten the Survey (so that it only took an average of one hour per participant).

Survey questions

Survey items were drawn from questions that have been used in other surveys of this type including the National Aboriginal and Torres Strait Islander Social Survey or NATSISS18 the Household, Income and Labour Dynamics in Australia or HILDA Survey,[19] the Longitudinal Study of Indigenous Children[9] and surveys conducted by VAHS.[20] Survey questions specific to First 1000 Days Australia were developed through two focus group workshops at AHV with members of the AHV Working Group.

Household members completed the Survey questions on iPads using the data collection software LimeSurvey.[21] Responses to questions were warehoused on secure servers at the University of Melbourne and password protected. Appointments to complete the Survey were facilitated by peer researchers who were also tenants of AHV and had been trained in the Survey's delivery.

Peer researchers (L–R): Ketia Ahwang, Lucinda Jackson, Sharyn Lovett and Alisha Warden

Household aspirations

Participants were asked open-ended questions to gather contextual information, for example, about whether they felt at home when they moved in and how they felt now, their garden use, reasons for a household vacancy longer than two weeks, and changes in household needs. The lead tenant started the Household Survey by drawing a freehand family mapping exercise to break the ice and to start the discussion of the household make-up. Variables collected in the Household Survey can be found in Appendix 1.

Individual aspirations

The Individual Survey was completed by household members over the age of 14 years. Questions relevant to the age of respondents were asked, so Elders had no questions relating to sexual health and family planning, and only children under the age of 18 years were asked about current high school. Further details of the variables in this part of the Survey can be found in Appendix 2. Open-ended questions were used to describe:

- what participants considered themselves to be good/deadly at
- what others thought they were good/deadly at
- their aspirations – short-term (1 month), mid-term (6 months) and longer term (1 year+)
- what could help them to achieve their goals and self-care activities
- what service supports they needed to complete education and qualifications.

Peer researchers

Peer researchers were the primary conduit for active recruitment into the Survey. Employed by AHV and recruited from among AHV tenants residing within and outside the City of Whittlesea, peer researchers conducted interviews with other tenants and played a key role in supporting access to, engagement with, and the reach of the project into the community. They included tenants who were unemployed, under-employed, never employed or looking to re-enter the workforce.

Recruitment

Peer researchers were recruited through multiple engagement strategies, including personally identified candidates invited to participate by AHV housing officers and other staff, promotion at MTAL health promotion events, and through a household letter drop, social media campaign and word of mouth.

Training

Peer researchers attended a five-day short course conducted over five weeks by staff at AHV and research staff from the University of Melbourne. Two days of the training occurred after the start of the fieldwork so as to develop peer researcher confidence and to troubleshoot data collection and technology questions. Overall, peer researchers were trained in:

- research questions and themes specific to the Study and research program overview
- survey tools and technology processes
- informed consent, the plain language statement, confidentiality and research ethics
- undertaking and completing a survey
- safety and researcher obligatory reporting for child safety and family violence
- presentation skills.

Identified by unique uniforms, identification badges and contact cards, peer researchers were given a fieldwork pack containing a mobile phone, appointment schedule, a list of households in the City of Whittlesea, and consent forms. Each was also given the opportunity to present on, and to be interviewed about, their experiences in research to the media (*Koori Mail,* Yarra Ranges TV), to present at formal and informal forums (such as during Reconciliation Week), and to meet and discuss their work with politicians.

Fieldwork

The Household Surveys were completed over eight weeks by two coordinators (one AHV employee and one First 1000 Days Australia researcher) and five trained peer researchers. Transport and appointment coordination were mapped out by the two coordinators. Using the details provided by AHV, peer researchers contacted households within the Study area to arrange an appointment for them to complete the Household and/or Individual Surveys.

During the fieldwork, peer researchers were given Study progress reports every two weeks on their recruitment achievements, which also included the 'wins' and troubleshooting challenges from the past fortnight. They were also provided with a preliminary data analysis of the Survey contents in Week 5 of the fieldwork to discuss the results, data quality and survey responses. This enabled them to provide their own interpretation of what the results meant and recommendations for going forward. Further to this, the peer researchers were presented with the final Survey results to reiterate the process and their recommendations for AHV service provision and result interpretation.

Post-project support

After their training, peer researchers were given a Completion of a Short Course Certificate while the accreditation for a formal vocational education Certificate II is being developed. At the end of the fieldwork, and upon report publication, they were also given a letter of reference from the principal investigators and coordinators of the MTAL project. During the fieldwork, free appointment schedules enabled peer researchers to build their resumés and make applications for positions post-project. In addition, they all applied for an Australian Business Number so they could be hired as peer researcher consultants in the future.

Other advocacy work included the commissioning of a peer researcher to create artwork for the project along with a licensing agreement regarding its use. The coordinators also assisted peer researchers in reporting their income according to social welfare requirements (i.e. Centrelink).

Household sampling framework

All households in the City of Whittlesea that have a tenancy agreement with AHV – a total of 80 households – were eligible and invited to complete the Survey. As part of the MTAL project engagement, households were notified of the Survey via multiple methods:

- two mail-outs including an open postcard drop
- a social media campaign on Facebook informing all households in the City of Whittlesea about the Survey and that peer researchers would be contacting them soon
- a Survey announcement at MTAL family and tenant nutritional events (Christmas at Creeds Farm, Funfields Whittlesea and a dinner at a local restaurant) run by AHV
- word of mouth through familiarity with peer researchers and other participants
- contacted personsally if no contact could be made either by phone or word of mouth through community networks
- cold calls in which peer researchers went in pairs to households and left a contact card after they had approached the household by other means and received no answer.

All people living in the household at the time of the Survey, and aged over 14 years, were eligible to complete the Individual Survey, with only lead tenants completing the Houshold Survey. Residence in the household was defined by householders themselves to include anyone who had been living in the house for more than two weeks.

Peer researchers (L–R) Lucinda Jackson, Christine Kardum, Ketia Ahwang, Alisha Warden (standing) and Sharyn Lovett with Professor Kerry Arabena at the First 1000 Days Australia Short Course graduation

The list of the 80 households with AHV tenancies in the City of Whittlesea provided to the peer researchers by AHV contained the contact details (address and mobile phone number) as per the AHV register. Households were actively recruited between 10 April and 2 June 2017. The first two weeks coincided with the Easter school holidays and a national holiday (Anzac Day) so no recruitment was attempted during this time. Mondays and Tuesdays during the fieldwork were used to set up appointments with householders. Survey completion sessions were scheduled mainly on Wednesdays to Friday, generally between 9.30am–12.30pm, 1.30–3.30pm and 4.00–6.00pm. *Ad hoc* appointments on either Mondays and Tuesdays were made if no other times suited the households and a peer researcher and coordinator were available. Survey participants were partially reimbursed for their time with a $20 gift voucher. In addition, an AHV show bag – containing two small toys, further Study information, counselling numbers if required, and AHV maintenance contact information – was offered to households.

Data collection, analysis and interpretation

All directly identifiable information, such as addresses and names of tenants, were available to the team during the fieldwork period. The Surveys were kept on a password protected database, with all identifiable information also password protected and maintained on the University of Melbourne secure server. Households were de-identified and given a unique identification number so that the Household and Individual Surveys (Parts A and B) could be corrected.

A mixed-methods (quantitative and qualitative) approach was used to analyse the collected data from the Surveys. Basic data for non-participating households was obtained from AHV records and included information on family members, house make-up and rental arrears. Frequencies and proportions, were calculated using SAS 9.4.[22] Quantitative data were stratified by age bands of less than and equal to 24 years, greater than 24 years but less than 55 years, and greater than and equal to 55 years, and broad suburb locations. Tests for significance or trends were not calculated due to the small sample size of the Study. For the qualitative data analysis, a thematic and trend analysis was completed and the distribution of themes calculated in Microsoft Excel.

Recommendations were developed for this report in two stages using preliminary results from Week 4 and then again at the end of the fieldwork. The results were viewed for interpretation by research staff at the University of Melbourne, the peer researchers and coordinators, AHV housing officers, policy makers and project officers, and the MTAL Project Reference Group.

RESULTS

Recruitment and engagement of households

A total of 41 (51.2%) out of the 80 households from the Whittlesea LGA completed the Survey. In total, 40 Household and 64 Individual Surveys were completed, with most participants answering most questions. One household did not complete the Household Survey but completed the Individual Survey only. Six households answered only the Household Survey each and did not complete an Individual Survey.

All 80 households with an AHV tenancy in the Whittlesea LGA were contacted in one of the following ways: telephoned and an appointment made with the household completing at least one Survey (51.3% [n=41]); an appointment made with a peer researcher but the household could not complete the Survey, rescheduled multiple times and/or could not reschedule an appropriate time or did not show up to a scheduled appointment) (18.8% [n=15]); contacted but did not want to complete a Survey (18.8% [n=15]); or cold called (knocked on household door and left a contact card) (11.3% [n=9]). Of the cold calls, the peer researchers spoke to three people in total; six households were either not at home or not answering the door so were left a peer researcher calling card (7.5% of total households) (see Appendix 3). On average, both Surveys took 1.5 hours to complete, with the Household Survey taking 30 minutes and the Individual Survey one hour.

Over the eight-week fieldwork period, the peer researchers scheduled on average 11.4 appointments per week, and successfully completed on average 5.1 Household Survey appointments per week. Completion of these appointments were varied, with a minimum of zero completed in Week 2 and a maximum of 11 in Week 3. A total of 56 householders made an appointment with the peer researchers to complete a Household Survey. However, 26.8% (n=15) of households did not complete the Survey because they either cancelled, rescheduled or did not show up for a scheduled appointment. Seven participants chose not to answer all questions, but no participating household refused to answer all questions.

Of the 80 households in the Whittlesea LGA, 39 (48.8%) did not complete a Survey (see Appendix 4), of which, 38.5 per cent rescheduled appointments, and 38.5 per cent did not wish to be involved. Households that rescheduled their appointment tended to be older families with rental in arrears, a possible reason not to engage with AHV. Households that were cold called had similar characterisitics to those that opted not to particpate in the Survey.

Household occupants and characteristics

More than a third (35.9%) of households consisted of single parents with children, while households with Elders made up 33.3 per cent of total households involved in the Study. Elder-only households represented 17.9 per cent of all households with most Elders (53.8%) living in a single generation household. Conversely, 38.5 per cent of Elder households had three generations living in one household. Of the single generation households, 50 per cent were Elder households. More than two-thirds (68.4%) of households with two generations living in them were single parent family households. Due to the challenges and caution of the researchers to apply an Elder category, it was unclear whether two generation households included an Elder. The Elder definition was loosely defined by the MTAL Study to include people aged over 55 years. This does not consider Elders who are younger and recognised as Elders by the Aboriginal community in the City of Whittlesea.

Housing versus a home

Of the households that reported their tenancy (n= 32), 50 per cent had lived as AHV tenants for six years or more, with the average almost eight years (7.8 years) (see Appendix 5). Fifty per cent of the households had waited 2.5 years or less for a house with AHV, 25 per cent had a house within a year, and 75 per cent within five years, with the average being just over four (4.2) years. Six households stated they had been transferred from another tenancy management organisation and one could not remember. Most households (96.9%) reported they had not left the dwelling vacant for more than two weeks during the period of their tenancy. Prior to living in their current dwelling, 50 per cent of households reported living in transition housing. Previous living arrangements reported by tenants included living in a private rental, with other people (35.5%) or having no fixed address (32.3%). Most household participants (60%) reported they were worried about being homeless while they were on the waiting list.

When households were asked about how they felt when they moved into the current AHV dwelling, 78.8 per cent of the lead tenants reported they felt like they were at home when they moved in. Of the small number of households that initially reported their house didn't feel like a home, all claimed that it *now* feels like home. By contrast, a small number of households reported that while their house felt like home when they first moved in, it no longer did (n=5). When asked about reasons why their house felt like a home, 27.6 per cent

reported that it was family who made it feel like that when they first moved in. Further, feelings of safety (24.1%) and of personal ownership (24.1%) also helped people feel this way. In addition, having a garden (10.3%), a new house (10.3%) and a suitable housing situation (3.4%) were reported as contributing to making individuals feel at home.

For almost one-third of households (29%), the effort and time they have put into their houses – such as decorating, spending money on the house and being in the same property for many years – has made them feel like home now. Other reasons for households reporting that their house now felt like a home included feeling settled (12.9%), living in a safe and friendly neighbourhood (12.9%), feeling safe (12.9%), having a sense of personal ownership (12.9%), and having a suitable and adequate living situation (12.9%). A further 6.5 per cent reported that family now made their house feel like a home.

Of the five households that indicated it no longer felt like home, most identified issues with home maintenance and a lack of personal belongings as the most common reasons why (40% respectively). Sad and emotional memories were also mentioned as to why their house did not feel like a home any more.

> 28 per cent of participating households reported families made their house feel like a home.

Household make-up

Rooms and occupants

All households reported having at least one bathroom (81.6%) and toilet (75%) (see Appendix 5). Most reported having three (46%) or more (21.6%) bedrooms. On average, there are 3.3 people per household, with a median of three people. Half of the households (50%) have three or more people living in them, with a minimum of one person and a maximum of 11 people. On average, there were 1.1 people per bedroom (median 1.0). This is higher than the average (0.9) for Aboriginal people living in the Whittlesea LGA according to the 2011 Census.[10]

Appendix 5 also shows that while a small proportion of households (11%) have spare rooms, a number of households are living in crowded situations, with 47 per cent having more than one occupant per bedroom or requiring an extra bedroom.[23]

Household needs

Changes in household needs since moving into the present dwelling was reported by 26.5 per cent of households. Of these, 25 per cent said they did not have adequate living space and 19.4 per claimed to have more than adequate living space. Of the households that reported their needs had changed, results were evenly split between those who needed more bedrooms (46.7%), and those who had too many bedrooms (53.3%).

Most households indicated that they were not sure whether their needs would change in the future. Just over a quarter (27.3%) said their needs would not change, whereas almost 20 per cent indicated that they would change in the next six months, and 9 per cent in the next five years.

Nearly one-quarter (24.3%) of the households indicated that their housing needs had already changed since they first started living in the house, however, the response to this question was relatively low (n=10). Half of these people indicated that they now require a larger property due to growing families or children getting older. Although peer researchers spoke of tenants stating in conversation that they wished to downsize, in the Survey only one household mentioned that they would like to downsize.

Parking and household vehicles

All households had at least one off-street parking space with 62.2 per cent having one car and 29.7 per cent having two or more cars. Most households indicated they had enough car spaces for the number of vehicles on the property, with only three (8.1%) claiming there were not enough spaces. Almost all households had a garden (97.3%). Of the 31 households that responded to this question, almost half (42%) would like

a garden, courtyard or outdoor space in which their children or grandchildren can play. Socialising (32.4%) and growing vegetables (20.6%) were also activities for which householders indicated that a garden would be useful.

Smoking in the house

In 36 per cent of households there were no smokers present in the household and, of those with a smoker present, the majority (81.8%) *did not* smoke inside the house. This is supported by a policy at AHV that no smoking is allowed in their dwellings.

Household assets

All households reported having a functioning TV and 96.3 per cent of families had at least one mobile phone. On average, households reported having two mobile phones with some having up to five. Less than 60 per cent of households indicated that they had a computer, of which 72 per cent were not functioning. Almost a third (62.2%) of households had Internet, but of these only 61 per cent reported it to be functioning. A small number of households did not have a functioning smoke detector (8.1%) or heating (13.2%). With permission, these properties were identified to AHV for immediate response due to health and safety and the onset of winter.

Maintenance

Most households (62.2%) reported that no maintenance had been performed in the last 12 months. Just over three-quarters (77.8%) reported that they required maintenance to be completed, but only 11 expanded on what they needed. Of these, most (54.5%) were for minor repairs, including to kitchen appliances, drains and fences. A fewer number of households (36.4%) indicated that they required substantial repairs such as electrical faults, leaking roofs and major renovations. Additions to the property, including ramps and fences, accounted for a small proportion of maintenance requested.

House modifications

Of the households that responded (n=36), 27.8 per cent have had a modification. Of the 10 that had had a modification, only one had been done by the DHS and one had had a ramp installed. The latter could have been one of the total of three households (9.1%) that reported being hooked into the National Disability Insurance Scheme (NDIS), a number that is expected to change with the roll-out of NDIS in the north-eastern metro area of Melbourne.

Household rent

A total of 19 participanting households did not report on their monthly rent: the mean monthly rent is $722.43 and the median monthly rent is $660. A majority of households (71.8%) do not share the rent equally between members, with rent distributed equally in only 23.1 per cent of households. For all the households that responded (n=22), the lead tenant was the main rent payer.

Preference to stay in the local area

The majority of household participants reported that they would prefer to stay in the local area if they had to move dwellings (77.8%), with the remainder (13.9%) stating a preference to leave the area.

Financial stress

While most households reported that they had never missed paying rent (81.6%), a small number had missed at least once (18.4%). When asked about their ability to make ends meet, most households elected not to respond. Of the 15 that did, around half (53.3%) claimed that they can make ends meet while the other half (46.7%) reported not being able to. Similarly, half responded that they had experienced pressure to pay rent with the other 50 per cent not experiencing financial pressure.

Most households (72.5%) elected not to respond to the Survey question, 'Do you feel like you and household members miss out on things because of financial difficulties (for example, going to the pool, movies, education/training etc.)?'. Of the households that responded (n=11), 54.6 per cent said they would contact AHV if they ran into financial difficulties, with the remainder claiming they would not. Of the households that responded as to whether they miss out on things because of financial difficulties (n=15), 100 per cent responded yes. Some households described how they managed their financial difficulties, which included using direct debit services, relying on family and/or friends, using food vouchers, seeing a financial counsellor or simply missing out.

Of the 21 households that miss out on things because of financial difficulties, more than half indicated missing out on social and recreational activities such as going to the movies (23.8%), family outings (19%) and sports and recreational activities (19%).

Life skills and accessing a life coach

Of the 35 households that responded, only five (14.3%) had previously been involved in the AHV Life Skills program. Further, of the 24 households that responded, 15 (62.5%) indicated they would like to know more about the Life Skills program with the remainder (37.5%) not wanting any further information about it.

Community and the local area

Almost two-thirds of participating households were in Epping (32.5%) and Thomastown/Lalor (32.5%). The small number of households participating did not allow the results to be disaggregated by suburb. Half of the households reported that theft was a major challenge in their local area, in addition to gangs (25%) and family violence (25%). Access to education, dangerous driving and alcohol problems were each reported by 20 per cent of households as a local area challenge, while 32.5 per cent reported no challenges (see Appendix 6).

When asked about local area strengths, family values were reported by 55 per cent of households, as well as social connections (42.5%) and the influence of Elders (35%). Other elements that were commonly reported were cultural activities (30%), although not specifically Aboriginal cultural activities, and leisure and recreational facilities (25%). Additional factors included access to education and training opportunities, the natural environment and having a strong cultural economy. When asked about which services were most accessed within the local area, the supermarket was the most frequently selected service (65%), followed by public transport at 52.5 per cent. Other frequently used services were the library (47.5%), outdoor playing fields, children's playgrounds, swimming pools and mainstream health services. Aboriginal controlled services, including health services, were used by 35 per cent of households.

Aspirations

A total of 64 participants from 35 households completed an Individual Survey. The median age of the participants was 37 years, with almost half aged between 25 and 55 years. Most participants were female (60.9%), 28.1 per cent were single, 12.5 per cent had partners, 9.4 per cent were divorced or separated, and 7.8 per cent were widowed. Only 7.8 per cent were currently attending high school, while 34.9 per cent had a qualification outside of school, 10.9 per cent were in paid employment and 4.7 per cent were unable to work.

A majority indicated that they always look for opportunities (73.9%), live for today (68.1%) and have many aspirations (66.7%). Overall, participants generally had positive attitude towards life (see Appendices 7 and 8).

When asked what other people said they were good at, 19 per cent of participants responded with cooking, although this may have rated more prominently because it was prompted in the question. Caring for family and being good at 'everything' were also commonly mentioned , as were sport, arts and craft, and being a role model. One participant responded, '*Positivity, and encouraging of others, I always help people no matter what my own circumstances are.*' The highest proportion of respondents reported themselves to be good at caring for family, as a parent, a grandparent or in a different category. This was well demonstrated by one participant's response: '*I am good at sports and being caring. Being respected by friends and my family. I try to make people feel happy and special and help people that are in need.*'

Another 15 per cent believed themselves to be good at supporting or helping others more generally, while other common answers included being good at sports and recreation. A young (less than 24 years of age) participant responded that they were 'good at everything'. Areas that participants wanted to be good at were:

a Personal wellbeing: such as being able to relax, be positive and demonstrate leadership.

b Being good at everything/anything.

Seventeen per cent also indicated that they would like to be better at their work or a skill, for example, working on cars. The most frequent responses from participants as to their main ambition in life was to be happy (63.2%) and to be healthy (57.9%). Further, 33.3 per cent wanted to have a family and 31.6 per cent aspired to own a house. Being happy was described as desirable by all age groups. However, for people aged 24 years and over the proportion was notably higher than for other age groups. The ambition to be healthy was higher among older participants.

The highest rating short-term goal of participants was to gain and keep employment in the following month (26%). A substantial number of respondents indicated they would like to be healthier (21%), and 12 per cent aspired to participate in some form of education, such as studying for their driver's licence or improving their communication skills. One person wanted to start owning their own house in the coming month, while others specified taking their family members on holiday or pursuing a recreational activity, a response which combined the themes of looking after others and improving health and wellbeing. For example, one individual responded that they would like to, '*Take my sisters out to do something fun and recreational*'.

Over the next six-month period, a large proportion of participants prioritised improving their health and wellbeing. One person answered that they would like to be able to '*leave the home without anxiety*'. Many respondents again aspired to gain employment (24%). Of the 18 per cent of participants aiming to gain assets in the six months, half (n=3) wanted to own a house, while the other half wanted to buy a car.

When asked what they would like to achieve in the next year, the highest number of respondents referred to owning an asset, predominantly a car or, for two participants (6%), a house. Significantly, many people reported they would like to go on a holiday in the following year. The same proportion referred to improving their health and wellbeing, while 15 per cent wished to gain employment.

There appears to be an association between the achievement of some aspirations and progress towards others, as many aspirations are mutually beneficial. For example, employment factors, such as gaining a job, working more hours or finding a better job, were shown to be the most important way for participants to achieve their goals. However, 19 per cent of respondents reported that having access to support services would also help them to achieve their goals and create a more stable financial situation. One man said he needed '*support services for single Dads*'. Parents and children were frequently cited by participants as the main influences on them achieving their goals, at 45.6 and 42.1 per cent respectively. Other influences included friends (33.3%), siblings (24.6%) and members of their wider family (19.3%). Overwhelmingly, the family in general was regarded as the key influential factor in achieving one's goals. However, the influence of children was strong among people aged 55 years and over, while parents were less influential.

Positive statements regarding self-determination were evident with 'I believe you can achieve anything if you put your mind to it'. This was in contrast to those factors highlighted by individuals as being barriers to them achieving their goals, which included having too many fines and self-sabotage.

Of those women who responded to the 'Are you currently pregnant' question (n=40), most (75%) indicated they were not pregnant or expecting a baby and 25 per cent indicated they would prefer not to answer. Of those who were eligible to answer the question regarding having children in the future, seven (23.3%) indicated they would like to have a baby, and 13 (43.3%) that they would not. Of those who responded to the question, eight individuals (26.7%) indicated they preferred not to answer, and two did not know. Of the individuals eligible for this question, half responded they did not know if their friends were having babies or planning to have children.

Being happy, healthy, financial stable and having a family were the most important aspirations that participants had for their children. When asked about services or supports that could help them achieve the aspirations they held for their children, the most common response was after school activities in the local community (21.1%). Other supports revolved around healthy eating and cooking, access to a speech therapist/paediatrician, and education including early learning. Some participants (8.8%) did not nominate any supports or services that could help them achieve the aspirations they held for their children.

Individual health and wellbeing

A majority of individual participants reported having no problems with mobility, self-care or usual activities (see Appendix 9). However, a little over half (51.1%) did report problems with pain and discomfort. More than a third of individuals had been diagnosed with anxiety (35.1%), 28.1 per cent with depression and 26.3 per cent with asthma. Cardiovascular diseases accounted for a significant proportion of chronic illnesses among individuals. Of those who reported a chronic illness or health concern, 17.2 per cent (n= 11) said they needed someone to help them or look after them. Just under a quarter (22.8%) of participants reported that they had trouble breathing, with the same number in chronic pain. Problems with sight were reported by 17.5 per cent and 14 per cent reported emotional issues. Of those with a chronic illness or health concern, 7.8 per cent (n= 5) reported they have problems at school and 9.4 per cent (n= 6) that they have problems at work because of it. Just over a quarter (28.1%) of participants did not have any health concerns.

A majority (80.7%) of individuals said they ate fruit, with a mean intake of 1.7 serves per day. The median intake was 1.5 serves, with a minimum of 0.5 and a maximum of 4.0 serves. However, more than half (52.2%) of the participants did not know how many serves of fruit they ate. Of the more than 90 per cent of participants who said they ate vegetables, the mean intake was 2.2 serves per day and the median was 2.0. There was a minimum of 0.7 and a maximum of 7.0 serves of vegetables a day, as reported by participants. When asked about red meat intake, 94.7 per cent (n=36) said they ate red meat, although many people did not respond to this question (n=26). A majority (79.3%) of participants said that they consumed take-away food, but more than half chose not to answer this question (n=35). Among those who ate take-away food, the mean intake was 3.2 times per week and the median was 2.0 times per week.

Twenty-three participants (46.9%) said they consumed alcohol, with seven (14.3%) responding that they use to drink but do not any more, and 19 (38.8%) not consuming alcohol at all. Fifteen participants did not respond to this question. Almost half of the participants indicated that they smoke tobacco (44.4%), with 24.1 per cent never having smoked and 31.5 per cent having given up. Most participants indicated that they do not use other substances (71.7%), while 28.3 per cent indicated that they do use other substances but did not elaborate on what these were.

DISCUSSION

Understanding the goals and aspirations of the households surveyed was a major component of the MTAL project. The importance of family, culture and health and wellbeing were identified by participants as foundational aspirations for individuals and their families and remained a strong theme throughout all areas of the Study. Participants identified several barriers to achieving their aspirations including financial stress, overcrowding, maintenance issues, a lack of household assets, the household make-u and family history. Across the Study, health and wellbeing was identified as a driving factor and barrier for many families in achieving their goals and aspirations.

Peer researchers

Peer researchers were essential to the success of the Study and its engagement with AHV activities. They made appointments with AHV householders and undertook the Survey with AHV tenants. Peer researchers were all tenants of AHV and came from the same area or just outside the pilot boundary. They were employed following a program of social media engagement, mailouts, word of mouth and personal recommendations from AHV housing staff. A total of five peer researchers, who had all been either unemployed or underemployed and wanting further work, undertook the MTAL peer researcher training program and fieldwork.

The peer researchers were trained on location at AHV with occasional meetings at the University of Melbourne. More than the six tenants initially indicated their willingness and interest to be a part of the peer researcher team, but some were unable to attend the training sessions due to family and work commitments. Peer researchers were trained in the Household Survey protocol and contents, informed consent process, survey methods, survey technologies and techniques for visiting households safely. Assessments were a mixture of role plays and oral presentations to staff at AHV and to University of Melbourne students and researchers. As staff members of AHV, their orientation included explanations about the expected code of conduct and their weekly schedules. They were given an identifiable peer researcher uniform and employed on a standard casual rate for research work.

Peer researchers met at Bubub Wilam to make household appointments from the AHV tenant list and troubleshoot challenges

During the eight weeks of fieldwork, the peer researchers met at Bubub Wilam with two fieldwork coordinators on Mondays and Tuesday to reflect on their experiences in the field. They received constructive feedback in a professional capacity as experts and could work through issues together in a non-judgmental or critical way. This helped peer researchers to maintain their motivation and engagement with the research process (such as being diligent with data collection and consent, and turning up for scheduled appointments).

Reliable transport and anxiety about using public transport was an issue with this peer researcher cohort. The fieldwork appointment schedule meant that at least one full-time fieldwork coordinator with reliable transportation was needed to transport peer researchers to attend Survey appointments. When all five peer researchers were in the field, two field coordinators with transport were required.

The questions with the highest participation rates related to maintenance, possibly meaning that the peer researchers had an influence on the Survey responses. To avoid this, continuous training on data quality and the context of Survey questions was required throughout the fieldwork.

Peer researcher support

The peer researchers required additional and diverse support from the coordinators to balance their respective work and personal lives as they transitioned out of long-term unemployment. Unpredictable home life constraints included peer researchers suddenly being made the primary care giver (with corresponding court appearances), finding money for transport and fuel, having flexible child care arrangements, coming to work prepared (including bringing lunch), and adjusting their outside work routines to those of their domestic life (e.g. cleaning, cooking dinner, budgeting, and reporting to statutory bodies for welfare payment adjustments). Further changes included being accountable for the quality of the data collected, and learning how to take active and constructive criticism as a goal of a good data quality and ethical practice rather than as a reflection that they had done a bad job. Towards the end of the fieldwork the initial five peer researcher were reduced to a core of three.

The retention of the three peer researchers was directly related to their ability to manage competing commitments and to access support to meet caregiver responsibilities and other part-time employment commitments. The intensity of the eight-week period was difficult and used up a lot of resources. On top of the transition to an almost full-time work load, peer researchers had to deal with life and personal changes because of starting work. The coordinators had to support and facilitate peer researchers coming to work, which included giving advice on budgeting, and transport, organising lunches during the Survey period, and supporting peer researchers to meet their Centrelink responsibilities.

The role of actively coordinating five peer researchers who have high work flexibility and engagement required 1.5 full-time equivalent coordinators – one based at AHV (full-time) and one at the University of Melbourne (0.5 full-time equivalent). Their role included the forward planning of household appointments, additional supports to prepare peer researchers as they re-entered the workforce and began earning, budgeting and reporting their new income, and discussing with them how to take directions from supervisors. Some of the ad hoc support that the coordinators gave included providing recipes to plan meals for the evenings, a Sunday checklist for getting organised at the start of each working week, modelling bringing in lunch and morning tea rather than buying at convenience stores/fast food, being peer researcher advocates for personal administration (such as contract signing and Centrelink reporting of hours and income), and providing post-project support such as resumé building and job networking and searching. By the end of the fieldwork, three of the original five peer researchers had written resumés and made job applications.

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On top of the transition to an almost full-time work load, peer researchers had to deal with life and personal changes because of starting work.

Peer researcher Lucinda Jackson being interviewed by local television station at Yarra Valley reconciliation event

Impacts of the research on peer researchers

Once they became trained peer researchers, their relationship with service providers and with AHV shifted. They were no longer interacting with AHV within the client/landlord discourse, but as staff in the AHV boardroom and as colleagues to other community leaders engaged with Aboriginal services. Peer researchers also had *ad hoc* media interactions (such as an interview with the K*oori Mail*), spoke in public forums about their work (such as at First 1000 Days Australia Short Courses), and had the opportunity to have political engagement and to participate in decision-making forums.

Furthermore, both their children and their community saw their transformation as the location of the fieldwork was within the local community and their training within an Aboriginal space. As a result, the peer researchers' identities were transformed from clients receiving services to decision makers, employees and even as sole traders and consultants. At the time of this report, two of the five peer researchers had been invited for a job interview, one had been commissioned to do artwork, and one was pursuing further education by planning to complete high school.

AHV engagement

A barrier to initial engagement activities between peer researchers and tenants was the relationship that AHV had with its tenants. This relationship tension was observed in two themes within the Survey – maintenance and overcrowding. Initial discussions with tenants revolved around AHV's responsibilities over required maintenance before the Survey started. The peer researchers filled in and sent a maintenance request form to AHV for any issues prior to starting. Indeed, the Survey captured maintenance as a major and pressing issue, even though mostly minor repairs were identified. Sixty-three per cent of tenants had not had any maintenance for 12 months and three-quarters stated that their home required it. Following on from the success of the peer researcher recruitment and training program, the peer researchers suggested that a peer tradesperson program could possibly be developed by AHV to address the maintenance backlog as well as giving employment opportunities to tenants.

Tenants were not fully disclosing to AHV the real number of occupants in a house at any one time. There was an under-reporting of new household members, such as *de facto* partnerships or additional relatives, and a sharing of both rent and income within households. This could be due to being penalised by increases in rent if any of these details were shared with AHV. Despite this, households did report

overcrowding in the Survey even if their willingness to report was low. Some tenants required larger houses for growing families, which were described both as having additional children and acquiring more caring responsibilities, as well as children growing up and needing their own bedrooms. Conversely, some Elders expressed the need to downsize, due to an over-reliance on them as child carers as well as the challenges they faced in maintaining gardens and yards. Similarly, people with ambulatory challenges identified maintaining gardens as problematic. However, if relocation was available most people had a strong desire to stay in the same area because of their existing support services and family networks. On this topic, peer researchers recommended that AHV engage with people on the waiting list for properties so that they can check about changing circumstances and build an initial positive experience for new tenants and a stronger engagement with AHV from the beginning.

Overcrowding was identified as an issue in many of the houses, as is the case in many Aboriginal communities throughout Australia. When crowding was interpreted narrowly as the number of reported occupants versus the number of bedrooms, almost half of the respondents (47.2%) were living in households that would be considered overcrowded. It is well documented that overcrowding is a major problem for many Aboriginal families, particularly those living in social housing, and contributes to a range of issues affecting health, safety and education.

However, interpretation of what is considered overcrowding by Aboriginal people must be seen through a cultural lens by acknowledging the strong innate culture of communalism in Aboriginal families that may not align with the Western nuclear family concept. There are social and cultural factors that may influence the number of occupants living within a household,[23] including being supported by and being able to support family, needing a continual connection to other family members and being able to provide familial obligations. Overcrowding can also be transient, so not representative of the daily experience of households, with fluctuating numbers of people living under the one roof and changing over time. This can lead to an incongruence between a mainstream interpretation and translation of how crowding is measured within a household (number of occupants per room) and ideas of household occupancy norms in Aboriginal households.[24] As such, the Indigenous Housing Guidelines outline the level of household density by access to washing facilities per number of household occupants. Nonetheless, a reduction in overcrowding in homes is associated with positive effects on health and wellbeing, children's education, and family relationships and strengthening.[23]

The relationship between AHV and its tenants requires ongoing development. As a result, AHV's engagement strategies in the MTAL project were diverse and reflected the low access rates of tenants to the Internet and the large proportion of older tenants with no access to social media. The peer researchers recognised that their work on the project made them accountable for the data they had collected on behalf of AHV. They stated that the positive investment made by householders into the Survey needs to be matched by actions and responses from AHV, i.e. that tenants will need to see evidence of change happening.

As the peer researchers live with, or have connections to, the community participating in the Survey, they will continue to field questions from household participants well after its completion. As part of their post-project support, peer researchers will need to be kept abreast of developments and programs that AHV will be implementing because of their work on MTAL. For example, they will need information, perhaps in the form of infographics, on topics such as:

- Knowing your rights and responsibilities as a tenant
- What is in your tenancy agreement
- The process to get maintenance completed
- The process of downsizing or upsizing properties
- How to own your home
- Who is your housing officer and how to find out when they change.

AHV's aim to strengthen the link between tenancy management and service delivery in a way that will actively assist its tenants means that its services must be delivered with values consistent with Aboriginal cultural worldviews and practices. For example, many tenants (62%) expressed an interest in undertaking the current AHV-run Life Skills program, and getting support to achieve their ambitions. Life Skills is a voluntary program that works with tenants to help them gain access to supports that would assist them to establish and sustain their tenancies. However, clarity about the next stage in the program, the life coach role and how they can help with tenants' day-to-day goals or bigger ambitions, was unclear. A change in their position title to an Aboriginal name that describes the role, along with more information on what they do, could be helpful. Using a strengths-based approach to data collection and survey question framing has led to a higher than expected participation rate by households. The follow-up of families could also be foreseeable, with 58.8 per cent wanting to be contacted in the future and to maintain their engagement with AHV.

The MTAL project recognises AHV's role in delivering safe, stable and affordable housing as a starting point to building pathways to improved lives by strengthening the link between tenancy management and service delivery. Notwithstanding the short-term impact that MTAL has already achieved for AHV tenants, developing a collaborative approach to working across government, business, philanthropy and non-profit organisations could potentially lead to significant and lasting social change for families with AHV tenancies. AHV could build on this success by becoming the backbone organisation using a Collective Impact Framework to coordinate the common agenda for change.[25] It has already built good relationships with DHHS, the University of Melbourne, Whittlesea City Council, Bubup Wilam, VAHS and VACCHO, and is now in a position, given continued support and capacity building, to develop a coordinated measurement of impacts across all the participating organisations to ensure accountability for AHV tenants. AHV would be required to develop a plan of action that outlines and coordinates mutually reinforcing activities for each organisation, and uses open and continuous communication to build trust, assure mutual objectives, and create common motivation.

The More than a Landlord project recognises AHV's role in delivering safe, stable and affordable housing as a starting point to building pathways to improved lives.

Aspirations

The ambitions and aspirations of household members were realistic and attainable and broadly involved achieving health, happiness and financial goals. Despite the complex lives of some of the participants, more than half (66.7%) identified that that had many aspirations and 73.9 per cent always looked for opportunities. When asked about their main ambition in life, 63.2 per cent stated that it was to be happy and 57.9 per cent that it was to be healthy. Short-term aspirations included moving house, specific recreational activities, getting a driver's licence and finding sustainable employment. Mid-term aspirations included better health and wellbeing, gaining employment, going on a holiday and eradicating debts. Longer term aspirations included achieving health and education goals, and pursuing recreation activities. All short, mid and longer term aspirations, included owning a home. Almost 25 per cent of participants indicated that they would like to have a child in the future.

Health and wellbeing

Positive health and wellbeing was identified as one of the most important life goals for a large proportion of the participants. Despite this, isolation, anxiety and depression (medically diagnosed and self-reported) were frequently reported, along with chronic disease (kidney and vascular diseases), chronic pain and vision problems. Even though high levels of depression and anxiety were experienced by participants, the positive elements reflected in the results demonstrate that individuals are hopeful about the future and hold many aspirations. As tends to be a symptom of anxiety and depression, a high proportion of participants indicated that they are short-term focused. The turbulence experienced by several households in their daily routine and the tendency to live day-to-day is further reflected in financial stressors, such as a large number of traffic fines, and the ensuing complications caused by poor planning such as consuming a high amount of take-away food per week.

Financial stress was significant for several of the participants. This stress had implications for an individual's ability to fulfil aspirations and goals along with negative impacts on their health and wellbeing, particularly on their anxiety levels. Many households were supported by a single income and the rent was not shared equally between members in 72.9 per cent of households. This is, however, expected given the large percentage of single parent family households. Despite the financial difficulties experienced by most participants, with families indicating that they missed out on things due to a lack of finances, 84.6 per cent of households reporting that they had not defaulted on their rent payments. More than half of the households (53.3%) indicated they could make ends meet, with 46.7 per cent claiming this was not possible.

The high levels of anxiety and depression experienced by participants are compounded by connected factors such as being in arrears to AHV, sizeable outstanding fines, co-morbid physical and mental health problems, and a lack of access to services and support networks. The frequently identified aspiration of improved health and wellbeing is significant in that the positive impacts associated with this may assist in achieving other aspirations, such as connection to family, family strengthening and greater employment and education opportunities.

The results of the Survey showed a relatively low prevalence of diagnosed heart disease, stroke, renal disease, diabetes, arthritis, bronchitis and emphysema in comparison to the reported high levels of anxiety and depression. There was also recognition of nutrition being relevant to health, and people identified that eating fruit and vegetables was important for maintaining good health. However, households that reported eating take-aways had a mean weekly intake of convenience foods of more than three times per week.

Almost one-third of participants were homeless prior to their tenancy with AHV, and most reported feeling at home when they moved into their current dwelling. For some, however, this took a while to establish until assets were accumulated over time. For others, there was a discordance between householders feeling at home, the house feeling as if it belonged to them and their tenant responsibilities. With a large proportion of tenants entering tenancies from homelessness, coming into a house and making it a home can be challenging. This includes amassing items such as beds, linen and cooking utensils to make it more than just a roof over one's head. It was interesting to note that in terms of household assets, 100 per cent of tenants reported having a television and 96.3 per cent of families had at least one mobile phone, while access to a functioning computer with an Internet connection was relatively lower, which could hinder training and job preparation.

Households generally reported that they were not accessing any (mainstream and Aboriginal-specific) services in the City of Whittlesea, other than shopping centres, public transport, children's playgrounds and libraries. This situation was compounded by the area's low number of Aboriginal-specific services and spaces to connect with other members of the community, such as Gathering Places. Families without children under the age of six years were generally not involved with Bubup Wilam, the only Aboriginal-run organisation in the Whittlesea LGA. If households were accessing Aboriginal services, such as the Aboriginal Advancement League or VAHS for child check-ups, they were outside the local area. Thus, isolation is a factor for participants, particularly Elders, single adults and single parentsThis is also reflected in the prevalence of reported anxiety and depression.

Limitations of the Survey

The Survey was not aiming to be a representative sample of AHV households, but rather to pilot a new method of engagement and try out a novel survey tool. The length of time it took household members to complete the Survey was an issue for some participants. With the advent of new technology, this could be made faster and easier, e.g. having more visual questions and accessible formats for older participants who may be less familiar with digital technology. These improvements could also facilitate increased participation by individuals who struggle with numeracy and literacy. A total of 56 householders made an appointment with the peer researchers to complete a Survey. Just over a quarter, 26.8 per cent (n=15), were unable to complete the Survey because they kept cancelling, rescheduling or did not show up for an appointment. While it is unknown the true reason for their rescheduling, it may have been because they did not want to say no to the peer researchers. However, it could also have been that they did not want to bring unwanted attention to themselves from AHV as a high proportion of these households were in rental arears. Conversely, while a high number of households had mobile phones, making contact was challenging given the frequency of switching mobile numbers and accessing credit on pre-paid mobile plans. Thus, a different engagement strategy (such as a centralised event) may be more appropriate to give all households the opportunity to complete the Survey.

The high participation rates in the questions about AHV maintenance also showed that the peer researchers had an influence on the Survey responses. The strongest participation in the Survey questions, and the lowest number with missing data, were those relating to maintenance. This meant that continual refresher training emphasising the importance of data quality and reiterating the context and reasons behind challenging and personal Survey questions were necessary throughout the fieldwork.

The piloting of the Survey using both an iPad and LimeSurvey was assessed. Using iPads to complete the Survey was well received by the younger participants but some Elders struggled, which meant that the peer researchers often had to complete it with them by asking the questions. This could be mitigated in future by including multimedia in the the Survey delivery (e.g. using videos, recorded prompts) to explain

tricky questions rather than relying on explanations by the peer researcher. Hopefully, this would also lead to fewer missing responses in some of the more private and personal questions.

Similarly, the open-ended questions about aspirations had a large proportion of missing answers, which could be due to low literacy levels among both householders and peer researchers. However, it could also be the result of a sudden change in framing questions from a more immediate needs-based approach to asking about future needs and aspirations. This left some respondents unsure how to answer. One solution could be to record open-ended questions as a discussion and then transcribe the aspirations discussed. This would maintain a level of narrative engagement and frame the new aspiration question within a conversation.

A couple of the Survey questions had incorrect assumptions. For example, it assumed that all householders wanted a garden but there was a clear desire by some to downsize (albeit anecdotally). Aspects of the Survey that were not captured well included how to describe feelings of isolation and loneliness, and patterns of mobile phone use. Some households also chose not to answer the assets questions relating to household contents, utilities and upkeep of electricity, gas and water. It was unclear, however, whether a missing answer constituted a 'no' in how the household assets question was framed. In additon, the unit in the meat consumption question was missing, and the units in rent and income should have included a checkbox for monthly, weekly or fortnightly payments. Another oversight was that households were not asked about pets and pet ownership.

Survey questions that were not particularly well answered, and had a large number of missing values, included those about rent, income, nutrition and family violence. Indeed, according to the 2013/2014 Family Incidence Reports from Victoria Police,26 the Whittlesea LGA has a higher rate of cases of non-disaggregated domestic / family violence than the rest of the State (500.4 per 100,000 population compared to 387.00 per 100,000 for Victoria). Conversely, participants indicated that violence in the community was a challenge, with households reporting safety, security and theft as issues. This could, however, be an aggregation of family violence and general violence in the area. The variable 'What do you think are the main challenges in the local community in which you live?', and the answer 'Control of decisions', were unclear in meaning and may have been misunderstood. Further refinement of the language used in the Survey could strengthen participation in these questions.

To summarise, any future Surveys should be cognisant of the following recommendations:

- Open-ended questions should be recorded on the iPad rather than written due to literacy challenges observed in both the peer researchers and the householders.
- Peer researchers should undertake the Survey in pairs to better deal with difficult questions and missing answers.
- Training of peer researchers should include the further development of soft skills, such as how to prepare for the week of work.
- Questions relevant to different communities wishing to undertake a similar household survey should focus on aspirations and concerns that are relevant locally and regionally.
- The survey needs to be shortened.
- While balancing the confidential nature of the Survey contents, an Individual Aspiration Report could be created from Survey responses to direct the services towards their aspirations.

Questions relevant to different communities wishing to undertake a similar household survey should focus on aspirations and concerns that are relevant locally and regionally.

CONCLUSION

A key challenge to improving outcomes for Victorian Aboriginal people is ensuring effective service delivery response based on evidence.

This is a significant challenge because of the dispersed nature of Victoria's Aboriginal population, many of whom have multiple and complex needs and are experiencing disadvantage. This Study showed that using peer researchers resulted in a higher than expected engagement with householders. It also showed that, to maintain the Study momentum, an appropriate service response from AHV to address the ambitions of families was necessary and possible.

The following summarises AHV's responses and recommendations following the Survey:

1 THAT AHV coordinates the design and delivery of the suite of existing Wellbeing Client Support programs (Life Skills, More than a Landlord and Koori Alcohol and Other Drugs Awareness) to provide better support for AHV tenants and residents to maintain independent and successful tenancies.

2 THAT AHV ensures wellbeing programs are developed, implemented and delivered in collaboration with both its Tenancy Management and Wellbeing teams to maximise the effective support of all AHV tenants and residents.

3 THAT AHV uses the evidence provided by the Survey on the support needs of AHV tenants and occupants to advocate for greater access to culturally safe programs and support services by Aboriginal households. This is in recognition of Aboriginal people's right to opt for support from mainstream organisations that are culturally safe, rather than be limited to using Aboriginal community controlled services.

4 THAT AHV and the University of Melbourne commit to maintaining communications and support to the peer researchers, and manage these relationships to ensure we provide them with further learnings and employment opportunities.

5 THAT AHV establishes a communication strategy to report the outcomes and findings of the Survey to AHV staff, tenants and other stakeholders and to enable access to further information as requested.

The Survey results described in this report also provided the evidence for AHV to offer a service response in the form of a low-intensity life-coaching service that directly addresses the future needs and ambitions of household members and their children living under AHV tenancies. The role of a life coach, as opposed to that of a case manager, assists tenants to develop the skills required to achieve their aspirations, maintain motivation and sustain focus on steering towards the successful attainment of their goals.

The results from this Study are being taken up by communities that are also wishing to undertake a Household Aspiration Survey as part of the suite of activities involving First 1000 Days Australia. Communities in Queensland (Townsville and Moreton Bay) and Victoria (Mornington Peninsula, Healesville and inner north Melbourne) are currently initiating such a survey to enable an evidence- and strengths-based service response in their regions.

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APPENDICES

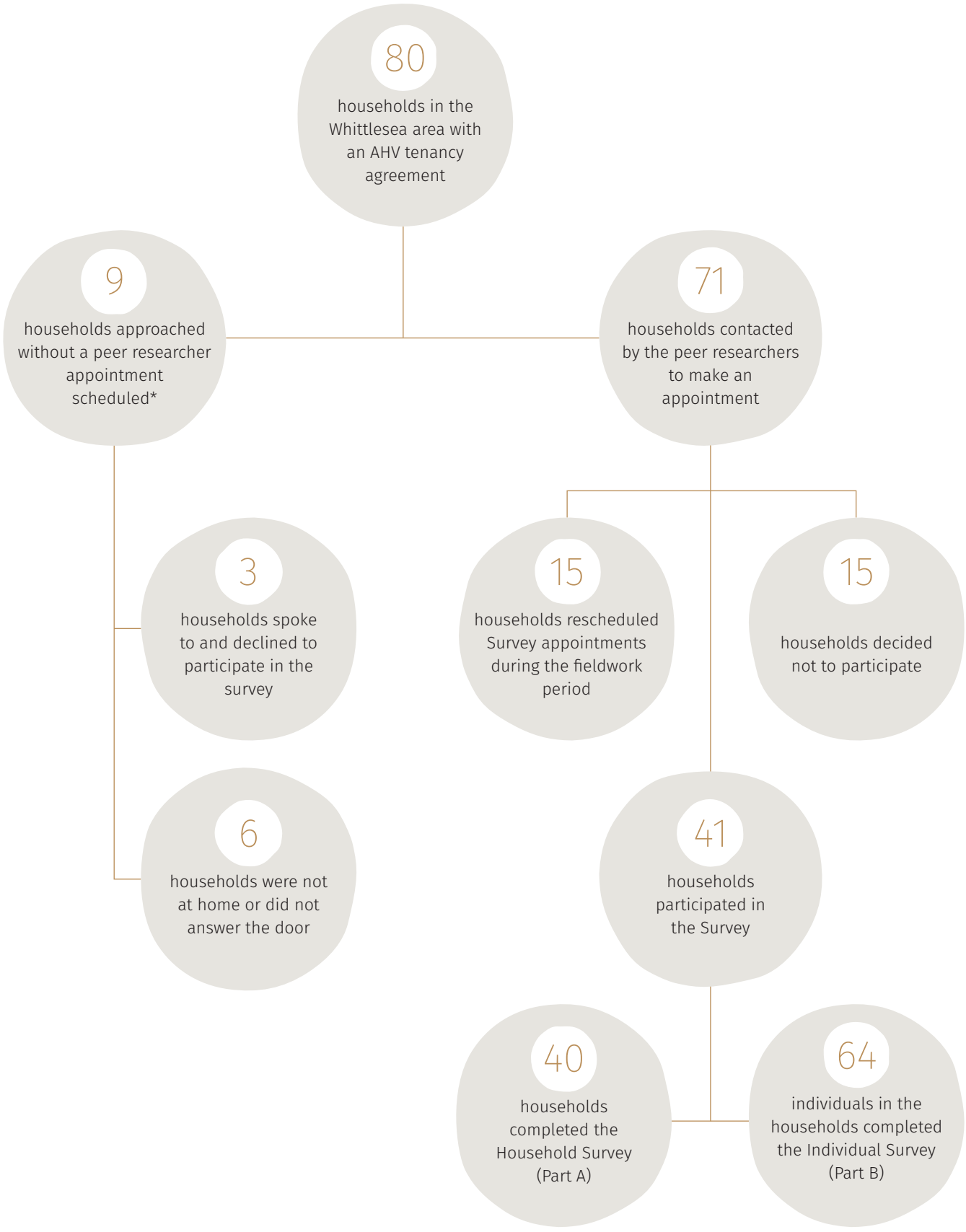
Appendix 1: Household Survey domains

Domain	Variable contents
Tenancy	Length of time in current house, lead tenant, relationship to lead tenant, age of lead tenant
Current housing situation	Feeling of home, number of vehicles, car parking spaces, garden, number of bedroom and bathrooms, number of occupants, adequate space, household assets, vacant periods
Prior housing situation	Length of time on housing waiting list, prior dwelling, concern about homelessness
Use of services	NDIS, local area services and facilities
Household needs	Maintenance, upsizing/downsizing, crowding, adequate number of bedrooms and bathrooms, future changes
Household income and spending	Total rent, rent sharing, financial stress, missed rent
Local community	Community strengths/weaknesses, challenges in the community, preference to stay in the area
Household occupant demographics	Absent household members, age, gender, time spent in house, employment status, Aboriginal and/or Torres Strait Islander identity, language group/Country
Household assets	Mobile phones in the house, appliances in working condition, maintenance issues and who carried out maintenance, maintenance of house in last 12 months, house modifications
Tobacco use	Regular smokers in household, smoking inside dwelling
Contacting AHV services	Maintenance, financial difficulties, access to AHV Life Skills Program

Appendix 2: Individual Survey domains

Domain	Variable contents
Demographics	Age, gender, marital status, sexual orientation
Tenancy	Length of time living in current house, experience of homelessness, rent sharing
Aspirations	Main ambitions, influences of ambitions, barriers to ambitions, attitudes to life in general, children's aspirations, services and assistance to help with aspirations
Health and wellbeing	Current health today, chronic disease diagnosis, health problems in the past six months, required assistance with health, difficulties with work or education, importance of cultural/spiritual wellbeing, self-reported wellbeing [EQ–5D], and intake of fruit and vegetables, red and processed meat, fast food and convenience food, tobacco, drugs and alcohol
Business	Interested in starting a business, and support services to do so
AHV services	Contacted AHV for financial problems, experience of violence
Aboriginal and or Torres Strait Islander identity	Language/community/tribal group, homeland, knowledge of Recognise campaign and treaty, living on Country, access to Country, involvement in a Native Title claim
Connection to culture and community	Language spoken at home, involvement in cultural and community activities, frequency of visiting community, feeling of connection to community
Living arrangement	Living as a couple, length of living at current address, sharing of rent
Family history	Living circumstance at age 14, experience of out-of-home care, family experience of Stolen Generations, living with parents or guardians, age and reason for moving out of home, access to services for Stolen Generations
Experience of discrimination	Unfair treatment, experience of racism, unsafe environments, avoiding situations, services that would help against discrimination
Experience of violence	Involvement in fights, reports to police, relationship to offender, house damage caused by violence, access to service supports
Education and training	Highest level of education completed, current and highest qualification, current education or training, number of high schools attended, length of time at current high school, support at high school, education and/or training aspirations, job aspirations after high school, service supports to education/training
Employment	Current work, working conditions, hours in paid work, number of jobs, paid and unpaid work, leave entitlements, looking for work, registered as a job seeker, night shift, flexibility of working conditions, context of unemployment, activities to find employment, starting own business, employer has a Reconciliation Action Plan
Unemployment	Time out of the workforce, reason for not being in the workforce, wanting paid work, employment service supports
Personal income	Main source of income, total fortnightly income, spending, keeping to budget, accessing financial support services
Sexual health and family planning	Recent sexual history, contraceptive use, source of family planning information, current pregnancy, past pregnancies, circumstances of sexual relationships, preparedness for new baby and future family plans, access to family planning support services
Family and caring responsibilities	Age and number of children, carer responsibilities, age at first child, schooling for children, value of early education, kinship carer arrangement, help with homework, aspirations for children, children's connection to culture, learning an Aboriginal and/or Torres Strait Islander language, aspirations for children, support services to fulfil these aspirations
Service use	Access to NDIS, service supports for wellbeing

Appendix 3: Recruitment and engagement



*Households were only approached without an appointment if they did not have an up-to-date telephone/mobile number on AHV records and could not be contacted in any other way

Appendix 4: Characteristics of the non-participating households

	Re-schedulers (n=15) in %	Non-consenters (n=15) in %	Cold calls (n=9) in %
Gender of lead tenant (% male)	13.3	20.0	22.2
Household make-up			
Adults, no children* (%)	6.7	20.0	0.0
Elder (%)	13.3	13.3	22.2
Young family (%)**	6.7	0.0	33.3
Older family (%)***	73.3	66.7	44.4
Type of house			
House	93.3	80.0	77.8
Unit	6.7	20.0	22.2
Rent in arrears	60.0	26.7	22.2

*Adults: All household members over the age of 18 years
**Young family: Some child or dependants still in child care < 5 years
***Older family: With children/dependants in primary school and above

NB: Characterisitics of the non-particpating households were collected from AHV records by the fieldwork team; errors in the decimal points are from rounding

Appendix 5: Household occupants and characteristics

Variable	n	Median / %	Missing answer	Missing answer %
Household member make-up (%)			1	2.5
Adult	8	20.5		
Elder	7	18.0		
Couple family	4	35.9		
Elder family	6	15.4		
Single family	14	35.9		
Suburb of Whittlesea (%)			0	
Epping	13	0.3		
Thomastown, Lalor	13	0.3		
Mill Park	6	0.2		
Doreen, Mernda, South Morang, Wollert	8	0.2		
Length of time living in AHV in years (median)	31	6.0	9	22.5
Length of time on waiting list in years (median)	30	2.5	10	25.0
Lived in transition housing prior to AHV (% yes)	18	50.0	4	10.0
Prior to AHV living arrangement (%)			8	20.0
Private rental/Share house/Someone else/Family	11	34.4		
Institution/Supported accommodation/Rehab	6	18.8		
No fixed address/Homeless	10	31.3		
Public housing	5	15.6		
Worried about being homeless while on waitlist (% yes)	21	60.0	5	12.5
Felt like home when I moved in (% yes)	26	78.8	7	17.5
Current house has a garden (% yes)	36	97.3	3	7.5
Parking spaces are ON the property? (%)			3	7.5
1 parking space	19	51.4		
2 parking spaces	13	35.1		
3 or more parking spaces	5	13.5		
Number of vehicles parked on or near property* (%)			3	7.5
No vehicles	3	8.1		
1 vehicle	23	62.2		
2 or more vehicles	11	29.7		
Number of bathrooms (%, 1 bathroom)	31	81.6	2	5.0
Number of toilets (%, 1 toilet)	27	75.0	4	10.0
Number of bedrooms (%)				
2 bedrooms**	12	32.4	3	7.5
3 bedrooms	17	46.0		
4 bedrooms	8	21.6		

*Cars, vans, trucks, motorbikes, boats or trailers **Minimum reported no. of bedrooms was 2

Variable	n	Median / %	Missing answer	Missing answer %
Number of occupants living in the house (%)			1	2.5
1 person	8	20.5		
2 people	9	23.1		
3 people	8	20.5		
4 people	4	10.3		
5 or more people	10	25.6		
Number of occupants per bedroom (median)	36	1.0	4	
Maintenance performed in the last 12 months (% Yes)	23	62.2	3	7.5
Require maintenance to be done (% Yes)	28	77.8	4	10.0
House has had a modification (% Yes)	10	27.8	4	10.0
At least one person receiving NDIS in household (% Yes)	3	9.1	7	17.5
Smoker in the household (% Yes)	23	63.9	4	
Smoker smokes inside (% No)	18	81.8	1	4.3
Dwelling assets (%)			2	5.0
Television	38	100.0		
not working	0	0.0		
Internet	23	62.2		
not working	14	60.9		
Computer	22	57.9		
not working	16	72.7		
Curtains	34	89.5		
not working	2	5.9		
Landline	24	64.9		
not working	2	8.3		
Smoke detector	36	97.3		
not working	2	5.6		
Laundry tub	35	94.6		
not working	2	5.7		
Washing machine	35	94.6		
not working	2	5.7		
Heating	37	97.4		
not working	4	10.8		
Fridge	38	97.4		
not working	1	2.6		
Stove	38	100.0		
not working	1	2.6		

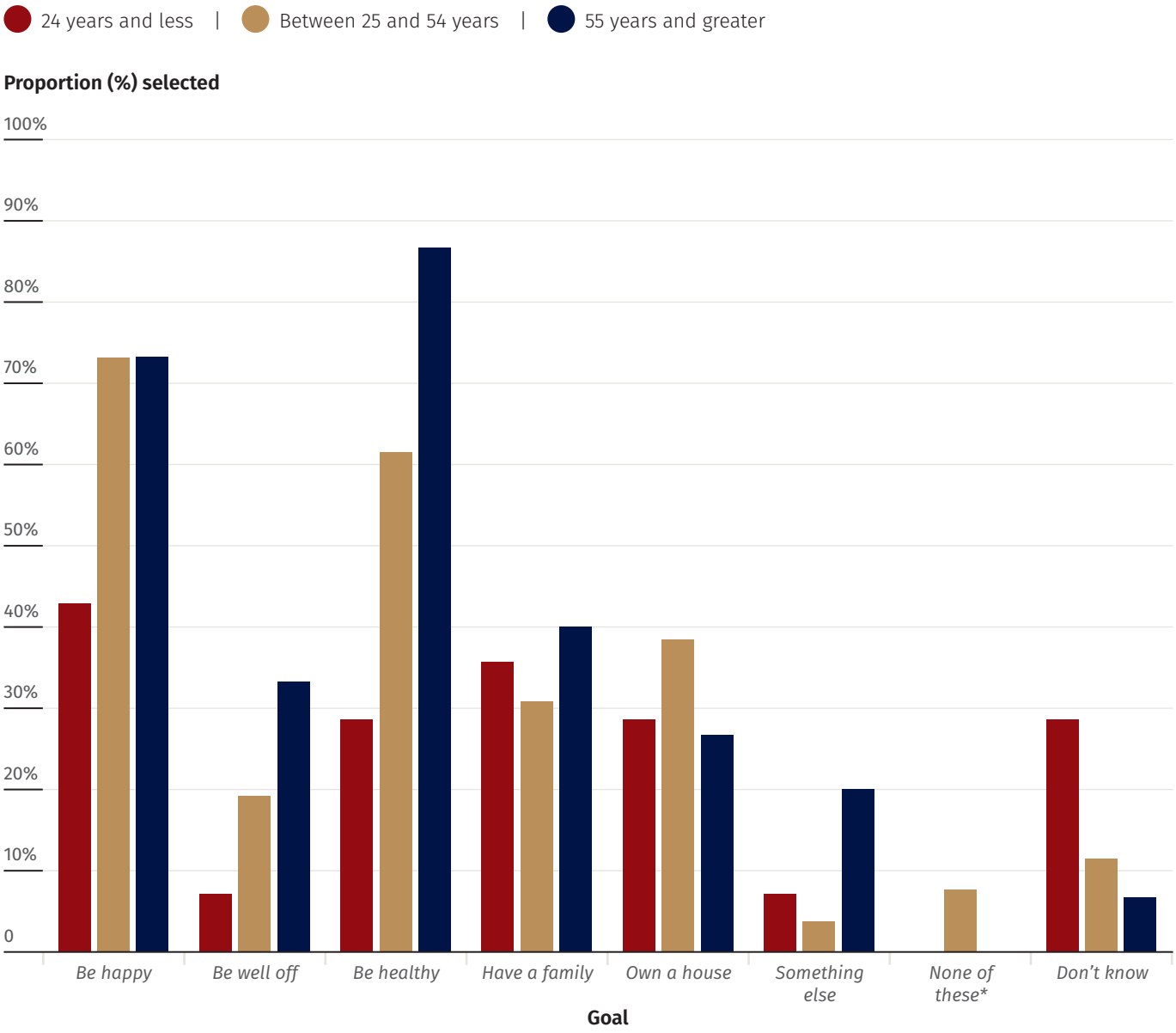
Appendix 6: Local community and service use

	n	%
Local community challenges		
Theft	20	50.0
No challenges	13	32.5
Gangs	10	25.0
Family violence	10	25.0
Education	8	20.0
Dangerous driving	8	20.0
Alcohol problems	8	20.0
Employment opportunities	6	15.0
Other violence	5	12.5
Gambling	5	12.5
Vandalism	3	7.5
Personal safety	2	5.0
Conflict	1	2.5
Control of decision	0	0.0
Other challenges	0	0.0
Strengths of local community		
Family values	22	55.0
Social connection	17	42.5
Elders	14	35.0
Cultural activities	12	30.0
Leisure and recreational facilities	10	25.0
None	7	17.5
Education and training opportunities	6	15.0
Strong cultural economy	6	15.0
Natural environment	5	12.5
Community and health programs	5	12.5
Control of decisions	3	7.5
Business and enterprise	3	7.5
Low crime rate	2	5.0
Employment/number of jobs	2	5.0
Other strengths	0	0.0

	n	%
Services used		
Supermarket	26	65.0
Public transport	21	52.5
Library	19	47.5
Cinema	18	45.0
Children's playgrounds	17	42.5
Swimming pool	17	42.5
Outdoor playing fields	16	40.0
Mainstream health services	16	40.0
Pubs/restaurants	16	40.0
Aboriginal controlled services	14	35.0
Dentist	14	35.0
Sports club	12	30.0
Primary school	12	30.0
Taxi	11	27.5
Secondary school	10	25.0
Child care	8	20.0
Gathering place	6	15.0
Community gardens	4	10.0
Neighborhood house	4	10.0
Community hall or centre	3	7.5
Homework club	0	0.0

*All 40 households participated in this question

Appendix 7: Individual participants' main ambition in life (responses by age group)



*'None of these' was not expanded upon in the survey.

Appendix 8: Individual ambitions

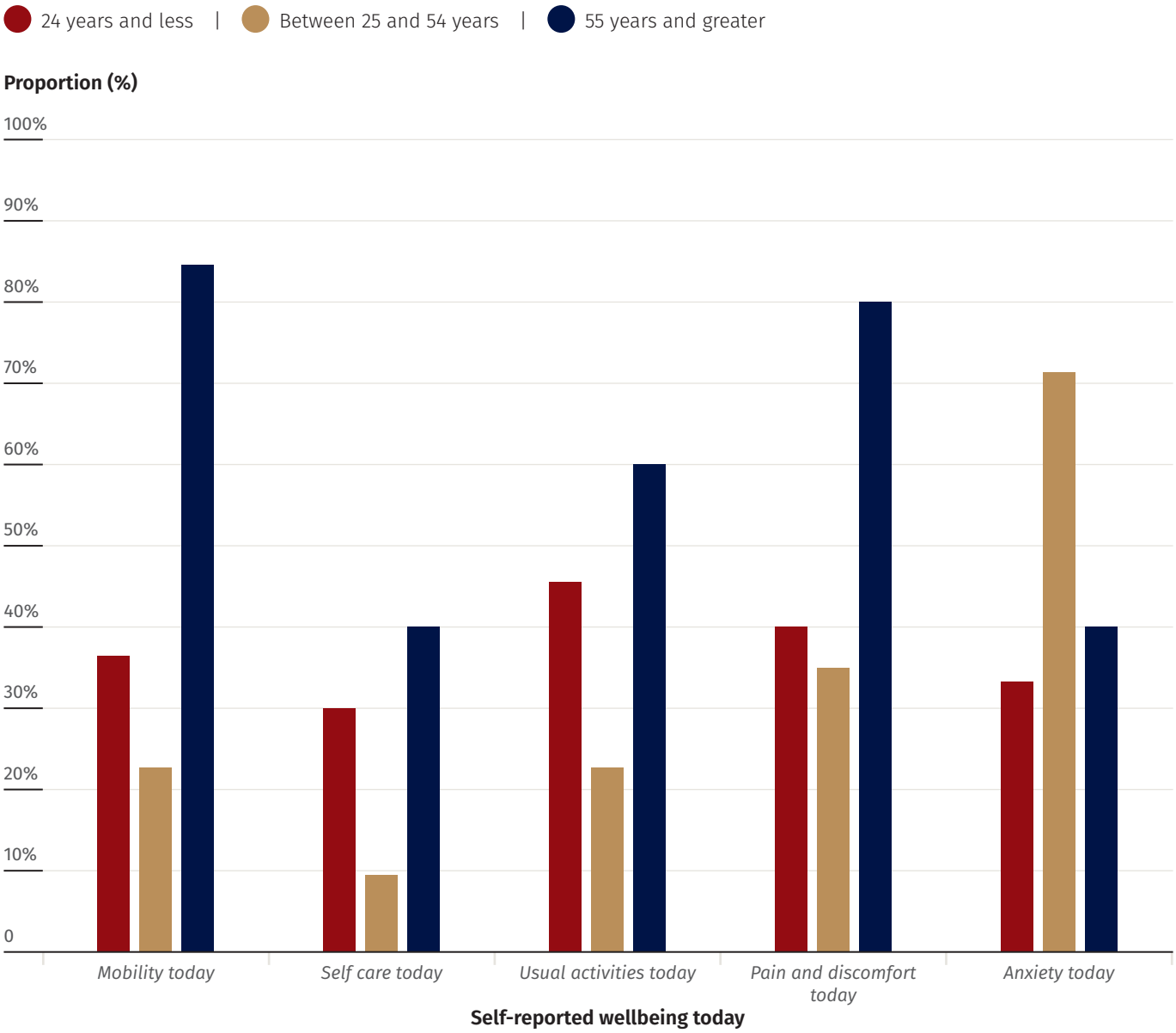
	All participants			
Individual ambitions (n=64)	**n**	**%**	**Missing answer**	**Missing answer %**
Attitudes to life in general				
I have many aspirations (%, agree)	32	66.7	16	25.0
I tend to live for today	32	68.1	17	26.6
I always look for opportunities	34	73.9	18	28.1
I only focus on the short term	21	46.7	19	29.7
I do things without giving them much thought	16	36.4	20	31.3
The future will take care of itself	23	51.1	19	29.7
Main ambition in life (%, selected)			7	10.9
Be happy	36	63.2		
Be well off	33	57.9		
Be healthy	19	33.3		
Have a family	18	31.6		
Own a house	11	19.3		
Something else	10	17.5		
None of these	5	8.8		
Don't know	2	3.5		
Short-term ambitions (1 month)			24	37.5
Gain and keep employment	11	27.5		
Be healthier	9	22.5		
Education: e.g. study for my learners permit, get my driving licence, work on my communication	5	12.5		
Move to a new house	3	7.5		
Be more successful	3	7.5		
Be more social, gain more friends	3	7.5		
Assets and ownership: Own a car	3	7.5		
Recreation	3	7.5		
Other				
Mid-term ambitions (up to 6 months)			28	43.8
Health and wellbeing	11	32.4		
Gain employment	8	23.5		
Assets and ownership: Own a car/house	6	17.6		
Move house	3	8.8		
Skills and education: Get my driving licence, attend sewing classes, go to school more often	3	8.8		

	All participants			
Individual ambitions (n=64)	**n**	**%**	**Missing answer**	**Missing answer %**
Be successful	1	2.9		
Holiday and recreation	1	2.9		
Find housing	1	2.9		
Financial stability	1	2.9		
Own my own business	1	2.9		
Longer term goals (up to 1 year or more)			26	40.6
Assets and ownership: Buy a house, car, jetski	11	28.9		
Go on a holiday/family holiday	8	21.1		
Improve health and wellbeing	8	21.1		
Gain employment	5	13.2		
Visit horse	1	2.6		
Be successful	1	2.6		
Finish the year at school	1	2.6		
Make more friends	1	2.6		
Save money	1	2.6		
Don’t know	1	2.6		
Main ambition influencer				
Parents	26	45.6		
Children	24	42.1		
Friends	19	33.3		
Siblings	14	24.6		
Grandparents	8	14.0		
Wider family	11	19.3		
Teachers	3	5.3		
Sports stars	3	5.3		
Celebrities	3	5.3		
Don't know	10	17.5		
Services that could help achieve ambitions			22	34.4
Improved employment situation	10	23.8		
Access to support and support services	9	21.4		
Improved health and wellbeing	6	14.3		
Improved financial situation	5	11.9		
Access to medical treatment	2	4.8		

Appendix 8: Individual ambitions cont...

	All participants			
Individual ambitions (n=64)	**n**	**%**	**Missing answer**	**Missing answer %**
Family strengthening	2	4.8		
Access to a car	1	2.4		
Having more time	1	2.4		
Education	1	2.4		
Having a new house	1	2.4		
To be more social, access to groups	1	2.4		
Don't know	3	7.1		
Ambitions for children			7	10.9
Be happy	21	36.8		
Be well off	13	22.8		
Have good health	16	28.1		
Attend university	9	15.8		
Get married	9	15.8		
Have a family	12	21.1		
None	0	0.0		
Don't know	5	8.8		
Other	0	0.0		
Services that could assist with ambitions for children			7	10.9
After school activities in the local community	12	21.1		
Access to high-quality early learning services in the local area	6	10.5		
Access to good primary and high schools	5	8.8		
Support for me to help my children with their school work	4	7.0		
Support at school from teachers	4	7.0		
Access to role models in the community	3	5.3		
Information about healthy food	5	8.8		
Cooking classes	7	12.3		
Access to a community garden	3	5.3		
Opportunities for my children to learn an Aboriginal language	3	5.3		
Other	2	3.5		

Appendix 9: Individual health and wellbeing (by age)



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