



Sheltershortz

Homelessness, Health & Housing Expo 2006 *'Let's Get Together'*



Well, we have just completed another Homelessness, Health and Housing Expo, and what a day! Our goal this year was to grow the event and this was certainly achieved with over 42 organisations participating (we had 28 organisations in 2005). A number of other organisations also contributed to the day through donations, volunteers and resources. Organising such an event is a mammoth undertaking and while Shelter SA has been praised and acknowledged for its efforts, we feel it is important to also acknowledge the efforts of the stallholders. Judging by the comments received on the Evaluation Surveys, stallholders

reported that they spent an average of 15 – 25 hours individually in preparing and conducting their stall. (What's 42 x 15?) Okay let's agree that it is a MAMMOTH task, so kudos to everyone involved. The success of such an event is a direct result of the energy, creativity and commitment of the homeless, health and housing sectors.



Each year organisers try to grow and develop the professionalism and focus of the event. Evaluations carried out last year suggested a need to build greater involvement of those who have or are experiencing homelessness. Organisers have incorporated four separate areas to this end: arts, sport activities, Entertainment and a 'Name the Event' Competition. Each of these areas are discussed in more detail in the Evaluation Report that is now available (just ask Cheryl on 8221 6488 and we can post one out to you).



Plans are already under way for the 2007 event which is scheduled to be held on the 13th of November. If you or your organisation would like to be involved in the 2007 Homelessness, Health and Housing Expo, just drop us a line, email or call and we can place your contact details on our distribution list – we will keep you informed of all of the upcoming opportunities to participate (they occur throughout the year). Photographer David Norman photographed the 2006 event and these images are available on our website. www.sheltersa.asn.au



INSIDE THIS ISSUE:

Impact of Homelessness on Health	2
History of Homelessness, Health & Housing Expo	4
Homelessness and SAAP Reform	5
At Someone Else's Coalface	9
At the Coalface	9
Women's Housing Caucus AGM	10
Shelter SA Board	10
WHC Forum	11
Upcoming Events	12

The Impact of Homelessness Upon Health

Photos of the 2006 Homelessness, Health & Housing Expo by David Norman



'The longer an individual spends in homelessness, the more likely they are to become disconnected from family and community ... where they experience serious and lasting harm to their health and wellbeing...' (Chamberlain and MacKenzie 2002)

For those of us familiar with the themes and issues that confront anyone experiencing homelessness, Chamberlain and MacKenzie's statement is all too apparent. Yet it is alarming that a recent survey (conducted by the Hanover Group) found that 79% of Australians believe homeless people have only themselves to blame for their predicament. The 2001 Census states there are around 100,000 people experiencing homelessness across Australia, with more women and children in that number than ever before. 36% of the homeless are under the age of 24 and 10% are under 12 years of age. Shelter SA has explored some of the experiences of those who have been homeless in *Telling Stories*, a regular feature of this newsletter. The object of these interviews is to illustrate the experiences in far more detail than a set of statistics.

From Evie's story of sexual abuse that eventually led to her running away from home and living on the streets, to Norman's story of single parenthood in a

regional area that resulted in a number of years as an alcoholic living on the streets of Adelaide, these stories flesh out the statistics, in turn allowing the reader to imagine themselves in these situations. How would you cope if this was your experience and not your neighbour's? Where would you go for help if this was happening to you? Perhaps more importantly and too often ignored, when you are homeless or experiencing 'primary homelessness', you have nowhere to go. There are often no aunts or uncles who can take you in out of loyalty to your parents or partner – 'we don't want to get involved' or even more dire, the situation is just as dangerous in your extended family's/friend's home. Indeed, 'primary homelessness' is a term usually used to refer to those who are 'sleeping rough'. Yet a more useful description would be: 'friendless, has exhausted every possible avenue of assistance through own network'.

And the next stage of the emergency is finding some form of assistance. In Evie's story, where would a fifteen year girl go? Evie couch surfed of course, (commonly referred to as 'secondary homelessness') placing herself in often frightening and dangerous places for the sake of somewhere to stay. At one of these places, her 'friend of a friend' returned from rabbit shooting and

emptied the magazine into the fire, then sat back and watched as Evie warmed her hands at the fire, unaware of what he had done. As the bullets exploded about the room, Evie tried not to act scared and stood very still until they had all expired.

Similarly if we were to take Norman's story, where would a father go when he has just lost the only thing in his life that truly mattered to him? He took to the bottle. It took a little while longer to lose, sell, or have stolen every last material possession he ever had. And after a while he developed tinea on his feet. Not a major concern you might think - just needs a little cream regularly. But for someone who walks 30 – 50 kilometres a day, showering infrequently at public toilets and day centres, his feet soon resembled a bloody mess. He was given cream to use and told to regularly change his bandages, which he did. This was often met with disgust or abuse when he did this in public. By the time he eventually received medical attention, they wanted to hospitalise him.

In this way, a more useful description of 'secondary homelessness' could include 'already have at least one issue to contend with as a result of becoming homeless in the first place and will now add subsequent issues to those already existing'. It is not until we understand the reality of

The Impact of Homelessness Upon Health (cont.)

homelessness, in all of its dimensions, that we (as workers, service providers, volunteers and leaders) can ever hope to garner sufficient community support to reduce or eliminate it. It is the belief of the author that no real impact can ever be made in reducing or eliminating homelessness (whichever definition you subscribe to) without a concerted effort by the whole of society.

The effects of long term homelessness on health are extensive and multifarious. A UK study¹ highlights the following physical illnesses reported in the literature as being particularly prevalent among homeless people: Upper respiratory tract and pulmonary infections, ranging from colds to influenza, pneumonia, tuberculosis (TB) and pleurisy; Trauma (injury, due to both accident and violence); Ear and skin disorders (including sunburn, contact dermatitis, psoriasis, trench-foot, corns and calluses as well as infestation, such as lice and scabies; Female genitourinary conditions; Hypertension; Gastrointestinal diseases; Peripheral vascular disease (leg ulcers, circulation problems); Musculoskeletal problems; Nutritional conditions (malnutrition, obesity and scurvy); Vision problems; Sexually transmitted infections; Exposure-related conditions (hypothermia, heat stroke); and Dental conditions.

The Australian Federation of Homeless Organisations (AFHO) has highlighted higher rates of asthma, recurrent ear infections, vision problems, low immunisation rates, eczema and developmental delays as some of the effects of homelessness on children. Another research project² based in Melbourne, identified high rates of attempted suicide, self harm practices and a quarter of participants reported a level of psychological distress indicative of a psychiatric disorder. Half of one homeless study population was found to have a treatable psychiatric disorder, but only 20% had ever received psychiatric help.³ Significant misuse of tobacco, marijuana, heroin and alcohol was also recorded.

Australian based research emulates the UK findings: 'Homeless people also suffer from many of the same chronic conditions as the rest of the population (including hypertension, diabetes and arthritis); but these conditions are greatly exacerbated by the circumstances in which homeless people live and their limited access to primary, and other medical care. With adequate housing and access to primary care, many of these conditions (especially minor infections of the upper respiratory tract) could be easily resolved' but among the homeless population

they are more likely to persist and lead to complications'⁴

What is often underestimated or glossed over is that these studies generally address issues that are subsequent to, or as a result of, experiences of homelessness. In other words, many of these issues may not have been evident if the individual was able to access secure affordable accommodation. Alternately, these issues can be viewed as additional costs and risks associated with unmet need. More specifically, if Evie had been able to get the issues around the sexual abuse addressed satisfactorily or if Norman was able to find some support when his daughter ran away from home, would their respective stories have had the same outcomes?

In an environment experiencing increasing demands on services, with a population scarcely sympathetic, property values increasing and vacancy rates in the private rental market tighter than ever, the importance of working collaboratively across the widest range of sectors (from school counselors, to SAPOL, from local government to NGO's) to respond and deliver services as required and in a timely manner is paramount.



¹British Dental Association Policy Discussion Paper December 2003 'Dental Care for Homeless People'

²Rossiter, B., Mallett, S., Myers, P and Rosenthal, D. 2003 *Living Well? Homeless young people in Melbourne* La Trobe University in collaboration with the University of California

³Connelly and Crown 1994

⁴Rossiter *et al* 2003:11

Homelessness, Health & Housing Expo History Overview



The Homelessness, Health and Housing Expo is a multi-agency event with representation from across the three sectors of homelessness, health and housing. The event came about in response to a forum held in Adelaide in 2003 and has grown in impetus over the four years of its operation. The principle goals of the event are: to improve the health and wellbeing outcomes of those that have or are experiencing homelessness, and those at risk; to provide an opportunity for interaction between homeless people and agencies involved in the homeless, health and housing sectors; and to provide an opportunity for networking between service providers from agencies across the three sectors.

The Expo supports the World Health Organisation's definition of health as *'a state of complete physical, mental and social wellbeing and not merely the absence of disease or infirmity'*. To this end, the 2006 event built on the 2005 event, with the inclusion of art, live entertainment and some games, courtesy of Life. Be in it. The intention of these activities is to provide greater engagement between and within agencies and their clients in a manner which reflects this holistic view of health. In addition, these activities contribute to the overall feel of the day. As one participant said to me, 'Oh that was fun; I want to play [tug-of-war] again. . . I

haven't had much fun lately'. Findings from the evaluation survey enable organisers to identify strengths and weaknesses.

Shelter SA's current involvement is more by accident than design. Originally the organisation of the event was conducted by a group of volunteer members from key service providers, with Shelter SA acting as the auspicing body for the funding application.

However, since 2004, the ability of the volunteer members to orchestrate this event has been severely curtailed due to the majority of service providers working at capacity. Shelter SA's involvement has increased as a result. The event is a unique opportunity to highlight the interrelated issues of access to affordable housing and health and education. As Shelter's objectives state: **"Access to affordable and appropriate housing is key to overall social wellbeing, and it is critical to improving the health and education outcomes for everyone"** .

Recruitment is carried out throughout the year, for example with universities, health professionals from a diverse range of specialties, in addition to the specialist sectors from homelessness, health and housing. Timing is everything, as is tapping into the right person with an interest in this field. An email or a phone call to an agency on one day may meet with little or no

interest, yet on a subsequent day may produce a registration of interest and ten new contacts to pursue. We are always looking for new and interested groups to be involved, so if you are aware of an individual or organisation that may be of value to the 2006 event please do not hesitate to let us know. Many of the newcomers at the 2006 event (there were 20 newcomers this year) were from contacts shared.

It is of deep concern that a number of organisations were unable to participate due to lack of sufficient resources or staffing, or, as one invitee expressed, their fear that greater awareness of their organisation would attract greater patronage and their organisation was already working at capacity. If we are to truly reject the silo mentality that is manifest in some areas of these sectors, and in some degree supported or maintained by organisations working at capacity, the Expo is a great opportunity. Ultimately, greater linkages/awareness/connections, actively and regularly in operation across the homelessness, health and housing sectors, will result in increased efficacy of available service provision. And it is an adaptable and responsive sector that will ultimately be the most effective in the provision of services targeted to reduce or eliminate homelessness.

Photos of the 2006 Homelessness, Health & Housing Expo by David Norman

Homelessness and SAAP Reform

Homelessness SA State Conference

November 16—17 2006



Homelessness SA organised this significant conference. Below are some of the main points of the speakers:

Peter Smith, *Deputy CE, Department for Families and Communities*

Citizens need connections in the community. "Home" is about place, family, friends, education, employment, recreation, opportunities and participation. "Houselessness" is about "placelessness", and requires wider solutions than just the provision of housing. DFC is taking the approach of "Housing First" – meeting a person's housing needs then allows engagement, identification of their risks, putting in place a case-management plan, brokering outreach for them and even medical support if needed. DFC is working on a common data system, and a common case management system, which will facilitate joined-up responses.

South Australia has the highest rate (30%) of SAAP repeat clients, and this sustains homelessness. New solutions need new staff capabilities. Some specialist roles will be developed, and there is already cross-training of housing, drug & alcohol and mental health personnel. A percentage of existing social housing stock will be for those exiting SAAP programs, with the provision of individual plans and supports. With expenditure of \$30 million each year on SAAP, one has to ask if some of that money should be redirected towards the Common Ground Project and the Housing First approach, as ways of providing stable housing.

Critical success factors are:

1. Being citizen-centered, with links to education, employment and recreation
2. Prevention and rapid reconnection
3. Services when needed – 24/7, with easy access, a single entry point, and a register of accommodation vacancies (including in rural areas)
4. A "Housing First" approach, to provide stability
5. Attractive practice of supports, with low demands on clients, and encouraging their participation
6. Funding based on outcomes, rather than through-puts; with incentives
7. Partnerships, with collective accountability.

Peter indicated Housing SA may lose 1,000 old Trust homes in the next 12 months, but that 500 would be built, to help get stock up to a reasonable standard. The State Housing Plan was about housing outcomes for people, rather than the number of stock owned by the Government. The Equity Start program allows, say 100 families to buy their homes; this is 100 housing outcomes, and the funds raised through those sales will be used to provide another 100-150 outcomes.

Barry Warren, *Big Issue Vendor*

Barry said what helped him was being in a place with no pressure on him, few rules, so he had time out in a peaceful place. The trouble with some transition places is they are time limited. They need to help residents with a savings plan, so they can have a fridge, TV, bed, table and chairs when they do finally get a place of their own. Volunteers to visit the lonely would also help.

John Kelly, *Big Issue Vendor*

John educates school children about homelessness, and emphasises that anyone can become homeless very quickly in certain circumstances.

Wendy, *from Catherine House*

After a combination of a stroke and mental illness, Wendy is on the path to independent living with appropriate supports. However, it takes time to work out what the next step is on this journey out of homelessness.

"Home" is about place, family, friends, education, employment, recreation, opportunities and participation. "Houselessness" is about "placelessness"

South Australia has the highest rate (30%) of SAAP repeat clients

Homelessness and SAAP Reform (cont.)

Pam Simmons, *Guardian for Children and Young People*

There are 1,500 children in the care of the Minister. They often lead chaotic lives and are vulnerable because of poor access to information, poor literacy, little family support, poor employment opportunities, poverty and for some, drug use. What these young people need as they approach the age of 18 is budgeting advice, financial support to set up a home and keep it, access to their past records, stability of care, post-care support (beyond age 18), and to build on their talents.

“Those who are homeless due to DV...have shorter periods of homelessness averaging 8 months.”

Leigh Garret, *CEO of Offenders Aid and Rehabilitation*

It costs \$65,000 a year to keep someone in prison. Most are released (not on parole) with little support. There are real issues about incarcerating mothers, as this affects their children in many ways. Prisoners with stable families are a big help in their rehabilitation. Transition at release from prison is crucial. Ex-prisoners need to be linked to housing and employment, to reduce their offending. Post-release support should be proportional to the length of time they have been inside. It seems the Law and Justice policies work against the Social Inclusion policies.

Guy Johnson, *Researcher from RMIT*

Homelessness is changing, and people coming for help are coming with a much wider diversity of experiences. Those experiencing homelessness for short periods have less drug use and have experienced less sexual abuse. While the inner cities have a high volume of numbers of homeless there is very little difference in the causes of or experiences of homelessness compared to those in rural areas. For all, the experience of becoming homeless is traumatic. The stigma of being homeless is managed by individuals in different ways.

The pathways to becoming homeless are:

1. Domestic violence
2. Housing crisis (can't afford their housing)
3. Mental health problems and losing family support
4. Being young (40% of the homeless are under 18)
5. Substance use structuring one's daily life

For young people, some are still connected to their school but are having problems at home. Others have had adverse childhoods, with no stable home, safety, security, so for them homelessness provides other things. Those who are homeless due to DV or housing crisis find the shock overwhelming. They resist and reject homelessness and try to “pass” as normal. Typically, they have shorter periods of homelessness, averaging 8 months.

“People who are homeless because of mental health problems...are homeless for an average of 73 months”.

People who are homeless because of mental health problems are exploited and congregated, often in boarding houses. Generally only a quarter of the homeless have mental health problems, but three quarters of the homeless developed mental illness after they became homeless. They are isolated, disconnected and are homeless for an average of 73 months. For substance users, that first year of being homeless is crucial, because beyond that, they get locked in to the daily patterns. Homelessness is less disruptive to their lives, as they are already in a “using” culture. Two thirds of substance users developed the habit after they became homeless. On average, they are homeless for 50 months.

Guy followed up people in his research and found that a year after seeing them, two thirds were housed, but lots were “on the edge” again. They are more likely to stay in public housing, in spite of the stigma of that. 66% of those in the private rental market will stay housed. For both groups, location is the big issue. 90% of those escaping DV were still housed; for those who had housing crisis, 79% were still housed. For both these groups, affordability was the key issue. Of those who became homeless due to mental health issues, 56% were still housed; only half the young people were still

Homelessness and SAAP Reform (cont.)

housed. Both these groups try to steer clear of the homelessness “culture”.

The policy implications of these findings are that prevention is important – the systems feed into each other. Early intervention is crucial, as is sustaining people’s exits with longer support. Boarding houses are simply wrong and have no role in the homelessness service system. The bottom line is that the longer a person is homeless, the more complex their needs become.

Doug Limbrick, *Director of Performance, Reporting and Data, FACSIA*

The SAAP program has been around for 21 years, but data has only been collected for the last 10 years. It is a \$324m program, servicing 20,000 people per day! A 1975 Poverty Report said most homeless people were there due to a lack of affordable housing! He sees some movement from public housing into homelessness. The data collection is getting better. There were 60,000 accompanied children in SAAP nationally last year – most were under the age of 5. There were also 30,000 UNaccompanied children in SAAP last year. 60% of all SAAP clients are women, which has increased over time.

Sue Crafter, *General Manager, Housing Policy and Strategy, DFC*

She said different programs and activities are needed, including recreation. The timing, duration and funding of interventions are crucial. Community attitudes are based on ignorance fear and contact (or the lack of it). Of the 100 most frequent users of hospital emergency services, 44 are homeless, using services costing \$10,500 to \$18,500 per year. Sue believes people change when they enter into an agreement or contract with a service provider.

Warren Smith, *Director of Housing Policy and Planning, DFC*

There are currently five sectors within SAAP – is this the best way to provide services? Sometimes there are vacancies in different sectors in the same locations. What are the housing outcomes for the 17% of SAAP clients who are indigenous? Historically, SAAP providers have been both landlord and support providers. Victoria has Transitional Housing Managers to manage properties and tenancies, and the SAAP services provide support. Options for SA include: Centralising the property management, which means different SAAP sectors could use available properties. Also all houses would meet minimum standards. This would allow SAAP providers to concentrate on support services and outcomes. A project in the northern suburbs proved that a group of mental health clients reduced their hospital stays from 1,279 days per year to 66 days per year with appropriate supports. They also had fewer housing moves and increased their participation in the community.

Helen Fulcher, *General Manager, Housing SA*

In the DFC restructure, the housing policy area has been deliberately pulled out of the services area. The number of social housing stock will decrease, due to less Commonwealth funding. However, the State Government will offer a wider choice of housing.

(High Needs on this end)

(Increasing affordability on this end)

Crisis Housing	Supported Accom.	Transitional Housing	Social Housing	Private Rental	Home Ownership
14 Boarding Houses	SAAP 787 beds	243 CAP properties	Live independently with supports	20,274 bonds	3,500 HomeStart
287 beds	1,029 STS 2,521 beds	599 beds	4,277 homes	432 housed by PRLO's	364 EquityStart 83 Nunga Loans

“The SAAP Program .is a \$324 m program, servicing 20,000 people per day!”

“Of the 100 most frequent users of hospital emergency services, 44 are homeless, using services costing \$10,500 to \$18,500 per year.”

Homelessness and SAAP Reform (cont.)

Housing SA WILL house the homeless, in partnership with Street To Home and packages of support. They will provide referrals to support agencies, but probably more over the phone and web than at the front desk. Aboriginal Housing Authority staff have been dispersed to 10 Housing SA offices. The 131 299 call centre number will eventually be able to tell callers where the emergency vacancies are tonight.

“The new service model means people entering the system will get information, and will then be assessed. That assessment will lead to urgent housing, or housing choices, supports and referrals.”

The new service model means people entering the system will get information, and will then be assessed. That assessment will lead to urgent housing, or housing choices, supports and referrals. There will be different solutions for different communities. Housing SA has outreach services in 14 different agencies.

The “Single Point of Access” means wherever the person appears; the information and assessment can be done by an NGO agency, followed by Housing SA case management. The Initial Screening will trigger active connections, so customers get to other services. Customer information will be shared and portable (with the customer’s informed consent), but with privacy protections. There will be formalised case management plans, with reviews built in (to ensure the supports don’t fade away).

The discussion paper on the housing system and Housing SA is about to be released. **Shelter SA will assist by running consultations on the paper in 2007.**

The Hon. Jay Weatherill, Minister for Housing

SA spends \$30 million a year on 88 SAAP programs. We have the highest proportional use of SAAP in the country. The State has a responsibility to help people move out of SAAP. The nature of homelessness and the demographics are changing. The Minister announced \$2.3 million of CAP funding to rebuild the Yarredri Services facility in Port Lincoln.

The Common Ground project is progressing. The Social Inclusion Initiatives on preventing youth homelessness are not succeeding as desired. The Minister assured the audience he argues for increased funding and for housing to be a high priority in caucus and in Cabinet.

Other speakers included:

- Christine Plush, about the City Watch House Project
- Graham Brown, about the Vines Caravan Park Transition Support Project
- Graham Holloway about Supported Accommodation in the Private Rental Market in Mt Gambier
- Wendy Malycha about St John’s Youth Services
- Josh Simmons about the new Housing Legal Clinics
- John Phillips, from The Body Shop, about how to get the private sector involved in addressing homelessness

The discussion paper on the housing system and Housing SA is about to be released. **Shelter SA will run consultations on the paper in 2007. The first will be held in February on Housing SA’s Service Delivery Model.**



At Someone Else's Coalface

Last month I had the rare privilege to meet a truly inspirational young lady - Susan Nakawuki from Uganda. Susan had achieved more in her young 20 years than most would in a lifetime. At the age of 7, Susan found herself an orphan, and due to Ugandan legislation, she was unable to inherit from her father's property when he died. Susan considers herself lucky that she had an overseas sponsor who paid for her education. She is now at University studying a Bachelor Degree in Law. As a student, Susan met with political activists who, because of her passion, urged her to join them. As a result Susan is now a Member of Parliament for the FDC (Forum for Democratic Change) party. Her constituency is 'Busiro County East' in the district of Wakiso.

This young lady visited her constituents and

discovered children as young as 7 raising their younger siblings because they had lost their parents to AIDS. Susan took these children home with her because 'someone needed to care for them'. She soon discovered she could not do this for all children so she set up a type of foster service where she would unite children with women who had lost their own children. She also set up a 'piggy bank' where she gave the villagers a couple of pigs. In 12 months those pigs would have produced 10 more pigs so she would go and take back 8 of the 10 pigs to give to other villages. The people could then sell the piglets for profit or sell the sows for even more profit, or eat them.

Susan Nakawuki set up a clinic in the backrooms of her own home to ensure women were able to give birth in a safer environment. The alternative, a one-bed

clinic would see women pushed off the bed onto the floor if their labour was not as advanced as another. Or some women just gave birth in the open, exposing the baby to the many soil-borne diseases. Susan spoke of her home being a 'constant bustle of noise' as people, many with children, would come to her for help.

What has Susan Nakawuki got to do with housing in South Australia? On the surface probably very little; however, what she demonstrated to me was the passion and commitment to succeed and the dedication to make a difference. Maybe this is what housing in South Australia needs, and while I have met a few people who *do* have the passion and dedication, they cannot succeed alone. Even Susan Nakawuki could not have realised her achievements without the help of others!!



At the Coalface

In October's '*Issues at the Coalface*', a worker had spoken to me about the importance of filling in both the Bond Assistance and Housing Application forms when applying for social housing. As a result of this article emails were sent back and forth, between Shelter and The Office for Community Housing because OCH staff were concerned about the statement that 'you need a category' to get a house. Applications for Community Housing are assessed by the Co-op or Association that receives the application. Therefore, to clarify, an application can be submitted to the Co-op or Association who *then* determines the category through their needs assessment. This issue highlights the need for platforms, such as *Sheltershortz*, to help clarify misconceptions and misunderstanding. The worker I spoke with 'knows the ropes' of the housing application system but wanted to emphasise the importance of gaining a category, for people who are new to the system. In this discussion, *who* provides the category was not as important as the understanding that without a category, you will not get into social housing.

The Women's Housing Caucus of South Australia

AGM—Tuesday 14 November 2006

Michele Slatter, Convenor of the Women's Housing Caucus, opened proceedings by welcoming those present and updating the status of Caucus membership, which has been growing steadily. Michele reported on the first, busy but frugal year. Highlights from the year include:

- Anti-Poverty week forum 2005, 'Homes for our Children' which focused on Indigenous housing need
- International Women's Day forum 2006, Victims or Villains with UK Academics presenting research findings on 'Anti-Social Behaviour Orders'
- Stall at International Women's Day Rally
- Forum in May, 'Discrimination: Problems, Strategies and Structures' to update progress on discrimination in the private rental market
- Discrimination forum was preceded by a private round table meeting, facilitated by the Caucus, between the Commissioner for Equal Opportunities, the Landlord Association, the Real Estate Institute and the Office for Women
- Forum in August with the Caucus as the lead agency in hosting the community consultation with Mr Miloon Kothari, UN Special Rapporteur for the Right to Adequate Housing
- The last public event following the AGM, was a forum on the relationship between education and housing- 'SA Innovations: Housing, Education and

Students at Risk'

- Continued to visit agencies to play the 'Trivial Guide to Housing'
- Met with Human Rights and Equal Opportunities Commissioners: John Von Doussa, Pru Goward, and Graeme Innes.
- Contributed to the State Strategic Plan consultations
- Made a submission to the reform of the Supported Residential Facilities Legislation.

The AGM saw all vacancies on the steering group being filled. With renewed energy from new members, the Women's Housing Caucus is looking forward to a busy and more fruitful year in 2007.



The Women's Housing Caucus would like to wish you all A Merry Christmas and Happy New Year.

Shelter SA Board of Management

At the October 2006 meeting of the Board, Robert Harding, Regional Director, Housing Industry Association (SA/NT), and Jayne Wrigley, Program Manager - Housing, Helping Hand Aged Care were appointed to fill two-year terms on the Board. It is anticipated that there will be two more appointments to one-year terms made at the December meeting.

The Board then elected the following as officers, for one-year terms:

Chairperson:	Sharyn Goudie
Vice-Chair:	Daniel Clements
Treasurer:	Bill Peterson
Secretary:	Jane Reed
Public Officer:	Gary Wilson

The selection of the Representative of Shelter SA on the Homelessness SA Board was deferred to the December meeting.

The Board will meet monthly February through December 2007.

SA Innovations: Housing, Education and Students at Risk

A forum followed the Women's Housing Caucus AGM, entitled 'SA Innovations: Housing, Education and Students at Risk'. The theme running through the session was the link between educational outcomes and precarious housing. Lively and interesting presentations were given by Yannoula Michael, from the Association of Women in Education and Principal of Hackham West Primary School; Nicholene Kovatseff, with Nicole and Carli, from *Talking Realities: Peer Education Program* and Andrew Drummond, Manager of Streetlink, an agency based in the inner city, providing holistic health services to homeless youth or those at risk of homelessness.

Yannoula spoke about the importance of the teacher's role in building relationships with students and facilitating student to student relationships. These relationships are crucial to the educational progress of young children. When these relationships are interrupted by, often frequent, house moves, children's educational outcomes suffer.

Not only are there emotional and educational costs of frequent house moves, there are also financial costs. Parents, grappling to find the money for utility disconnection and reconnection plus removal costs, bear an additional burden with school requisites such as new school uniforms, books etc. Children who move regularly

miss out on 'hidden curriculum' learning such as crucial social skills and values. The children attempt to fit in and teaching staff assist the process by offering intensive support to help the child adapt. However, this effort often goes unrewarded because the child moves on again. This whole scenario frustrates educators because, although they have to deal with the impact of precarious housing, the situation is out of their control because they do not have a voice in the housing arena or any influence over who gets housed in the area.

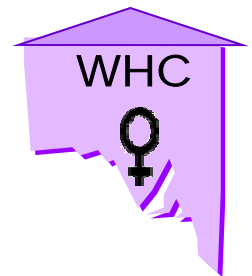
Nicholene gave a comprehensive overview of the Talking Realities: Young Parenting Peer Education Program, which covers all aspects of parenting and the implications of becoming a parent from a young person's perspective. In the program, young parents who become Peer Leaders travel to secondary schools where they present a 'true' picture of what it is like to be a young parent. The project also provides training opportunities with accreditation through TAFE.

Nicole and Carli are two young mothers who have participated in the program and they are now peer educators. They both spoke about their housing experiences while trying to undertake education and care for their children. The flexibility of the Talking

Realities program enabled Carli to succeed, despite housing instability problems, which caused periods where she was unable to actively pursue the program. The flexibility allowed her to return to the program, once the housing issues were resolved.

Andrew spoke about young people who are parents and homeless and that many had poor role models in their own lives, which has led to inadequate coping mechanisms for parenting, especially while homeless. Andrew spoke about how children need two elements in their lives: consistency and boundaries. Children lacking these elements become confused, fearful and experience developmental delays.

The most crucial element of Andrew's presentation was the fact that once a homeless mother reaches the age where she can no longer access the youth health service, her child becomes lost from the system. These young families are difficult to engage with CYFS. There is no register to indicate when the child goes to school, and if the parents don't see the need to engage with services the child misses out on those early years of education. If the children *are* homeless, it is unlikely they will be attending kindy, which is the feeder to school.



The next Women's Housing Caucus Forum Aging and Housing will be held on March 5 2007.

Upcoming Events

(dates and details to be notified later)

Shelter SA will be closed December 23 2006 through January 7 2007.



We would like to wish everyone a Happy and Safe Holiday.

February	<i>Consultation on Housing SA Service Delivery Model</i>
February 14	ASHRA 3pm, Torrens Building
March 5	<i>Ageing and Housing Forum</i> Women's Housing Caucus Forum International Women's Day
March 9-11	<i>Stall at Womad</i>
March	<i>Homelessness SA Forum</i>
April 4	Shelter SA's 30 th Birthday Celebrations
April 23-24	<i>National Council Meeting</i> , National Shelter, Melbourne
May 1-2	<i>National Youth Conference</i> Melbourne
May	<i>Consultation on High Needs Housing</i>
June	<i>Women's Housing Caucus Forum</i>
June	<i>Homelessness SA Forum and Memorial Service</i>



Shelter SA
Housing: a basic human right

Shelter SA
Torrens Building
220 Victoria Square
ADELAIDE SA 5000

Phone: 8221 6488
Fax: 8221 6292
Email: sheltersa@sheltersa.asn.au
www.sheltersa.asn.au

Staff

Executive Director
Gary Wilson

Research & Policy Officer
Janet Adkins

Sector Development Officer
Margo Johnson

Clerical Officer
Cheryl Shepley