



## Essential Services

by Gary Wilson

SACOSS and its Essential Services Policy Advisory Group (which includes Shelter SA) has been working on electricity, gas and water pricing, smart meters and Fact Sheets. Shelter SA believes that part of the concept of affordable housing is being able to live in a home with affordable utilities.

While there are concerns about inevitable price rises, effort has been put into ensuring that in the new regulatory framework there are provisions to protect low income consumers from having their services cut off.

While in Perth recently, the newspaper headline was that median house prices had hit \$500,000. A few pages further into the paper, there was a report that 17,000 households in WA had had their gas cut off.

The SACOSS website [www.sacoss.org.au](http://www.sacoss.org.au) offers the following:  
(A word of warning – some of the papers are highly technical and complex, and all the acronyms may give you a headache!)

### Factsheets

- Energy - Memorandum of Understanding (MOU)*
- Energy - Electricity Pricing*
- Energy - The National Energy Customer Framework (NECF)*
- Energy - Consumer Protections*
- Energy - The Australian Energy Market Commission (AEMC) Review of Energy Market Frameworks in light of Climate Change Policies*

### Related SACOSS publications

#### Energy

- Submission to the AEMC Review of Energy Market Frameworks in Light of Climate Change Policies, AEMC REF: EMO0001, August 2009*
- Submission to the AER: ETSA Utilities 2010-2015 Distribution Price Review, August 2009*
- Joint Smart Meter response (with National Energy Consumer Roundtable), September 2009*
- Letter to ESCOSA re: disconnections during heatwaves, October 2009*
- Submission to the ESCOSA Review of Retail Price Setting Methodology, December 2009*
- Submission to the AER: ETSA Utilities 2010-2015 Distribution Price Review Part II: Draft Determination and Revised Regulatory Proposal, February 2010*
- Submission to the NECF, February 2010*

#### Water

- Submission to the Select Committee on SA Water, March 2009*
- Submission on the Water Industry Act, December 2009*

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## Housing Crisis by Gary Wilson

Leading up to the State election, Shelter SA noted the *Advertiser* on 6<sup>th</sup> February listed 1,393 properties for open inspection. Low income households can affordably purchase homes up to \$170,000, but only 3 properties were listed at that price or lower!

Households with moderate incomes can afford homes to the value of \$255,000 – but there were only 41 homes listed at or below that price. That means that even with a moderate household income of \$66,300/year, only 3% of homes for sale are affordable. Yet there were 54 homes in the \$1m+ range! And in January to March, there were 171 sales over \$1m.

Anglicare did a survey of 583 properties listed for rent in the *Advertiser* on April 10<sup>th</sup>. They found that there is no affordable housing for those who need it most, as affordable rental housing for people on a low income is in very short supply in Adelaide.

It found that **only 17 properties, or 2.9% of available properties, would be affordable** and appropriate for low income households. The survey was designed to highlight what a South Australian living on a low income would confront on an average weekend if they were going through the classifieds looking for somewhere to live.

“Homelessness and housing stress affect close to 8000 people in our community and there is simply not enough affordable housing stock for those who need it,” Anglicare's executive manager of Family, Community and Enterprise Services, Helen Connolly, said. “Single parents, and single people receiving Newstart, Youth Allowance or Austudy could not afford any of the properties advertised for rent,” she said.

“It is also important to remember that just because a property was affordable, this didn't mean that a low income earner was guaranteed a successful application. Ms Connolly said it is unlikely that people in the low income households included in the survey would be able to obtain more than half of the properties considered affordable.

“For example, 10 of the properties were share houses which, despite being affordable for single people on an Age Pension or Disability Support Pension, are generally only rented out to employed persons or students,” she said. Usually owners are looking for a younger person with a job rather than a single Age Pensioner or Disability Support Pensioner, yet rents in share houses are often the only ones low enough to be affordable on a single benefit.”

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## Housing Crisis by Gary Wilson

### Survey results:

The survey of 583 properties advertised for rent in the *Adelaide Advertiser* on Saturday 10 April revealed that only 17 (2.9%) were affordable for low income South Australians.

The breakdown of affordable properties by household type is displayed below:

Household Type	Number Affordable	Percentage Affordable
Couple on Age Pension	5	0.9%
Single Person on Age Pension	10 (all share houses)	1.7%
Single Person on Disability Support Pension	10 (all share houses)	1.7%
Single Parent with One Child	0	0
Couple on Newstart Allowance with 2 Children	2	0.3%
Single Parent with Two Children	0	0
Single Person on Newstart Allowance	0	0
Single Person on Youth Allowance	0	0
Single Person on Austudy	0	0

### Methodology:

For the purposes of this survey, **an affordable property was one which cost less than 30 per cent of the household's income** (including their basic Centrelink payment, Rent Assistance and Family Tax Benefit if applicable). The survey assumes that a room in a share house or bedsit is only appropriate for a single person, a property with at least one bedroom is appropriate for a single person or couple, and a property with two or more bedrooms is appropriate for parents with children (as long as it allows a separate bedroom for each child).

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## Opportunities on the Board

Shelter SA has had a couple of resignations recently due to individuals' changed circumstances. The Board would gladly receive nominations of members, or from members, of people with experience in marketing, mediation/legal, or financial skills. Such nominations could be co-opted, or could begin to build a relationship with Shelter with a view to standing for election at the AGM.

If you would like to nominate, please send information and contact details to

[gary.wilson@sheltersa.asn.au](mailto:gary.wilson@sheltersa.asn.au) or Yvonne Bentham,

44/81 Carrington St, Adelaide 5000.



# Housing Minister's Speech

Summary by Gary Wilson

In a recent speech to the Urban Development Institute of Australia National Congress, Housing Minister Plibersek said the number of single-person household is expected to grow faster than any other household type in Australia, due particularly to the ageing population. Within the next 20 years, 32% of our households will be single –person households; families will make up 38% of households. Therefore the demand for smaller dwelling will increase – both as a result of the increase in the number of smaller households, and because of changes in housing preferences.

The State of Australian Cities report notes that in some areas up to 80% of new buildings continue to be single detached homes. There are lessons for builders and developers who diversify their market to meet emerging population trends – for one company, last year 70% of their sales were small “cottage” homes, with 40% of those sold to buyers over 55 years old.

The rationale for infill developments is that it can provide a diversity of choice, and allows people to stay within their own communities as they downsize or upsize. It certainly saves on transport costs and ensures people are near job opportunities. To allow diversification, local governments have to encourage and support greater diversity of housing stock. This can be done without “clear felling” existing communities.

Changing land use around railway stations, or using former brownfields or commercial sites can restore densities in older parts of our cities. But good planning outcomes are needed quickly – not the 6 to 14 years it sometimes take from zoning land to getting housing on it.

The Commonwealth has looked at selling its surplus land as a practical step to help increase housing supply. There are currently several sizeable sites around the country and work on their disposal is progressing.

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## Shelter SA Membership

### Advanced Notice

Membership fees for the 2010—2011 financial year will be due soon. If you would like to repay your membership fees before June 30, a 2010 - 2011 Membership Form is now available from our website - [www.sheltersa.asn.au](http://www.sheltersa.asn.au).

Your membership is very important to us, and we trust that you continue to find value in being a member of Shelter SA.

*By supporting Shelter SA as a member, our collective voice is strengthened, and issues relating to affordable housing and the prevention of homelessness are given greater consideration by politicians and policy makers.*

Together we can work towards a society where everyone has access to affordable and appropriate housing!



## Aboriginal Community Housing Meeting

On May the 27<sup>th</sup> 2010 there will be an Aboriginal community housing workshop held down at Tauondi, Port Adelaide. The workshop is being generously supported by the Port Adelaide Enfield Council, Tauondi Aboriginal College, and the Indigenous Coordination Centre. This workshop presents an opportunity for Aboriginal community members to discuss, share and document their housing and homelessness issues. It will also explore the options Aboriginal community members perceive as moving toward resolution of their housing issues.

The workshop will be facilitated by respected Kurna Elder, Heather Agius, who is the Chair of the Aboriginal Homelessness and Housing Support Branch that meets monthly to share information and advocate for more Aboriginal housing and more appropriate options for Aboriginal people. Services are invited and very welcome to attend, but the workshop will be focussed on the Aboriginal community voice.

As the workshop falls in Reconciliation Week we are having a BBQ lunch following the workshop. Both students from Tauondi and all workshop attendees are invited. It is also planned for Aboriginal musicians to perform during the lunch. It should be an excellent day, a combination of serious exploration of housing issues and some fun to follow.

The findings from this workshop will be included in a report that will be disseminated widely to State and Federal governments, interested stakeholders, the Aboriginal community and service providers. If anyone would like access to the notes from this workshop contact [cate.jones@sheltersa.asn.au](mailto:cate.jones@sheltersa.asn.au)

**The Aboriginal Community Housing Workshop will be held on  
the 27th May 2010 at  
Tauondi, 1 Lipson Street Port Adelaide, from 10am to 12pm.**

## What's Happening with Aboriginal Housing in Port Augusta? A community meeting

On June the 3<sup>rd</sup> we are holding a housing meeting in Port Augusta to determine how to move forward an action plan that will put the spotlight on housing issues in the region. The homelessness and housing issues in Port Augusta are very similar to those in the Adelaide metro areas, except in almost every aspect they are more severe and housing stock is very low. Port Augusta's population is exceptionally youth-heavy and youth homelessness is critically high. Young pregnant women are living on the streets because they can't find accommodation and those with partners are seriously disadvantaged as housing for a couple is even more difficult to find.

The housing options for Aboriginal people are extremely limited with older, housed Aboriginal families overcrowded because they are caring for children whose parents are disadvantaged. The State Government's plan to refurbish and re-open a large block of flats in Boston Street overlooking the sand dunes, seems to be becoming a more distant dream for the people who need housing the most and were hoping the Common Ground model would be established. If you know of anyone interested in attending this meeting, please pass on the details or contact

**What's Happening with Aboriginal Housing? will be held on  
the 3rd June 2010 at  
Umeewarra Media Centre Conference Room, Port Augusta,  
from 10am to 12pm.**



Presentation by Cate Jones to the  
**Improving Social Determinants  
of Indigenous Health Conference**  
Brisbane, March 30 - 31 2010

Before I begin, I must make it clear that I am not here to speak 'for' Aboriginal people. I am here to speak 'from' my experience of working 'with' Aboriginal people. This is the place I come from.

I'd like to start this presentation by offering some information noted at the last Aboriginal Homelessness and Housing Support Branch Meeting, a branch of Shelter SA initiated in 2008. In the Adelaide metropolitan area there has been an increase in people arriving from the APY lands and other Aboriginal people who are recognized as traditional. The major driver for people coming down from the lands and other places is identified as access to tertiary health care options. This has been exacerbated by the Northern Territory's decision to stop giving South Australian's access to dialysis in the Alice Springs Hospital, however, this is a subject for another paper so I won't start a conversation that doesn't concern the issues I want to present here and I believe that the South Australian Government and the NT have struck a deal that will allow 8 SA's dialysis patients to use the facilities at Alice Springs Hospital but we are glaringly aware that there is a much greater need. In fact, 20 people have been identified as needing this service and there are others we are not aware of who will simply turn up and burden the system further. And just finally on this topic, it appears that SA accepts approx 5,000 patients a year who come from the territory needing medical treatments such as, heart transplants, heart and eye surgery, plus other treatments. Plus it is understood that the capacity of the Alice Springs renal facility was initially funded to serve a number of APY patients.

It is believed that there are, at the very minimum, 20 households of Anangu people in Adelaide metro, and that there are approximately 400 people, many of these children, living in these households. 12 households that were contacted for a scoping study had 80 people residing in them, 43 were children. Some of this number will become homeless and we are currently aware that SA is the worst performing State in its response to Aboriginal homelessness. Of real concern is the number of Aboriginal children who are homeless.

A woman, who attends the Aboriginal homelessness branch meetings, was working with an older Anangu woman, very sick, and in need of intensive support from services. This woman visited the Anangu woman one morning and they got talking about service delivery. They did a quick 10 minute brainstorm to count the number of services this Anangu woman was involved with. Including Centrelink, this woman had 26 services supposedly supporting her with the issues she was confronting, and I say, was, because she has since sadly, passed. BUT!! 26 services and none of them could authentically, practically and relevantly help her!!!! If she needed a skip to take away rubbish a team to help her clean her house, the response was "We cannot send another skip, we sent one 3 months ago", or "The house needs to be 'pathologically' cleaned and we did that last year." And on this topic of pathological cleaning, I have decided to call it 'psychotic cleaning' because it seems a simple room by room and then start on the back yard approach to cleaning, and dumping rubbish is now a lost art.

So what's going wrong, why are people still falling through the gaps and why are services offered clearly not relevant? High level committees are formed, integrated service delivery models are created and plans for intensive case management are talked about....but we are so far, very seldom seeing adequate outcomes for traditional people.

At the Indigenous Homelessness Workshop, run by Neville Highfold and myself, as part of the National Homelessness Conference held in Adelaide in May 2008, I collated these dot point responses to this question.

"What models of service provision work for Aboriginal and Torres Strait Islander people and what models don't, in regard to the health, housing and well-being of adults, youth, women and children?"

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# Improving Social Determinants of Indigenous Health (cont.)

What models are inclusive of the whole family?"

The models that work:

- Housing Yarning Circles
- Medical Centres located in or close to Communities eg. APY dialysis patients having to leave their communities, and come to Adelaide, disrupting and further dislocating their entire lives...!!!
- Practical tenancy support and setting other support systems in place, eg. drug and alcohol support,
- Holistic and flexible approaches, these take in the entire context of a family or individual's need
- Outreach services
- Environmental awareness ie. Meeting a client in appropriate setting (if that is under a tree at a community, and the client is comfortable, then that is the best place to talk)
- Utilising family resources, and building on individual and family strengths
- Emergency relief – access to emergency accommodation, food and other options
- Intensive cultural awareness training within service providing agencies, (this was stressed many times at the workshop)
- Elders participation and mentoring, for the family or the individual
- Creative approaches to problem solving
- Knowledge of the community, its resources and the building of relationships and trust
- Indigenous workers are paramount to successful outcomes and more Indigenous workers are needed, especially in urban areas!!!
- Better access to supported traineeships and on-going employment opportunities
- Recognising the importance of kinship, culture and language

Models that don't work and issues:

- Long waiting times for emergency services, accommodation and housing
- Silo effect
- No coordination between services
- Poor cultural awareness and inadequate responses
- Existing policies don't adequately support at risk population and in reality perpetuate the cycle

An outcome of the scoping report into the living arrangements of Anangu people, that I spoke of earlier also stressed that there is a real lack of emergency responses and integrated service delivery.

From my experience working with Aboriginal people, and now as a project officer at Shelter SA, what works in housing service provision is grounded in:

Consultation and engagement! Lots of talking and allowing soft and loud voices space, strong listening! Without consultation we are essentially bull-doing! Consultation can make the difference between a sense of ownership and a defensive reaction. By providing clear and honest information, and I stress honest because we have all seen too many promises broken in relationship to housing, an exchange can happen that provides relevant and considered input. The opportunity to reflect on a consultative process gives everyone the opportunity to challenge flaws and gaps. It also offers everyone ownership of the process and the outcomes. The process of consultation ensures equal agenda setting and planning. Collaboration! This our only way of redressing a history of subordination and the silencing the Aboriginal voice...we have to work together to ultimately ensure Aboriginal control!

First I will talk to probably one of the most important aspects of service provision:

Trust-building and establishing relationships. It is vital to state that building relationships takes time and this has to be factored into any project or program that is designed for Aboriginal people. Talking,

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# Improving Social Determinants of Indigenous Health (cont.)

spending time with those people, listening, is time consuming, but ultimately essential. And this raises the issue of flexibility. Flexibility, is not about running to schedule or getting through a certain number of tasks in day, it is about the ability to simply be with, listen, show consideration and support.

Workers must have connections within the Aboriginal community and understand how the community works. Each community is distinct, has different allegiances, ways of being and different histories. Even in metropolitan Adelaide, community members from the Northern and Southern region in some instances, see themselves as belonging to very distinct communities. And I know this concept is probably not news to anyone here!

For government and NGO housing organizations developing policy, funding programs and planning relevant services, recognizing the role of kindredness in connection to how services are provided or programs designed for Aboriginal families is critical. An understanding of kindredness, particularly in housing provision will ultimately encourage successful and appropriate outcomes.

In relation to kindredness, many housing providers in Adelaide inform Aboriginal people when they are being housed that they must not have family staying in their property. This is essentially a denial of Aboriginal cultural norms and values; it is also a denial of centuries of kinship responsibilities. It would be more practical for housing agencies to recognize that many Aboriginal households will provide shelter for more people than is expected and that it is not appropriate to apply a western nuclear family concept to living arrangements.

All relevant analysis supports the principle that service providers who develop, respectful, genuine relations on a regular, on-going basis with Aboriginal families have the potential to facilitate positive outcomes; build confidence and ultimately empower families. The bonds formed between families and service providers can be sustaining and support families through very difficult periods in their lives. If services provided are holistic in approach and are inclusive of social, cultural, emotional and physical well-being, issues that occur in client's lives, such as, relationship break-ups, periods of mental illness, homelessness, then relationships formed through service provision that is firmly grounded in trust, provide reassurance. A sound understanding of this link may possibly explain how some communities are able to cultivate better mechanisms to draw on services and options for community development than others.

## Still on what works:

Learning to listen, learning to hear is fundamental to the success of any program. What are the politics of listening? Linda Alcoff, writer and academic, describes the politics of listening by saying:

“Who is speaking, who is spoken of, and who listens is a result as well as an act, of political struggle.

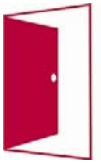
Simply put, the discursive context is a political arena... We certainly want to encourage a more receptive listening in the part of the discursively privileged and discourage oppressive practices of speaking for.” (1991: 17)

How is it possible to undertake research, deliver a service, design and implement a program or build a house if we are unable to listen to the people we are designing a program, appropriate housing for, and very likely, will be working with?

Listening is a form of ‘authentic focus’ it involves the listener putting aside all preconceptions, beliefs and political leanings to allow someone the space and time to express themselves. By allowing people to talk about the things that are important to them, giving them full attention, not only enhances the quality of interaction, people feel respected. While the worker may feel that the participant has wandered off the point, if that person is allowed to continue they will almost always offer either, the answer to a question that then does not have to be asked, or an opportunity for others to comment and join in the conversation.

In the review of the literature surrounding Aboriginal early childhood and associated research, *Warrki Jarrinjaku Jintangkamanu* (2002) translated as ‘Working together everyone and listening’, it is

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## Improving Social Determinants of Indigenous Health (cont.)

mentioned that listening, taking notice and hearing are viewed as greatly esteemed qualities in children. It is considered by the Anangu that an individual's ability to listen or to hear 'properly' is associated with enhanced intelligence. The Pitjantjatjara word for understanding can also be interpreted to denote listening and is allied with the meaning and process of thought. Individuals who appear ignorant or unmindful are referred to as being unable to hear or having no ability to listen.

It has become clear to me that most individuals I meet that desperately need housing or are homeless, are experiencing a complex range of issues that are all interconnected. For example, a young single mum looking for housing may well have transport issues combined with financial difficulties and then combine her current situation with a history of domestic violence or abuse and it all adds up to an extremely gruelling, very hard existence. I spoke to one young Aboriginal woman who told me she'd had a 'way toooo much life'. But, all of these issues are interconnected and some will need to be unravelled before this person can be adequately supported. Also, as you would know, thematically, the intergenerational consciousness of the Stolen Generation interconnects with current welfare issues and the effects of being fostered. Without examining a family or individual holistically it is impossible to adequately understand the context in which they live. And also the context in which they will live if they get housing.

I have a visual image that describes this inter-connection. If I picture a large chest of drawers that is designed to compartmentalize life events like we divide our socks, underwear, jumpers and jeans, the drawers will not be closed, they keep flying open no matter how hard we try to close them because all of our experiences connect and interrelate with others and cannot be separated or simply categorized in each drawer. It is through allowing these drawers to remain open and exploring how things spill out into other spaces, that we are able to holistically comprehend the context of people's lives.

Before I finish this paper, I want to tell you all a story. It's a true story. It's about the lack of genuine collaboration or consultation in the design and evaluation of service, how this can impact on Aboriginal health workers, and consequently their clients. A few years ago, I was invited by four Aboriginal women to attend a service assessment process that was a part of an organizational evaluation. A number of health and allied health organizations were represented at this assessment and each organizational group was placed at an assigned table to evaluate the support structures, practices, methods and issues within their agency. I sat and watched these four professional Aboriginal women at our table silenced because every time they tried to contribute to the discussion they were disregarded. These are women who have worked extensively and have a wealth of experience in Aboriginal health. The facilitator there to lead the dialogue, with four participating non-Aboriginal workers, completely ignored the Aboriginal women's ideas, experience and voice. At first I tried to reason that this denial of their contributions to the discussion was not intended, but as the day wore on, it became unambiguously obvious that this was not the case. The four Aboriginal women rolled their eyes at me as it happened again and again as if to say, "See, we told you." Even when they became annoyed, exasperated and spoke out loud the denial they were experiencing, they were ignored. The facilitator and the nurses turned their faces away from the table, as if no one had spoken. When I left, at the end of the day, I walked to my car completely mystified, stunned by the experience. This had been a planning day where the health service they work for was being evaluated for service delivery, yet the Aboriginal women employed to deliver the service were not even deemed marginal to the process, they were defined irrelevant. Why were they invited if they were not invited to speak? What was the purpose of them being there if their contributions were not valued?

If we want to 'close the gap' we need to recognise we have a part to play that goes beyond rhetoric and paying lip-service. We need to be active, involved because deep-seated and authentic change must be grown within non-Aboriginal communities to ensure better futures for Aboriginal people, and ultimately, for us all. This is our challenge. We need to interrogate the power and privilege our whiteness assigns us.



# The Australian Health Inequities Program Conference

Adelaide April 27-28 2010

By Gary Wilson

## **The Dynamics of Housing and Health in the UK** From a talk by Dr David Pevalin, University of Essex

In 1996, 6% (1.5 million) of UK homes were unfit for human habitation or were below the Scottish Tolerable Standard; many of these homes were built before 1919. In the Private Rental Market, there were high levels of disrepair. The UK Government brought in the Central Heating Program and the Winter Fuel Allowance, so people wouldn't freeze in their homes. It was evident that poor children's housing lead to an increase in ill-health or disability later in life.

Dr Pevalin's study found that men worry about difficulty in meeting housing payments, and it has an immediate effect on their mental health, like losing a job or have a marriage breakdown. Women, on the other hand, seemed to cope with the immediate crisis, but their mental health effects showed up later. Housing repossession affect people more than a rental eviction, perhaps because renters are more used to moving, and homeownership is part of people's identity and sense of worth. Men seem more affected by the deterioration of their housing, but women are more concerned about the deterioration of the wider environment they live in (neighbourhood, community).

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## **What do Older People Really Want in Housing?** From a talk by Rob Hankins CEO of ECH in Adelaide

Rob reported on the findings of a study ECH commissioned Flinders University to do. Older people move when they feel the family home is too big or hard to maintain; they move for a better lifestyle and/or to be closer to family. Surprisingly a third prefer detached housing, but they want to stay in their local area (or within 10 minutes of it). Being near family and friends is important, as is a bus stop, privacy, personal security, etc.

ECH aims its properties at low to middle income households, and generally does not build communal facilities on its sites, as most older people won't use them and are not willing to pay for them. Most people would like services in their homes, but feel they can't afford them. There are issues for a service providing support to people in homes that are unsafe. Keeping people connected socially is important.

ECH feels that NERAS has some limitations for older people, and their modelling indicates that at the end of the 10-year subsidies, they would have to sell off 40% of the stock to repay the original loans. Housing people off the Housing SA waiting list is not the best way to create a sense of community.



# The Australian Health Inequities Program Conference (cont.)

## Clandestine Drug Labs and Potential Community Impacts From a talk by Assoc. Prof. John Edwards, Flinders University

Australia's first methamphetamine lab was discovered in 1976. South Australians rank first in the world for per capita use of meth. Methods of making the drug are changing as new legislation affects the supply of ingredients. In SA, 67% of the labs have been in the metro area, and 25% of those have been in Housing SA houses. Others have been found in amenities block of caravan parks, in mini-storage facilities, in the common roof space of townhouses, in motels, even in the boots of cars. About 60 labs are discovered in SA each year, and 60-80% of those are discovered by chance.

The making of meth can cause fire, explosions and burns. Inhaling the chemicals can lead to organ damage (kidney, liver, brain), and some chemicals are absorbed through the skin and lead to birth defects and seizures. These chemicals may persist on surfaces. Thus there are risks to police, fire and ambulance services, and neighbours through the air, soil, water and garbage.

Prof Edwards' program is testing a random 200 Housing SA vacancies this year, prior to reoccupation. Currently one could expect to find 15 labs in Housing SA homes. Of the 177 tested so far, only 1 has tested positive to meth. The chance of finding a second in this random sample is about 3 in 1 million. Extrapolating that figure, it means there may be 400 clandestine labs in the metro area.

Housing SA needs to plan for the costs of remediation, increasing the vigilance of housing officers, and needs to train them in risk management. Likewise mapping needs to be done to identify nearby groups at risk. Children are at greatest risk, because of their small size.

Remediation of a house where meth has been made includes scrubbing EVERY surface thoroughly to remove residue acids, the doing it all again with a 25% bleach solution to counteract the meth, and then wash again with detergent to remove the bleach. Repainting will encapsulate the remainder. In some homes, things may need to be stripped and refitted.

In the private rental market, some insurers are refusing to reinsure until there is a meth clearance certificate issues. The Flinders University team has developed a simple test to determine the presence or absence of meth. *So if your neighbour has a number of windows blacked out with black plastic, be suspicious! – Editor's comment.*

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## Housing and Health

### From a talk by Dr Emma Baker (Flinders Unit) and Dr Rebecca Bentley (Melb. Uni)

Health and housing are 2 of the largest Federal Government expenditures. Housing is a key determinant of health, but it is different for each individual and changes over time. Health is related to housing, but housing does not usually cause illness. Housing affordability is a major effecter of health, in terms of quality, location and access to services. Currently 2.1 million Australians are in unaffordable housing.

Housing is a foundation (first) expense of households. The lowest quintile of households pay 25% of their income on housing, while the highest quintile spend just 10% of their income on housing.

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# The Australian Health Inequities Program Conference (cont.)

Those with poor health are more likely to be in unaffordable housing: i.e. 50% of single parents are in severe housing stress, as are those with moderate to severe disabilities.

Baker and Bentley, in a recent study found:

- Those in increased housing stress had lower mental health, especially those aged 25-44
- The longer people were in housing stress, the more their mental health declined, especially for those with more than 3 years housing stress
- The above affect men more over a longer time, and affect women more in the short term
- There is no link between mental health and tenure type
- Mental health is worse with more elements of poor housing.

No one seems to be talking of housing affordability being related to adequate income. There now seems to be more talk, at Government levels, of housing affordability rather than home ownership. Many (hidden) policies subsidise homeowners.

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## Health in All Policies

From a talk by Carmel Williams, Manager, HIAP Unit, SA Health

A recent SA Thinker in Residence (Professor Kickbush) said there should be a move towards “health in all policies”. This will assist in achieving targets in the State Strategic Plan, as a healthy population leads to a healthy economy. The health budget will take funds from other areas, unless health is a central goal of society.

The HIAP Unit works with the Executive Committee of Cabinet and the Chief Executives Group, linking all the State Strategic Plan targets. Transport Oriented Developments are also on the list.

There are concerns that the health of skilled migrants is worse than those of humanitarian migrants, and overseas students’ health and wellbeing are also of concern.

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## Fair Society, Healthy Lives

From a presentation by Prof Sir Michael Marmot, University College London

In the UK, life expectancy increased 3 years in a 10 year period – yet the health gap between the average and worst-off groups didn’t reduce. An aim of Government should be to bring the mortality rate of all citizens up to the rate of people with a university education – that would provide an extra 2.5 million years of productivity. To bring the disability-free rate up to the rate of the most affluent 10% would add 2.8 million years of productivity.

Sir Michael would like to ensure social justice, health and sustainability are at the heart of all policies. We need universal policies for all citizens, as “a health system for the poor is a poor health system”. He fears that one third of the 16-17 year olds on unemployment benefits will never get a foothold in employment. The lowest income earners pay the highest percentage of income in indirect taxes.

*(Continued on page 13)*



# The Australian Health Inequities Program Conference (cont.)

One example of what could be done came from fire-fighters, who realised they only spend 6% of their time fighting fires. They gave local people access to their gyms, got kids involved in growing vegies in the firehouse garden, and began youth activities.

In the UK there are no class differences in male alcohol consumption, but some differences in female alcohol consumption, with the poor drinking more.

In response to the presentation, Liz Harris of CHETRE Uni NSW asked what are the forces driving the distribution of social determinants, and what are the common societal goals we want in all policies. She suggested there may be tension between social justice and a view of “care and compassion”. She cited a study in Sydney’s poorest suburb that showed primary school children miss the equivalent of 2 years education due to exclusion for head lice. She believes people, rather than policies, will change health inequities.

Sir Michal wants conditions of equality and opportunity, based on values. He spoke of a study that says a lack of cuddling of children under the age of 3 leads to behaviour problems later on; yet a study showed 20% of mothers don’t think cuddling is important!

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## Empowerment and Closing the Gap

**From Pat Anderson, Chair of the Board of the Cooperative Research Centre for Aboriginal Health**

For Aboriginal people, their land IS the healer, and gives everything. Their land is the first indicator of their health. Pat feels empowerment and control are missing in the Closing the Gap campaign. The Aboriginal view is one of connectedness – a holistic view. Government policy is very different to practice.

Social determinants come as a package – integrated and coordinated, and must include control. Reconciliation is a process, not an event. She warned of “Income Management” being a policy that could come to all Australians.

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## The Overburden Project

**From Kim O’Donnell, School of Medicine, Flinders Uni**

There are 150 Aboriginal community controlled health services, but there are too many reporting requirements on fragmented funding. A Relational (alliance) model of contracting out services would share the risks over the long term. For example, \$2m finding was spread over 22 funding lines, with one salary split into 8 reports. There are different buckets of money, but they are all about Primary Health Care. There are broad implications for how Government contracts with NGO’s.



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# The Australian Health Inequities Program Conference (cont.)

## Social Inclusion

**From a talk by Ngiare Brown, Assoc Prof, University of Sydney and member of the Federal Social Inclusion Board**

1 in 8 Aboriginal households live in high financial stress, and 40% of those are single parent households. 1 in 5 households are in housing stress, and half of the renters are in housing stress. In aboriginal households, 15% of children under 15 are in jobless households. Social Inclusion is consistent with a rights-based approach.

Dennis McDermott of Flinders University responded and said our Federal Senators hold on to numerous myths. That is why there are still some attitudes of assimilation, paternalism and racism happening now.

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## Central Australian Aboriginal Congress Men's Health Services

**From a talk by John Liddle**

Many of the men who attend this service in Alice Springs speak 3 or 4 languages, and English is the last one they learned. At the centre, at least 14 Aboriginal languages are spoken. He outlined:

**Aboriginal Way**

Taught the right way  
Traditional medicine/healer  
Hunt and gather  
Trading things  
Justice

**White Way**

Taught through school  
Health system with Drs  
Food from shops  
Earning money  
Corrections & prisons

**Mixed Up Ways**

Family breakups  
Youth groups with no elders  
Homes with no males  
Grog  
Fast food  
X-box

In John's Centre, many traditional men come – half of them live in the bush. They live with "avoidance relationships" where for example, men do not talk to their mother-in-law. Health clinics were seen as places to treat sexually transmitted diseases/the pox, so no one wanted to be seen going to one. His centre is now seen as a place for learning, socialising, supporting each other.

In Aboriginal culture, "family" does not usually mean including the men. In the NT Intervention, men's jobs disappeared, so it is hard to feel useful now.



# The Australian Health Inequities Program Conference (cont.)

## Economic Savings in Primary Care Associated with Aboriginal Caring for Country

From a presentation by David Campbell, Senior economist, Centre for Remote Health, NT

David had looked at Arnhem Land, where for centuries, Aboriginal people lit cool season spot fires. This ensured a huge range of biodiversity. Unfortunately, in the 20<sup>th</sup> centuries, that wasn't allowed, and led to widespread hot fires, severely limiting biodiversity.

The elders wanted to "care for country". That meant spending time on country, doing seasonal burning, gathering food and traditional medicines, performing ceremonies, producing art and craft, and protecting sacred sites. Incredibly, this improved their health, and demonstrated a savings of \$250,000/year in primary health care. Yet there is pressure on these people to get "real jobs" in the larger centres. A delegation went from Arnhem Land to the Copenhagen Climate Change conference to share their experience.

## Indigenous Health in Aotearoa

Presentation by Dr Bridget Robson, University of Otago, NZ

The Maori of NZ face problems similar to those of Australia's Aboriginal population. Many die in their early 50's, which is 10 years younger than non-Maori. The unemployment rate is double. 15% of NZ's population is Maori, and their median childbearing age is 26. Racism is a threat to public health, and discrimination is cumulative.

For the Maori, health is about self-determination, preserving culture, succeeding as Maori, having economic independence, and participating in decision making. Gaps for some diseases are closing, but for the Maori, referral is slower and treatment starts later.

Using a "Right to health" approach, the State is obliged to:

- Respect people                      not interfere
- Protect                                ensure others don't infringe
- Fulfil the right                    take positive steps

To ensure these, monitoring has to be done in disaggregated form, and Indigenous people need to do Indigenous research.



# The Australian Health Inequities Program Conference (cont.)

## Precarious Employment Affects Health

From a talk by Prof Wayne Lewchuk, McMaster University, Ontario, Canada

The labour market is changing, and will be very different for those under the age of 40. Since 1985, there has been a move towards “labour hire”, because employers want flexibility and short employment contracts. In Canada, 25-40% of workers are not in permanent employment. More jobs are lasting less than a year, which leads to increasing income variability, increasing income inequality and a higher risk of involuntary job loss (regardless of age). Households are less stable now than in the 1950’s and 60’s.

Staff working for temp-hire agencies find work more stressful, feel tense and exhausted, have headaches and pain and are more frustrated at work. They face uncertainty, put more effort in to retain their jobs, attend unpaid training and spend time looking for more permanent work.

Surprisingly, increased uncertainty about their employment does not affect their health outcomes, but increased effort to retain work does affect their health. Those with good supports at work have better health, and those in jobs with physical risks have worse health outcomes. Those in permanent jobs have much lower “employment strain”.

There are higher health risks with work for the dole, high immigration, and weak retraining (all of which increase the supply of low paid potential employees); reducing support while unemployed and reducing job-search support also increase health risks.

Prof Lewchuk identified ways to reduce the health risks, such as reducing the focus on life-time jobs, reducing reliance on employer-provided non-wage benefits (i.e. health insurance), and recognising the risks of precarious employment.

- A. Help find and keep a job
    - After having 4 temporary contracts, the employee must get benefits
    - Formalise short-term contracts
    - Give advance notice of work assignments (so the worker can schedule other things in their lives)
  
  - B. Improve income security
    - Provide income insurance
    - A guaranteed Annual Income will improve health
    - Enhance severance pay
    - De-link benefits from employers
- Make adult education and training a right  
Provide public-funded training rather than mostly employer funded training  
Develop a new role for unions  
Make all employers in a supply chain responsible for the health of workers along that chain

Globalization of industries made Canada wealthier, but the benefits were scooped up by the top 10% of income earners. The Canadian median wage hasn’t increased in 30 years. Prof Lewchuk is seeing patterns of 2-income households, and no-income households, yet many of those 2-income households are in insecure employment.

Prof Sue Richardson from Flinders University responded that tenure (length of time employed) has increased for Australian women. Full employment is the best way to improve people’s health, as work matters enormously. We know that unemployment and poverty are bad for health, as are

*(Continued on page 17)*



# The Australian Health Inequities Program Conference (cont.)

powerlessness and unfairness. In the last decade, the number of death on the job fell by one third, and injuries on the job by 15%. The risks of physical harm from work have decreased, but the risks of stress have increased, which can lead to more drinking, smoking and less exercise.

Prof Richardson said 80% of workers are not on awards, and many people are happy with casual work. She said there are very few 2-parent households (with children) are jobless, but most single-parent households are jobless. She feels women working is a form of “income insurance” for households. Margaret Swincer from WorkCover said the self-employed do not have WorkCover, and those who are injured and have co-morbidity are less likely to return to work.

Peter Vaughn from Business SA said 96% of SA firms employ less than 20 people, and 60% of those employ just 1 other person – but none exist to employ other people – they all exist to make a profit. Australian unemployment is around 5%, while in the USA and UK it's at 15%. So Australians value the dignity of work. In his view, overall Australian employment relationships are balanced and lead the world, with female participation at record levels.

## The Critical Role of Evaluation to Foster Health Equity

The final speaker was Prof Louise Potvin from the University of Montreal. She argued that inequity cannot be addressed by rational planning. She has taken up the concept of “wicked problems”; it is hard to define them as there is no end to the causal chains; these problems find causal networks; and it is hard to identify actions that will change them.

She identified “population approaches” to problems, as they concentrate vulnerability; dedicated interventions means those who are better off to begin with will benefit even more and therefore there will be an increase in the differences between their status and those who are vulnerable.

Solutions:

- Are not true or false
- Do not determine the correctness of action (which varies with your viewpoint)
- Need constant renegotiation to increase the fit of the solution to the problem
- Examples: foodbanks create dependency, local redevelopment usually leads to gentrification
- Require political debates
- To social health inequities are due to a lack of political capital of those most affected by the problem! – the vulnerable don't have a voice.

We need to conceive actions as social innovations, for NEW connections. We need to enable the participation of those experiencing social exclusion. Otherwise, social interventions reinforce the domination (expert knowledge) that led to the inequities. We cannot send people back into the conditions that made them sick in the first place.

We need to see evaluation as an experiment, and recognise the political context and the values used. She thinks we need “reflexivity” – where the problem and the intervention co-evolve, and the stakeholders should know that. Mediating procedures need to be implemented to counteract the power structures.

**Governments will NOT always try to solve problems, but they will always try to manage them.**

*Needless to say, there are numerous interactions between housing, health, employment, location, socioeconomic status and inclusiveness. All need to be addressed in a holistic, coordinated manner.*



## Housing SA Properties in the CBD

Recently the Planning Institute of Australia – SA Division wrote to Phil Fagan-Schmidt in Housing SA expressing concern over the number of Housing SA properties offered for sale in the Adelaide CBD. The PIA was concerned that if sold, it will be very difficult for the State Government to purchase new properties in the CBD.

Phil responded, stating that:

- In July 2007 the State Government commenced selling a target of 8,000 Housing SA homes to people on low incomes, over a period of 9 years. To the end of Feb. 2010, a total of 911 homes have been sold statewide, but only 4 of those were in the CBD. A further 3 are on the market, out of a total of 445 properties Housing SA owns in the CBD.
- Housing SA is about to build a 138 apartment block in Waymouth Street
- Currently a 42 apartment development is being constructed in Ifould St.
- Housing SA managed a 16 unit development in Logan Street, which was sold to Unity Housing Co. Ltd for high-needs or low-income clients.
- Common Ground has 39 units over the central bus station and nearly 60 more are being built in Light Square.

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## Market Update

People are having trouble buying houses.

### Home Purchases:

- Median house price in Adelaide is \$405,000 (March 2010).
- Latest figures indicate prices went up 10.8% last year (according to ABC).
- The REISA says Adelaide metro prices went up 14.1% in the last year.
- Median unit price in Adelaide in Dec 2009 was \$299,000.
- Between January and March 2010, there were 171 metro sales OVER \$1m!

### Renting

- Vacancy rate in metro Adelaide is 1.34%, and has been below 2% for 5 years.
- The REISA says rents went up 3.4% in the last year. (up 30.4% in one suburb!)
- Median rent in metropolitan Adelaide for a 2 bedroom flat/unit was \$250/week. in Dec. 09 - That means you need a household income of \$ 43,833 to NOT be in housing stress.
- Median rent in metropolitan Adelaide for all properties is \$300/week (March 2010). (\$323 in another report of Dec. 09)
- That means you need a household income of \$ 52,160 to NOT be in housing stress.
- The official “low income” households (incomes up to \$44,231/yr) can affordably rent homes up to \$255/week – these people are \$45 short of getting a median house.
- Households with moderate incomes (up to \$66,293/yr) could only afford to rent homes up to \$383/week.



# National Housing Supply Council Second State of Supply Report, 2010

By Gary Wilson

The Supply Council in 2008 projected that between 2008 and 2028 there would be a shortfall in supply of housing numbering 430,000 homes. Australia continues to build about 150,000 new homes per year, but our population is now increasing at 450,000/year (with net migration providing 285,000 of those people). The Council notes that annual dwelling completions and annual increase in population have been increasingly out of kilter since March 2005.

In June 2008, the estimated gap in housing supply was 99,500. By June 2009 this had grown to 178,400 and in 2010 it will be 202,400 (but could well be higher).

In a medium-growth scenario, Australia will need 3.3m more households in 2029, so a HIGH supply scenario will be needed to meet demand. The nation's capital cities are planning for over 50% of new homes to be "infill", but this is difficult to deliver and there is no strategy to achieve it in most places. Over the next 2 to 10 years, it is estimated that infill developments will account for 60% of new housing.

In the bottom 40% of household incomes, 60% of renters are in housing stress (paying more than 30% of their income on housing costs). Over the next 20 years, the proportion of households aged 65-74, and 75-84 will increase significantly. To meet underlying demand for different types of housing, we will need 2.6m more separated houses, 247,000 more semi-detached dwellings, and 307,000 more flats and apartments,. For a total of 38% more housing than currently exists.

Adelaide, in its 30 Year Plan, anticipates moving from 50% to 70% infill, to produce 258,000 more homes. However, it is often more expensive and more difficult to build infill housing than Greenfield housing! That's \$110,000 difference in Adelaide.

We need better strategic and structure planning with active public engagement. Adelaide may lead the way with increased time-limited development assessment by professional assessment panels re compliance with metro strategic plan and design guidelines for major developments. We also need innovative products for ageing baby boomers at all income levels, and for households aged 75+ and 85+. We need more affordable housing products and delivery models. To provide all this new housing, we need to address the skills shortages by attracting and retaining apprentices.

The Council will explore the challenges of increasing supply that is sustainable and affordable, look at: the settlement patters of migrants, the changing preferences and sizes of households, and how demand responds to supply. The Council wonders if moderate income households of the future will be home owners or home renters.



## Upcoming Events

### Aboriginal Community Housing Workshop

27 May 2010, 10am - 12pm

Tauondi, 1 Lipson Street, Port Adelaide

What's happening at your place? What's needed in Aboriginal housing? What do you think would improve housing outcomes for you, and for all Aboriginal people? What works and why?

All community members and service providers are invited to join the workshop. The workshop will be followed by a deadly big lunch with Aboriginal bands playing. Everyone Welcome!

For more information contact Cate Jones: [cate.jones@sheltersa.asn.au](mailto:cate.jones@sheltersa.asn.au)

### What's Happening with Aboriginal Housing in Port Augusta?

3 June 2010, 10am - 12pm

Umeewarra Media Centre Conference Room, Port Augusta

A community and services meeting looking at the critical issues facing Aboriginal people in housing and those experiencing, or at risk of homelessness, to form an action plan. Everyone is welcome to share their story, ideas, knowledge and experience.

For more information contact Cate Jones: [cate.jones@sheltersa.asn.au](mailto:cate.jones@sheltersa.asn.au)

### Breakfast with Housing Industry Leaders

Thursday 9th June 2010, 7.30am - 9am,

Stamford Plaza Hotel, 150 North Terrace Adelaide

An interactive discussion on the impact of the Economic Stimulus package on the housing industry, Chaired by Rod Hook (tbc), Deputy CE, Dept Transport Energy & Infrastructure with a diverse panel of experts including David O'Loughlin, Director Projects, Housing SA, Allan Johnston, Defence Housing, Michael Brock, Real Estate Institute, Nathan Paine, Property Council of Australia

There will be the opportunity for conversations and debate about the positive and negative impacts on aspects of the additional spending. This breakfast forum should be of interest to housing professionals working across the real estate, defence housing, government and community housing sectors.

COST: \$35 for AHI members / \$55 for Non-AHI members, breakfast provided.

For more information or to register on line visit:

<http://www.housinginstitute.org/events/register/register.php>



# Shelter SA

Housing: a basic human right

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Shelter SA is a peak housing organisation representing housing consumers' views to Government, the housing industry and the community. It is primarily concerned with the availability and adequacy of low cost housing, and that people on low incomes have access to secure, affordable and appropriate housing.

Please contact Shelter SA if you are interested in becoming a member, or would like further information.

#### Secretariat

**Executive Director:** Gary Wilson

**Project Officer:** Cate Jones

**Clerical Officer:** Cheryl Shepley