2015 Regional Engagement Strategy Report

Shelter SA is the peak body for housing in South Australia. Shelter SA's vision is that all South Australians have an affordable, safe place to call home, especially those living on low incomes. Homelessness levels in South Australia are high and Shelter SA must also concern itself with the housing, care and protection of our most vulnerable citizens. Shelter SA advocates for evidence-based policy and effective, efficient systems providing high-level advice to ministers, politicians and senior public servants. Shelter SA developed a Regional Engagement Strategy to fulfil its responsibility as a State-wide service, recognising that a metro-centric approach to policy and service delivery can disadvantage regional and remote service providers and communities. Shelter SA met with government and non-government housing and homelessness workers in 2015 to discuss the challenges and opportunities that are unique to South Australian rural areas. This report describes the key themes to emerge from the first regional consultation and outlines areas where Shelter SA may assist with advocacy and policy work.

Demographics

Participants in the Shelter SA consultation talked about a very transient population in the region and the various reasons why people come and go. There was a sense that many younger people are leaving the region and that this will result in a lack of carers for older people. ABS Time Series Data supports the community's perception, showing that the populations of young and working aged people (0-55 years old) have reduced significantly over the last 10 years while the aged (55+) population has grown. There appears to be some affordable private rental vacancies but anecdotally, many of these are not suitable for older people without transport because of their location and a lack of public transport or they are too expensive for people living on very low incomes. Participants said that private rental agents and landlords do not always rent to their client groups or Centrelink recipients (higher proportion than all South Australia – see Figure 1). Caravan parks and motels do not always want to take disadvantaged clients either due to recent negative experiences around neighbour complaints and damages to properties.

The Housing SA Private Rental Liaison Officer works closely with real estate agents and tenants to ensure that tenants are supported when accessing private rental if there are concerns about the tenancy. There is also a 0.4 FTE position in the non-government sector for a similar role which was unfilled at the date of the consultation. Much of the local public housing accommodation is three bedroom homes and participants talked about a need for more two bedroom homes to accommodate single people and also those with four bedrooms for larger families.

Numbers of public housing are slowly reducing with properties being sold off rather than redeveloped. There are cottage flats which clients do not want to live in as they are small and too far away from town.

Client Complexity

Participants said that their area is "one of the worst areas for [the drug] Ice". It is not known if the workers' perception is supported by data, however workers said that they have noticed an increase in Ice usage amongst their client groups and more violence within families as a result. There are other alcohol and drug issues and participants said that there are inadequate drug and alcohol worker resources for the depth of client complexity and numbers of families affected in the region. Currently workers do not have the capacity or the tools to assess or measure client complexity. With an increase in co-morbidity and poly-morbidity, the complexity of clients appears to be having a negative impact on service delivery. Shelter SA supports the South Australian Network of Drug and Alcohol (SANDAS) submission to the National ICE Taskforce and the recommendations it contains as appropriate for this region[1] and will make the report available to participants.

When working with clients with complex mental health issues, there is no avenue for workers to access expert mental health advice, for example how to best work with Personality Disorder clients. The result of a perceived increase in client complexity appears to be more tenant damages to houses and therefore the cost of repairs and some workers have noticed an increase in client abuse towards workers. If clients accrue a debt to Housing SA it may negatively affect the assistance available to them in the future. Participants noted there are greater numbers of properties with goods abandoned, an increase in property condition issues and rent arrears in both public and community housing. H2H data confirms that there has been an increase in clients with mental health issues because in 2013/14, clients with mental health issues comprised 4% of total clients and in 2014/15 this client group comprised 26% of the total client group. Participants said that the region has one of the highest levels of homelessness across the State.

Crisis Response

Participants said that there is an inadequate supply of crisis accommodation to meet client need including domestic violence crisis accommodation which can only house two families at a time and there is a long wait for housing. Services appear to be operating under a crisis management model and they are less able or unable to continue with their previously successful independent living skills programs and preventative drug and alcohol programs. The main solution put forward by participants to constantly working at the crisis end of the service system was more resources to support an increase in staff numbers. Participants said that the addition of even one full time person could have a positive impact on their capacity to provide pro-active support to vulnerable tenants. The domestic violence worker participants said that the addition of four units to accommodate families would make a big difference to providing a safe environment for children accompanying a parent fleeing domestic violence. All participants said that boarding house-style accommodation would assist clients in crisis in the short-term.

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[1] http://www.sandas.org.au/index.php/publications/submissions

Workforce Development

It can be difficult for rural agencies to attract, recruit and retain workers with the necessary qualifications and experience to work in the sector. A reported high turnover of staff is disruptive to service delivery and expertise is lost to the sector when experienced workers leave. Client complexity is resulting in a higher level of worker burnout and each participant agency reported vacancies they were trying to fill at the time of the consultation. Within small rural teams, even if one worker is absent it is very disruptive to services and can add to a crisis focus. The majority of worker training is conducted in Adelaide and this can take workers off line for up to three days, placing added pressure on small teams.

Political & Community Representation

Participants talked about their Community Services Alliance as a strong network of local workers who meet regularly to raise awareness, network and problem-solve. The Alliance appears to be the main "voice" for local advocacy on a political, government and community level. The Alliance is not resourced but does provide a medium that harnesses some collective action by workers. Participants report that political representation for housing and homelessness is not strong through local government or their local politicians and they could not identify any local 'champions'.

Shelter SA Possible Activities

1. Increase political and public profile of rural issues through briefings, publications, media and social media.
2. Advocate for increased resources for the region as identified by participants.
3. Seek government and non-government data on local demographics, homelessness, drug use, evictions, damages, abandoned properties to inform participants.
4. Liaise with Housing SA about staffing ratios in metropolitan and rural areas.
5. Identify common training needs across government and non-government sectors and provide support to service providers to discuss training provision with the local TAFE and/or DCSI Learning College.
6. Examine avenues to provide expert mental health and drug and alcohol clinical advice to workers.
7. Explore with Alliance whether a future workshop would be useful to identify areas for action and advocacy by the Alliance including operational resources for the Alliance itself– suggested areas:

   - Build up a case study that quantifies worker and client need;
   - build relationships with private rental sector – accept homeless and disadvantaged clients;
   - engage caravan park owners, motel managers;
   - obtain and use data for planning and service delivery;
   - advocate for an increase in resources to the region;
   - how to provide preventative and early intervention services in current environment;
   - improve coordination between services with clients in common;
   - improve effective use of cottage flats; and

- explore the availability of a client complexity tool and training for workers[2].

Figure 1 – Region 1 Centrelink Recipients by Benefit Type compared to all South Australia[3]

Region 1 LGA	LGA	South Australia
Unemployment benefit recipients (2009) - per cent	5.7	4.5
Long-term unemployment benefit recipients (2009) - per cent	4.2	3.2
Youth Unemployment benefit recipients (2009) - per cent	9.0	6.1
Low income and welfare dependant families with children (2009) - per cent	11.5	9.5
Children in low income families (2009) - per cent	26.3	22.0
Health care card holders (2009) - per cent	11.6	8.8
Pensioner concession card holders (2009) - per cent	27.4	23.6
Total Centrelink card holders (2009) - per cent	31.7	26.8

[2] http://www.complexneedscapable.org.au/training-professional.html
[3] https://www.adelaide.edu.au/saces/economy/regionprofiles/ May 2012